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1-888-373-7888

NATIONAL
HUMAN TRAFFICKING
RESOURCE CENTER

Recognizing and Responding to Human Trafficking in a Healthcare Context

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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

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

**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.*



Where does Trafficking Occur?

Sex Trafficking

- Commercial-Front Brothels
- Hotel/Motel-Based
- Online Exploitation
- Street-Based
- Residential Brothels
- Escort Services
- Truck Stop-Based
- Hostess/Strip Club-Based

Labor Trafficking

- Domestic Work
- Traveling Sales Crews
- Restaurants/Food Service
- Agriculture
- Health & Beauty
- Begging Rings
- Retail/Small Businesses
- Landscaping

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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

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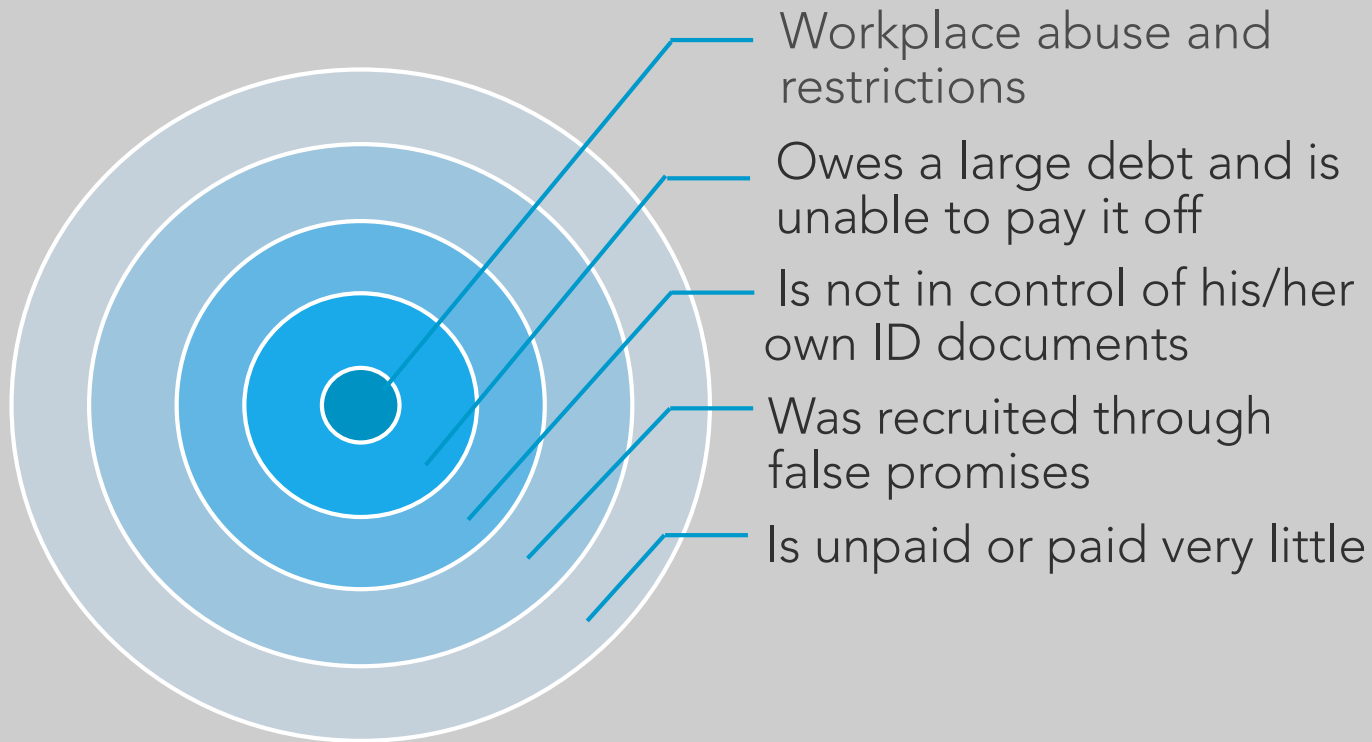
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RECOGNIZING TRAFFICKING VICTIMS

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

Indicators: Labor Trafficking



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.

