

Human Trafficking



IDENTIFYING HUMAN TRAFFICKING AND
REPORTING FOR HEALTH PROVIDERS

Goals:

- Identify the “Red Flags”
- Know when to report, how to report, and who to report to
- Understand bounds of HIPPA
- Be able to identify safety considerations for these situations
- Be able to have an “approach plan”
- Identify resources for victims

Introductions



Megan Probasco BSN, MSN, FNP-C

Current FNP at Riverside Family Medicine, Hidenwood
2013 Certified in Prostitution Investigations
From 2012-2016 worked collaboratively to develop
municipal codes to allow for local prosecution of solicitation
of prostitution
Worked FBI on joint task force reverse stings to identify
victims of human trafficking
2024 SANE trained



Elizabeth Ameling

Operated a restorative care home in VA for 12 years,
second home in Orlando, and field work for 17 years
with survivors of sex trafficking.
Certified Master Traumatologist
Certified in HEART model
SETTS Certified

Words from a survivor

- “When I was 12, I was playing in my barbie world, and then woke up in a strange man’s bed”.
- “I was stomped on in the street as a 14-year-old. People took videos and walked away. When I was barely conscious, he picked me up and took me to the ED”.
- “He said, ‘if you tell anyone I will kill you’”.
- “I lay under the sheet, with soft tissue injuries and the hospital discharged me to the care of my trafficker. He told them I was 18”.
- “They did not notice my physical development or respond to the latin kings tattoos on my neck and ankles. I was trafficked until I was 30, 16 years later”.
- “Why didn’t they notice”.



First Impressions

Myth Vs Fact

**OUT OF THE SHADOWS
EXPOSING THE MYTHS
OF HUMAN TRAFFICKING**

HUMAN TRAFFICKING: LOOK BENEATH THE SURFACE

MYTH HUMAN TRAFFICKING IS ONLY SEX TRAFFICKING	TRUTH OF THE 20.9 MILLION VICTIMS OF HUMAN TRAFFICKING GLOBALLY 68% FORCED LABOR 22% SEXUALLY EXPLOITED 10% STATE-IMPOSED FORCED LABOR
MYTH HUMAN TRAFFICKING VICTIMS WILL SELF IDENTIFY	TRUTH 50% OF VICTIMS HAD CONTACT WITH A HEALTH CARE PROFESSIONAL NONE WERE IDENTIFIED AS A VICTIM.
MYTH HUMAN TRAFFICKING IS NOT IN MY COMMUNITY	TRUTH 30,000+ CASES OF POTENTIAL HUMAN TRAFFICKING REPORTED IN ALL 50 STATES, DC & US TERRITORIES
MYTH HUMAN TRAFFICKING ONLY AFFECTS THE VICTIM	TRUTH THE CRIME OF HUMAN TRAFFICKING IS A SYMPTOM OF A SOCIETAL PROBLEM HOW TO HELP KNOW WHERE YOUR GOODS & SERVICES COME FROM OFFER OPPORTUNITIES FOR AT-RISK INDIVIDUALS REPORT IT: CALL THE NATIONAL HUMAN TRAFFICKING HOTLINE
MYTH HUMAN TRAFFICKING ONLY HAPPENS TO CHILDREN	TRUTH SINCE 2012, NATIONAL HOTLINE CASES REPORTED: 62% ADULTS
MYTH HUMAN TRAFFICKING ONLY HAPPENS TO WOMEN	TRUTH SINCE 2012, NATIONAL HOTLINE CASES REPORTED: 18% MEN

Human Trafficking is a crime and you can make a difference.

Since 2007, the National Human Trafficking Hotline has received over 168,554 calls and identified over 26,243 potential cases of human trafficking. You can receive help, report a tip, or request information or training by calling:

National Human Trafficking Hotline
888-373-7888
acf.hhs.gov/endtrafficking

SOURCES
ILO 2012 Global estimate of forced labor. Executive summary. Accessed March 4, 2015. <http://www.ilo.org/public/english/mediapublications/forced-labor>
CHS. "The CHS Human Project." Accessed March 4, 2015.
National Human Trafficking Hotline Statistics 2012-2015. <http://humantraffickinghotline.org/stats>
<http://www.acf.hhs.gov/press/2015/PUBLIC/0033.html>

ADMINISTRATION FOR CHILDREN & FAMILIES

WHAT IS HUMAN TRAFFICKING?

HUMAN TRAFFICKING IS...

