HUMAN TRAFFICKING: WHAT NURSES NEED TO KNOW

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LEARNING OBJECTIVES

• Define and describe Human Trafficking
• Recognize three possible indicators of Human Trafficking in the health care setting.
• Describe health effects of human trafficking.
• Describe potential barriers to identification.
• Describe health care providers role in identification and assessment.
• Describe three resources available to identified patients.
HUMAN TRAFFICKING

**Trafficking Victims Protection Act of 2000**

Defines human trafficking as a crime which occurs when a person is induced to perform labor or a commercial sex act through force, fraud, or coercion.
TYPES OF TRAFFICKING

COMMERCIAL SEX

• Commercial sex act that is induced by force, fraud or coercion OR
• When the person induced to perform such an act is under the age of 18

LABOR

• Recruitment, harboring, transportation or obtaining a person for labor or services using force, fraud or coercion
• Debt bondage: often leads to being sex trafficked as well
Victims Served 2017-2018

Sex  Labor  Both  Unknown
**HUMAN TRAFFICKING IN NH**

- NH Human Trafficking Collaborative Task Force

<table>
<thead>
<tr>
<th>January 2017- December 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HT Investigations</td>
</tr>
<tr>
<td>Active/Ongoing Cases</td>
</tr>
<tr>
<td>Number of Individuals arrested</td>
</tr>
<tr>
<td>NHCADSV served</td>
</tr>
</tbody>
</table>
LUCRATIVE BUSINESS

- Hard to prosecute
- High Reward
- Minimal Expense
WHO IS AT RISK?

- Most Vulnerable
  - Children in welfare and juvenile justice system
  - Runaway and homeless youth
  - Poverty
  - Refugees/Migrant laborers
  - Persons with limited English proficiency
  - Survivors of other crimes
  - LBGTQ
  - Persons with disabilities

(Postgraduate Institute on Medicine, U.S. Department of Health and Human Services, & National Human Trafficking Training and Assistance, 2019)
WHY A HEALTHCARE CONCERN?

• Research suggests that up to 87.8% of trafficked persons access health care
• Multiple health consequences

(ENA & IAFN, 2018)
## Health Consequences

<table>
<thead>
<tr>
<th>Category</th>
<th>% of respondents reporting at least one symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Physical Health Problem</td>
<td>99.1%</td>
</tr>
<tr>
<td>Neurological</td>
<td>91.7%</td>
</tr>
<tr>
<td>General Health</td>
<td>86%</td>
</tr>
<tr>
<td>Injuries</td>
<td>69.2%</td>
</tr>
<tr>
<td>Cardiovascular/Respiratory</td>
<td>68.5%</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>62.0%</td>
</tr>
<tr>
<td>Dental</td>
<td>54.3%</td>
</tr>
</tbody>
</table>

(Lederer & Wetzel, 2014)
### VIOLENCE AND ABUSE

<table>
<thead>
<tr>
<th>Common Forms of Violence/Abuse</th>
<th>% Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some form of violence/abuse</td>
<td>95.1%</td>
</tr>
<tr>
<td>Forced Sex</td>
<td>81.6%</td>
</tr>
<tr>
<td>Punched</td>
<td>73.8%</td>
</tr>
<tr>
<td>Beaten</td>
<td>68.9%</td>
</tr>
<tr>
<td>Forced unprotected sex</td>
<td>68.0%</td>
</tr>
<tr>
<td>Threatened with weapon</td>
<td>66.0%</td>
</tr>
<tr>
<td>Strangled</td>
<td>54.4%</td>
</tr>
</tbody>
</table>

*(Lederer & Wetzel, 2014)*
## Psychological Health Problems During Trafficking and After Trafficking

<table>
<thead>
<tr>
<th>Condition</th>
<th>During Trafficking</th>
<th>After Trafficking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported at least one psychological Symptoms</td>
<td>98.1%</td>
<td>96.4%</td>
</tr>
<tr>
<td>Average number of psychological issues</td>
<td>12.1</td>
<td>10.5</td>
</tr>
<tr>
<td>Depression</td>
<td>88.7%</td>
<td>80.7%</td>
</tr>
<tr>
<td>Flashbacks</td>
<td>68.0%</td>
<td>63.9%</td>
</tr>
<tr>
<td>Shame/guilt</td>
<td>82.1%</td>
<td>71.1%</td>
</tr>
<tr>
<td>PTSD</td>
<td>54.7%</td>
<td>61.5%</td>
</tr>
<tr>
<td>Attempted Suicide</td>
<td>41.5%</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

(Lederer & Wetzel, 2014)
INDICATORS OF HUMAN TRAFFICKING

- Is with a person who speaks for them
- Unsure of day, date, month, time, year
- Moves frequently
- Not in control of personal identification or own money
- Story is confusing or doesn’t make sense, scripted
- Seems afraid to answer questions
- Works long hours, exhausted, hungry
- Odd living/work space (tinted windows, security)

(Adult Human Trafficking Screening Tool and Guide, 2018)
SEX TRAFFICKING

Works in the commercial sex industry: escort, exotic dancer, “prostitute” “massage parlor”

