Human Trafficking: Raising Awareness to Identify Victims in the Clinical Setting

Jessica L. Peck DNP, APRN, CPNP-PC, CNE, CNL, FAANP

Speaker Introduction

- Dr. Jessica Peck is an expert pediatric clinician and anti-trafficking advocate who provides innovative, visionary and award-winning leadership to develop and lead inclusive and diverse interprofessional teams in multiple arenas to provide outcomes of high-quality health care.

Conflicts of Interest and Disclosures

- Jessica L. Peck DNP, APRN, CPNP-PC, CNE, CNL, FAANP has no financial relationships with commercial interests to disclose
- Some information may be upsetting to you.
- Violence, sexual assault and sexual abuse to be discussed
- Feel free to leave and re-join anytime you wish
- Special notes on statistics:
  - Statistics for labor and sex trafficking should be viewed through a critical lens
  - Research on this topic is in its infancy and no standards exist for reporting

Learning Objectives

- Explore healthcare response to trafficking
- Identify principles of trauma-informed care in caring for potentially trafficked persons
- Analyze best practices for response to victims in the clinical environment
- Discover elements of a trafficking protocol for healthcare organizations
- Describe the role of the healthcare provider in prevention, identification, referral, treatment, aftercare, and advocacy for trafficking victims

Why This Subject Is Important to People in ANY Healthcare Setting

Evidence suggests...

more than 2/3 of trafficking victims have had multiple healthcare encounters without being identified
Overview of Labor and Sex Trafficking

**Trafficking Victims Protection Act (TVPA 2000)**
- Sex trafficking: The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which a commercial sex act is induced by force, fraud, or coercion, or in which the person forced to perform such an act is under the age of 18 years.
- 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.

**Lay Definition of Trafficking**
- The sale of another person’s body or labor in exchange for something of value
- Any child under the age of 18 is a victim because children cannot consent to commercial sex acts

**Trafficking as a Criminal Industry**
- Second largest and fastest growing criminal industry in the world
- Continuous profit, less risk
- Average estimated yearly income from one trafficking victim—UP TO $300,000
- Estimated $150 billion worldwide
- $32 billion in U.S.

Labor and Sex Trafficking “Facts”
- Key Concept: Victims from ALL socio-economic levels are at risk
- Important to not stereotype who might be a potential victim
- Risk of diminished lifespan because of multiple health risks
  - Multiple sex partners per day
  - Physical violence used as control mechanism
  - Drugs used as control mechanism

Labor and Sex Trafficking: Risk Factors

**Labor Trafficking:**
- Poverty
- Recent immigration from foreign country
- Hunger, malnourishment
- Limited proficiency in English
- Lack of personal safety
- Learning disabilities
- Developmental delay
- Homelessness

**Sex Trafficking:**
- Isolation, emotional distress
- Family dysfunction
- Substance abuse
- Mental illness
- Childhood sexual abuse
- Promotion of sexual exploitation by family members or peers
- Lack of social support
- Foster care
Labor Trafficking

- Bonded Debt Labor
- Child Labor
- Domestic Servitude
- Agriculture/Farms
- Construction/Building
- Healthcare
- https://www.dol.gov/agencies/ilab/reports/child-labor/list-of-goods
- Restaurants
- Hotels
- Private Homes
- Farms
- Construction Sites
- Factories
- Fishing Industries
- Cruises
- Massage Parlors

Domestic Minor Sex Trafficking (DMST)

Exploitation includes:
- Forced Prostitution
- Pornography
- Escort services
- Exotic dancing
- Massage Parlors
- Other sexual services

Looking Beneath the Surface

Psyche of a Survivor

Common Healthcare Misconceptions

- Prostitutes
- Drug Addicts
- Suicidal Ideation
- Self-mutilation Behaviors
- Societal Perceptions of Traffickers
- Susceptible to Trafficker Deception

Pediatric ACES COMPLEX TRAUMA

The three types of ACES include

ACEs = ACUTE CHILDHOOD EXPERIENCES

The three types of ACES include

ADVERSE

NEGLECT

NEIGHBORHOOD DYSFUNCTION

ACEs = ACUTE CHILDHOOD EXPERIENCES

The three types of ACES include

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The three types of ACES include
Recruitment: How Does a Child Become a Victim?

Traffickers recruit with the “triple T” principle

Target
• Traffickers seek out vulnerable children

Trick (or manipulate)
• Traffickers break down a child's natural resistance and suspicion
• Then reveal true intent of relationship

Traumatize
• Child becomes a victim; becomes and feels trapped and powerless
• This “trauma bond” is extremely difficult to break

ANY child may be vulnerable to a person promising to meet his/her emotional and physical needs

How Does This Happen?