Exploiting a person through force, fraud, or coercion

Sex trafficking, forced labor, and domestic servitude

Exploitation-based and does not require movement across borders or any type of transportation

Anyone under the age of 18 involved in a commercial sex act

A highly profitable crime

THERE ARE DIFFERENT TYPES OF HUMAN TRAFFICKING

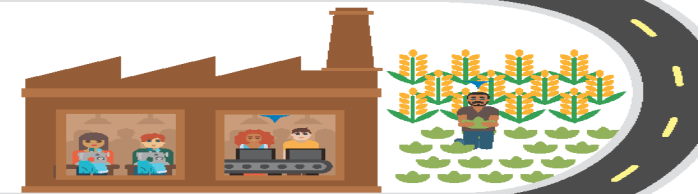
SEX TRAFFICKING

Victims are manipulated or forced against their will to engage in sex acts for money.



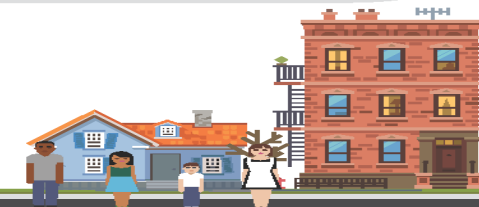
FORCED LABOR

Victims are made to work for little or no pay. Very often, they are forced to manufacture or grow products that we use and consume every day.



DOMESTIC SERVITUDE

Victims are hidden in plain sight, forced to work in homes across the United States as nannies, maids, or domestic help.



VICTIMS OF HUMAN TRAFFICKING MIGHT BE AFRAID TO COME FORWARD, OR WE MAY NOT RECOGNIZE THE SIGNS, EVEN IF IT IS HAPPENING RIGHT IN FRONT OF US.

HUMAN TRAFFICKING IS HAPPENING IN THE UNITED STATES



SUBURBS



RURAL TOWNS



CITIES

IT CAN HAPPEN TO ANYONE

NO MATTER AGE, RACE, GENDER IDENTITY, SEX, ETHNICITY, NATIONALITY, IMMIGRATION STATUS, AND SOCIOECONOMIC CLASS



RECOGNIZE AND REPORT HUMAN TRAFFICKING

- To report suspected trafficking to federal law enforcement, call 1-866-347-2423 or submit a tip online at www.ice.gov/tips.
- Get help from the National Human Trafficking Hotline by calling 1-888-373-7888 or text HELP or INFO to 233733 (BEFREE).
- Call 911 or local law enforcement if someone is in immediate danger.

WHAT YOU CAN DO

- Visit the Blue Campaign website to learn more about the **indicators** of human trafficking: DHS.gov/BlueCampaign.
- Use Blue Campaign **materials** to raise awareness of human trafficking in your community.
- Follow @DHSBlueCampaign on **Facebook**, **Instagram**, and **Twitter**.

Human trafficking defined and broken down

- **Simple Definition:** The *trade of humans* for two main purposes (1) *forced labor*: maid services, restaurants and resorts (especially tourist areas) and field workers. (2) *Sexual slavery or commercial sexual exploitation*: (prostitution, strip clubs and pornography) Much of the sexual exploitation involves children, about 40% of human trafficking victims are children.
- **Trade of Humans:** Giving ownership of one human to another. This could be a monetary deal (involving currency) a drug for human deal or an exchange of person to person as in cycling of girls from trafficker to trafficker.
- **Forced Labor:** Forcing someone to work or provide services against their will using force, fraud or coercion.

What is **NOT** Human Trafficking

- **Consensual** activity minus force, fraud, threats or coercion.

Consensual prostitution w/o fraud, threats or coercion, with or without a pimp is not human trafficking. Pimps sometimes act as security, marketing, transportation and business partners in consensual arrangements.

Consensual pornography of adults is legal and not human trafficking

Working in jobs that are legal but can encourage illegal activities such as strip clubs and massage parlors.

If a person takes part in illegal activities w/o fraud, threats or coercion from an outside party then they are not victims of Human Trafficking.



Class Questions:

- Can consent be revoked?
- What constitutes a revocation of consent?

The Consent Issue and Human Trafficking

- **Consent:** When a person voluntarily and willfully agrees in response to another person's proposition.

This happens every day in normal life. This can involve sex between consenting adults, the selling or giving away of one's own property. Physical consensual pain brought upon a person by boxing, wrestling, playing football etc.

When Consent is Void in Human Trafficking

- When force, threats, fraud or coercion are used by the trafficker.
- When the victim revokes consent. Example: A person can agree to be smuggled across the border (consensual) they may even pay to be brought across. Upon arrival when being forced/tricked into the labor or sex trade consent can be revoked. If the victim is not freely and voluntarily committing the act required, consent is considered revoked.
- Unlawful acts against children are always considered non-consensual.