Signs of having sex with multiple people

Frequent sexually transmitted infections and pregnancies

Tattoos or branding showing signs of ownership

Inappropriate clothing for venue or weather

Physical abuse, drugs/alcohol, malnourished

(Author: Human Trafficking Screening Tool and Guide, 2018)
LABOR TRAFFICKING

Hired for different job based on false promises
Fearful of employer
Isolated from family, fears family may be harmed if they quit job
Lives where they work
Story doesn’t make sense or seems scripted
Owes employer money and can't pay it back
Abnormal work hours, no breaks
Forced to lie about job responsibilities
Multiple people living in small space

(Adult Human Trafficking Screening Tool and Guide, 2018)
BARRIERS TO IDENTIFICATION

PATIENT

• FEAR
• Not aware of victimization
• Lacks understanding of legal rights
• Language barrier
• Fears law enforcement or deportation
• Fears return to abusive home, foster care, jail
• Feels complicit in illegal activities

PROVIDER

• Lacks knowledge regarding human trafficking
• Fears violating HIPPA
• Lacks trauma informed training
• Preconceived notions of how patient would present
• Doesn’t believe its healthcare role to get involved
• Lacks information of good referral
ROLE OF HEALTH CARE PROVIDERS

• Identify individuals who have been trafficked and respond:
  • Treatment
  • Trauma awareness
  • Referral
  • Multidisciplinary collaboration
  • Reporting when mandated
  • Development of a Healthcare Response
Create a safe space for the private screening
Address physical needs
Open, nonthreatening body positioning
Engage the patient
Adapt screening/exam process to accommodate individual needs
Avoid temptation to ask unnecessary details
Use respectful and empathetic language
Be prepared for trauma responses
STRAATEGIES FOR TALKING TO PATIENT ALONE

• Evaluate the patient alone
• Family-originated trafficking
• Strategies: diagnostic test in another area, “hospital policy”, “my practice”, ask person to step out of the room to fill out paperwork or take a phone call
• Refusal

(Adult Human Trafficking Screening Tool and Guide, 2018)
TRAUMA INFORMED APPROACH

- Recognizes widespread impact of trauma and understands potential paths for recovery
- Recognizes signs and symptoms of trauma in patients
- Responds by integrating knowledge of trauma into policies, procedures and practices
- Seeks to resist re-traumatization
SYMPTOMS OF TRAUMA

Obsessive
Hostility
Depression
Sexual promiscuity
Self injury
Dissociative
ETOH/Substance Abuse
Social withdrawal
Aggression and violence

Postgraduate Institute on Medicine, U.S. Department of Health and Human Services, & National Human Trafficking Training and Assistance, 2019)
A type of trauma that occurs repeatedly and over a period and within specific relationship and contexts

Polyvictimization: multiple traumas at various phases of life

Postgraduate Institute on Medicine, U.S. Department of Health and Human Services, & National Human Trafficking Training and Assistance, 2019)
TREATMENT

• Physical assessment
• Sexual assault exam if needed
• Mental Health
• Documentation
PHYSICAL FINDINGS

Acute or chronic trauma, especially to the face, torso, breasts or genitals

Bilateral or multiple injuries not otherwise explained by the history provided

Protective injuries

Evidence consistent with rape or sexual assault

A pregnant woman with any injury, particularly to the abdomen or breasts

Occupational injuries not linked to formal employment

Evidence suggesting neglect of acute injuries or illness and chronic disease

(Alpert, et al., 2014)
Goal is NOT to obtain a disclosure - the goal is to obtain enough information to respond to the needs of the patient.

Ask questions needed to identify health needs.

Need to have awareness of trauma and trauma-informed care.
MULTIDISCIPLINARY APPROACH

• Emergency providers
• Sexual Assault Nurse Examiners
• Infectious disease
• Trauma Surgery
• Behavioral Health
• Care Management
• Addiction services
• Obstetrics/gynecology’
BEYOND HEALTH CARE

- Safety planning
- Risk assessment
- Legal services
- Immigration services
- Longer-term housing
- Immediate safe shelter
- Social services
- Child protection services
RESOURCES/ REFERRALS

- National Human Trafficking Hotline 1-888-373-7888 or text Be Free: Help 233733
- NH Human Trafficking Collaborative Task Force
  - Waypoint Case Managers: (603)-851-7518
- NH Crisis Centers Hotline: 1-800-277-5570
- DCYF- Child Protection- 1-800-894-5533
- Detective Eric Tracy- (603) 309-0199

Coming soon:
- Brigid’s House of Hope: The first Safe House specifically for victims of Human Trafficking in NH
PATIENT AUTONOMY

Must respect what the patient wants and the patient's choices

We can lay the foundation for the patient to feel comfortable to return for help in the future when they are ready to do it.
Health care providers are mandated reporters!

Under the age of 18

Child Abuse

Incapacitated adults

Serious bodily injury

DO NOT call law enforcement in all cases of suspected human trafficking
SAFETY PLANNING

A personalized practical plan that includes ways to help someone remain safe

• Assess current risk and identify current and potential safety concerns
• Create strategies for avoiding or reducing the threat of harm
• Create options for when safety is threatened
DEVELOP A HEALTHCARE RESPONSE

• All staff trained in human trafficking and trauma informed care
• Establish internal response protocol
• Build an information and referral network
EDUCATIONAL OPPORTUNITIES

- SOAR Training
- Sexual Assault Nurse Examiner Training
- End Human Trafficking
- International Association of Forensic Nursing
- Vanguard University
- Human Trafficking Conference
References