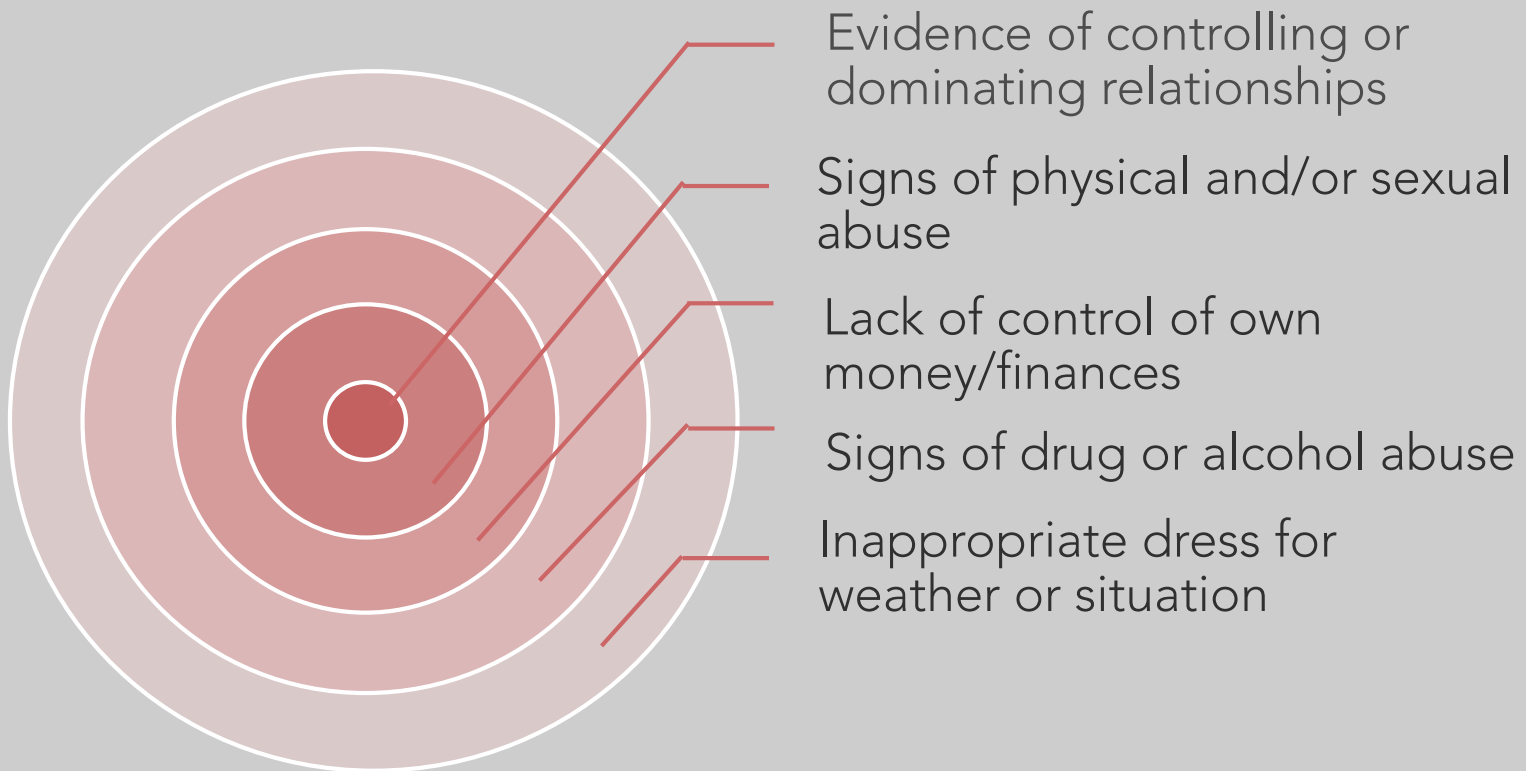
Through the interpreter, Chanda informs the nurse she helps clean her brother-in-law's house and provide child care. While she loves him and his children, Chanda is stressed because she works 12 hours every day. He supervises all of her phone calls and scrutinizes every phone bill.