Problems in Healthcare

- A study published in the *Journal of Midwifery and Women's Health* found that the 88% of survivors who saw a health care provider while being trafficked, 67.8% were not identified as being victims of human trafficking because, “healthcare workers are woefully unprepared to identify them” (Dovydaitis, 2010).

Identification of Human Trafficking

- Why would someone NOT self identify?
- If someone is in trouble, why not ask for help?

Always follow your gut!

- When stories don't add up, its time to start asking questions!

Behavior, demeanor and overall appearance are some of the first things we as providers note when we walk into a room.

The return of ADPIE

- Those of us who went to nursing school may remember the mnemonic ADPIE.
- Assess-gather all of your information
- Diagnose-what is the problem? What are your suspicions?
- Plan-how can we offer resources, ensure patient safety, do we need to separate the patient from someone they came to the appointment with?
- Implement-put your plan into action
- Evaluate-do we need follow-up? Did the plan work? Is your patient SAFE?

Assessment:

- Your initial assessment starts as soon as you walk in, maybe even before you meet this patient.
 - What is the chief complaint?
 - Did your MA notice something “off” when rooming the patient?
 - Is the patient alone?
 - Are they answering questions or is someone speaking for them?
 - How is the patient dressed?
 - What is their demeanor?

Victim Statistics

- Over 80% of victims in VA are females
- 99% of residents were first trafficked as children and arrested as adults
- The average age in which people become a victim is 12-14
- The average number of years spent being trafficked is 12

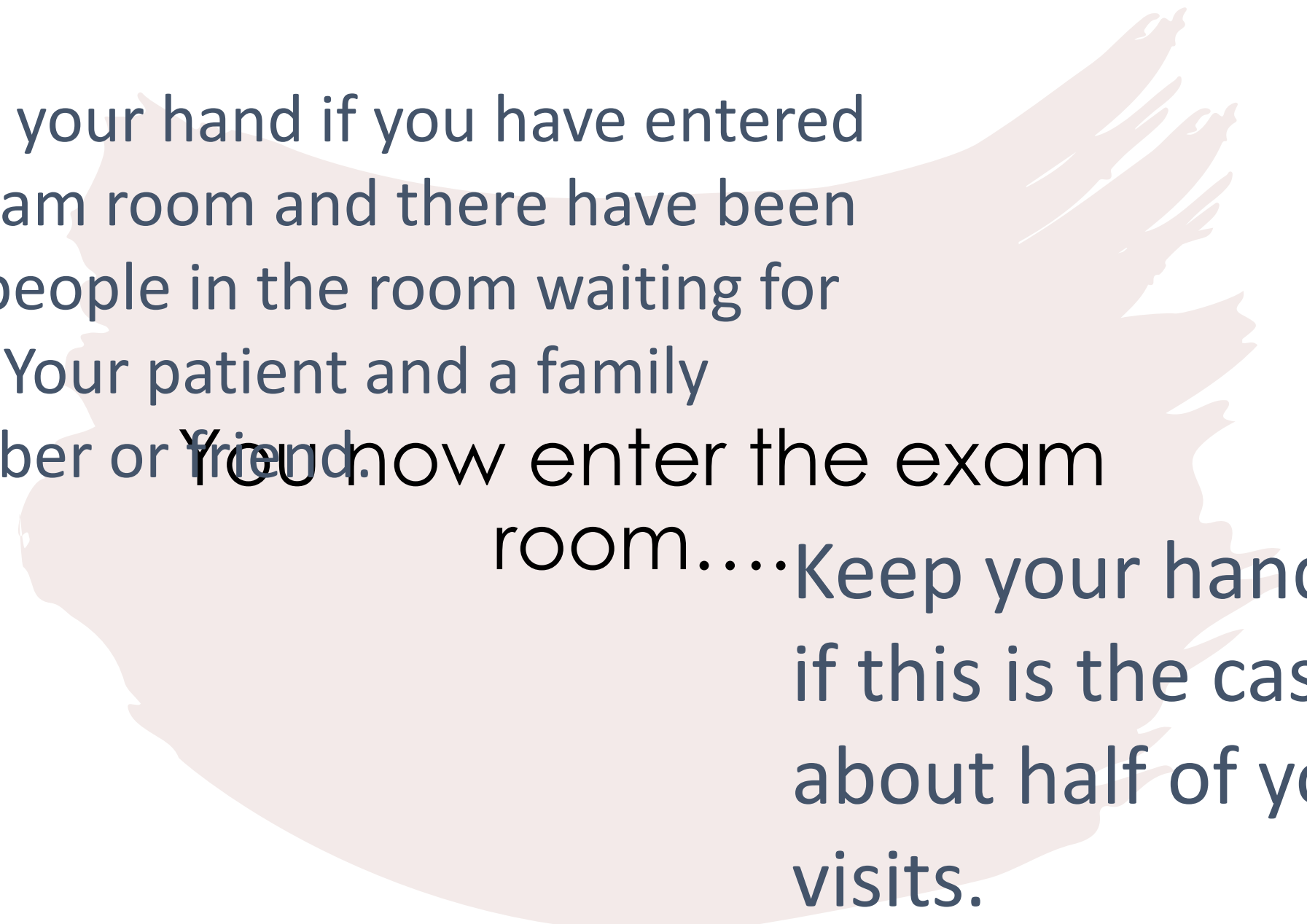
Its just a chief complaint! How is that suspicious?