• Befriend—establish trust
• Intoxicate—introduce drugs/alcohol
• Alienate—separate from family
• Isolate—separate from friends
• Desensitize—establish a new normal
• Capitalize—exploit victim for personal gain

(Operation Texas Shield, 2018, http://www.operationtexasshield.com/)

Recruitment: Social Media

Traffickers may...
• Pretend to be the same age of the child
• Pretend to come from the same or similar social group/s
• Lure them into sexting resulting in blackmail
• Troll the popular social media sites among children

Warning signs...
• Changes in communication patterns, physical appearance
• Child blocks access to phone, computer
• Child has second phone, multiple social media accounts
• Has new boyfriend or girlfriend, especially older person

Social Media Safety Tips

Caregivers can protect children by...
1. Educating children on how to protect their online presence
2. Teaching how to set all social media platforms to private
3. Helping children understand importance of using generic photos instead of personal photo
4. Disabling geotagging and/or geolocators
5. Following terms of use for online platforms

Trauma-informed and Victim-centered Approach

Consider the function behind the victim’s behavior
• She/he needs to maximize chance of survival
• Emotional desire to reduce loneliness
• Strong social desire to engage another person
• Need to feel in control
• Victim may have tendency to elicit a response from the provider, even if negative

Core Principles of a Trauma-Informed Approach

- Safety
- Translanguaging
- Engagement
- Healing
Why Victims Stay?

- Coercion and threats
- Don’t know they are a victim: behavior has been normalized
- Dependencies: shelter, food, clothing, money, drugs, acceptance, protection
- False promises of better future
- Isolation from family and friends
- Self-blame and marginalization

Health Impact

- Chronic medical problems
- Mental health
- Substance abuse
- Reproductive/sexual health
- Dental/oral health
- Quality of life
- Trauma
- Lack of recommended immunizations and well-child care standards

Physical Health Consequences

Overlapping consequences for both labor and sex victims

- All types of physical trauma
- Abdominal pain
- Industrial injuries
- Severe or untreated dental issues
- Malnourishment, stunted growth
- Pregnancy and multiple terminations
- Frequent sexual transmitted infections
- Other general physical complaints

Behavioral Health Consequences

Overlapping consequences for both labor and sex victims

- Depression, suicidality, hopelessness
- Fearfulness, anxiety, trauma symptoms, panic attacks
- PTSD, dissociation
- Lack of affect (numbness as a coping tool)
- Disorientation – doesn’t know city or address
- Substance misuse, addiction

Identification and Assessment: Best Practices in Trauma-informed and Victim-centered Approach
Key Concept

Trafficking victims have often been subjected to severe, complex forms of interpersonal trauma that can have an effect on the way they interact with medical professionals.

Trauma-informed and Victim-centered Approach

Provider’s First Impressions of Potential Victim
- Patient appears anxious, afraid of “companion”
- Cannot or will not speak on own behalf; overly submissive
- Patient gives false or inconsistent information
- Does not speak language, is new to country
- Appears confused or disoriented
- Has no access to identification documents
- Patient has multiple hotel keys or multiple cell phones
- Branding and other tattoos

Key Concept: Interviewing Patient Alone
- Assess every situation critically
- Identify the dynamics between the patient and companion
- When controlling dynamics are suspected, interview the patient alone; find a private space
- CAUTION! Even if patient is alone, the trafficker may be listening or victim may be recording conversation on the phone
- Involve child life or another child advocate whenever possible
- Your protocol should be multidisciplinary

Key Concept: Safety first for all involved parties
- Facilitate sense of safety
- Safety is of primary importance - for the victim, victim’s family, yourself and other staff
- Practice empathic listening
- Maintain nonjudgmental attitude, be open to what they are saying
- Be supportive
- Meet patient ‘where they are’
- Strive to minimize re-traumatization

Key Concept: Privacy and confidentiality vs. mandatory reporting
- Use your authority to create a safe space for talking
- Maintain confidentially; be aware that diagnosis code and EMR can reveal victim’s status to others
- Total of 13 child/adult codes available
- Promote culturally and linguistically responsive care by always using a professional interpreter if a language barrier exists
- DO NOT use a friend or associate of the patient
- Use the same words as patient and don’t correct them

Goal: Do NOT force patient to disclose his/her trafficking situation
How: Healthcare Provider Responsibility:
- Provide a safe environment
- Address immediate healthcare needs
- Assess trafficking risk
- Connect to interprofessional services and resources
Do: Let patient know this is a place he/she can come for help.
Don’t: Blame the patient.
Sample questions to ask potential child victim - be age appropriate when possible

- What type of work do you do?
- What are your work hours?
- How often do you get to see your family?
- Does someone forbid contact with you?
- Can you get another job if you want?
- Can you come and go as you please?
- Where do you eat and sleep?
- How many people are there?
- Is it clean?
- Are you being paid?
- Do you owe money to your employer?
- Do you have control over your money and your ID / documents?
- Do you ever feel pressure to do something you don’t want to do?
- Have you been physically hurt?
- Did someone tell you what to say today?
- Has your family been threatened?