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



Health Indicators: Adult Sex Trafficking

PHYSICAL

Multiple or recurrent STIs

Abnormally high number of sexual partners

Trauma to vagina and/or rectum

Impacted tampon in vagina

Signs of physical trauma

Somatization symptoms
(recurring headaches, abdominal pain, etc.)

Suspicious tattoos or branding

BEHAVIORAL

Depressed mood/Flat affect

Anxiety/Hyper-vigilance/
Panic attacks

Affect dysregulation/Irritability

Frequent emergency care visits

Unexplained/Conflicting stories

Using language from "the life"

Signs of drug or alcohol abuse

Health Indicators: Child Sex Trafficking

PHYSICAL

Pregnancy at young age

Evidence of abortions at young age

Early sexual initiation

Trauma to vagina and/or rectum

Symptoms of STIs and/or UTIs

Abnormal number of sexual partners
for young age

Suspicious tattoos or branding

BEHAVIORAL

History of running away from home
or foster care placements

Truancy/Stops attending school

Highly sexualized behavior or dress

Angry/Aggressive with staff

Depressed mood/Flat affect

Signs of drug or alcohol abuse

CASE STUDY: Sex Trafficking

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

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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

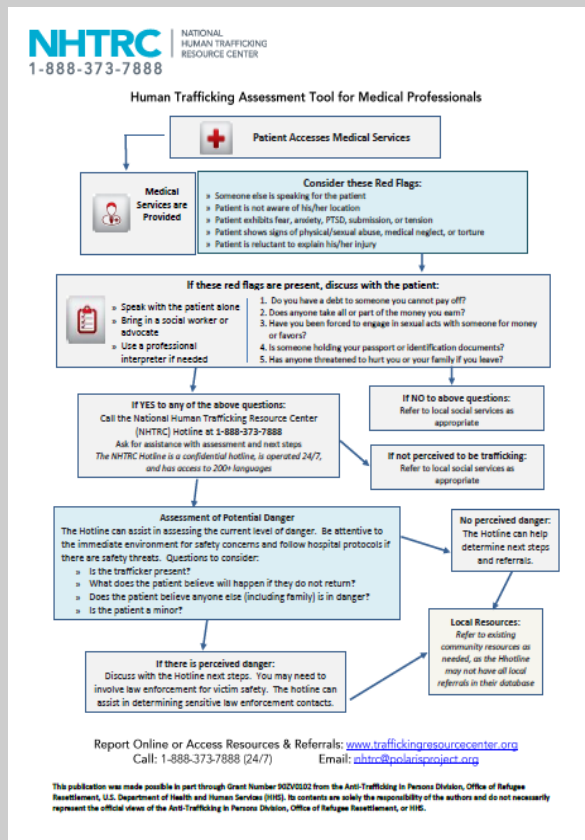
Mandated reporting warranted **or** the patient wishes to report

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

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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

presented by **NHTRC**

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

BASIC

- Clothing & food
- Transportation
- Housing
- Employment
- Medical care
- Testing for STI's
- Interpretation services

LEGAL

- Immigration services
- Child custody issues
- Prosecution of trafficker
- Prostitution charges, other offenses

EMOTIONAL & SOCIAL

- Crisis intervention
- Case management
- Social service advocacy
- Mental health care
- Life skills & job training
- Education
- Contacting family

SAFETY & SECURITY

- Safe space
- Safety planning
- Emergency & transitional shelter
- Protective orders from traffickers

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
- [Caring for Trafficked Persons: A Guide for Health Providers](#), The International Organization for Migration and UN Global Initiative to Fight Human Trafficking
- [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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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!



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