If you think your patient is a victim of child trafficking AND he/she is not ready to accept help…

- Validate and normalize what the victim is feeling
- Provide information they may choose to act on in the future
- Give information about future attempts to reach out for help verbally
- Abide by state laws as a mandated reporter if the victim is a minor

Protocols for Institutions
Key Considerations for Protocols

1. Start with HEAL Trafficking Protocol or Dignity Health’s Shared Learnings Manual as a guideline
   • Other examples on the NAPNAP Partners resources page
   • Use multi-disciplinary team to develop protocol, including all clinical personnel, nursing, administrative, housekeeping, security staff
2. Multidisciplinary response is important for patient care, referral
3. Case management, referral and coordination
4. Know your community partnerships and response teams
5. Mandated reporting, including
   • Documentation
   • Reporting principles
   • State and federal mandates for reporting

Key Considerations for Protocols

• How to screen for and identify potential victims
  • Victims may present in ED, urgent care, outpatient clinic, OB for delivery, pediatrics clinic or other setting where they take their own children for care
  • Safety concerns for victims, families and staff
  • How to handle refusal of care
  • Discharge and referral considerations
  • Clinical protocols behind order sets and may be used for treatment, such as with a sexual assault case

Key Considerations for Protocols

• ICD-10 codes for potential and actual trafficking victims were approved in October of 2018
  • New codes are an effective way to evaluate the number of cases identified
  • Will help us understand the depth of this public health problem
  • Clinical guidelines help HCP recognize a labor or sex trafficking victim
  • Guidelines provide guidance with decision making and provide a range of accepted approaches

Key Considerations for Protocols

Implications of working with law enforcement
• Help victims understand their rights and what specific legal protections are available
  • Some states offer decriminalization or diversion for trafficked youth
  • Victims are not criminals and should not be incarcerated
• Follow your institutional policies for reporting to law enforcement in situations of immediate, life-threatening danger
• Try to partner with your patient in the decision to contact law enforcement even when mandated

Key Considerations for Protocols

PEARR Tool Trauma-Informed Approach to Victim Assistance in Health Care Settings
Available at:

Key Considerations for Protocols

Benefits...
• Have answers, referrals, opportunities before you need them
• Provide the patient with the NHTRC hotline number
• Provide the patient with options for services, reporting, resources
• Discharge planning should include patient safety counseling
• Text HELP or INFO to 233733 (BEFREE) - add BE FREE

Key Considerations for Protocols

National Human Trafficking Hotline – 24/7
888-373-7888
Text HELP or INFO to 233733
humantraffickinghotline.org/chat
Calls to Action

Work with your leadership to implement a multidisciplinary protocol

Establish an organization taskforce/workgroup on child trafficking

Establish annual training for all employees

Make child trafficking awareness part of onboarding

Work regularly with local/state law enforcement task forces

Use and measure usage related to ICD-10 codes on human trafficking (revenue measurement)

Calls to Action for Your Organization

Champion
- Develop the implementation and evaluation of a protocol within your organization
- Train and orient others in key components, procedures, and outcomes

Learn
- Learn the legal and ethical standards related to child trafficking
- Understand and implement victim-centered approaches

Understand
- Understand the impact of trauma and how to help victims
- Understand culturally appropriate practices and language

Volunteer
- Volunteer with local trafficking advocacy groups
- Volunteer with state or national organizations

Apply
- Apply to be part of a trafficking task force, usually run by local or state government

Tell
- Tell prevention tips to all parents and teens—not just those perceived to be at risk
- Tell the story of trafficking and the importance of prevention

Understand
- Understand why children are especially vulnerable and how to help
- Understand the role of law enforcement and the importance of cooperation

Learn
- Learn how to advocate for victims and help them become survivors
- Learn about the resources available to support victims

Champion
- Champion the implementation and mandatory use of a protocol within your institution
- Champion the integration of victim-centered approaches across disciplines

Acknowledgements

See napnappartners.org for list of resources and references

- acf.hhs.gov/otip/training/soar-to-health-and-wellness-training/
- dignityhealth.org/human-trafficking/victim-centered-and-trauma-informed/using-the-pearr-tool
- https://sharedhope.org/
- https://ce.napnap.org/3-PARRT

National Resources

See healtrafficking.org/2018/09/heal-trafficking-webinar-rethinking-representation-framing-human-trafficking-for-health-professionals/
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