Obvious

1. Sexual or physical assault
2. Traumatic injury
3. Substance abuse

Not obvious

1. Pediatric birth control
2. Recurrent UTI or STD treatment
3. Abdominal pain
4. Mental health disorders
5. Malnutrition
6. Skin infections/rashes
7. Overdose hx



Raise your hand if you have entered
an exam room and there have been
two people in the room waiting for
you? Your patient and a family
member or friend. You now enter the exam
room....

Keep your hand up
if this is the case in
about half of your
visits.



Behavior

Act fearful, anxious, depressed, submissive, tense, or nervous

Defer to another person to speak for him or her and

Avoid eye contact?

Hesitancy to answer questions

Provide an inconsistent story or inadequate history

Juveniles with knowledge of sex acts or playing out sex acts

HPI

- Always speak with your patients separately away from the people that brought them to the facility.
 - What if we can't do this?
- Inconsistent stories (again)
- Untreated injuries "I hurt my wrist 2 years ago and it was never looked at", I've had this abdominal pain for YEARS.
- Recurrent STDs
- Multiple abortions
- Homelessness, foster care, group homes
- Dysfunctional home life, no support network
- Unwillingness to disclose additional information
- Patient is diverting, not willing to answer questions
- Unfulfilled orders-did they see someone else for this complaint? Was an xray ordered but never completed?
- Being seen in multiple states*

Physical Exam

- Signs of abuse
 - Cigarette burns in odd places, bruises that do not make sense with MOI
- Self harm
- Underweight, malnourished
- Lack of basic care measures
- Dentition
- Tattoos
- Signs of drug use
- Does the patient have a cell phone?**
- Plastic surgery at a young age or without financial means or done at un reputable locations

Why are tattoos important?



- Latin Kings—5 or 3 point star
- Mexican Cartels—
Sinaloa in Western
Virginia
- The Bloods—Statewide

Gangs and Tattoos in VA



- Tattoos of guns or bags of money
- Bar code tattoos



Drug use



You are not just assessing the patient!

- In this situations, it is important to pay attention to all parties involved.
- Behavior of the trafficker:
 - Preventing the patient from answering questions
 - Angry at you
 - Refusal for follow-up, refusal for certain assessments
 - Will they exit the room?

Most common traffickers in VA

- Family members
- Intimate partners (boyfriend, husband)
- Gorilla pimpAdd remainder of slides
- Not always a male



Diagnose

We now have a concern based on our assessment. Now what?

What if it is NOT human trafficking (consider your differential diagnosis)

Riverside's human trafficking assessment tool

1. Does someone speak for the patient?
2. Is the patient aware of his/her location, the current time or day?
3. Does the patient exhibit fear, anxiety, PTSD, submission or tension?
4. Does the patient show signs of physical/sexual abuse, medical neglect, or torture?
5. Is the patient reluctant to explain his/her injury?
6. Has the patient been forced to engage in sexual acts for money or favors?
7. Is someone holding the patient's passport or identifying documents?
8. Has anyone threatened to hurt the patient or their family if they leave?
9. Do they have a debt that they can't pay off?
10. Does anyone take all or part of the money they earn?

We are suspicious, what do we do now?

- Are you a mandated reporter in this situation?
 - You have a 19 year old female who you suspect is being trafficked. After an initial assessment of the patient to obtain an HPI, she explains that she fell while walking which resulted in bruises to her upper left arm along with a dislocation of her left shoulder. She presented to your primary care office along with an older female companion who refused to leave the room during the assessment. During the assessment, you note that the female companion is also filling in a lot of gaps and answering questions for the patient. The patient does not have insurance or ID. During your examination, you also notice several tattoos, one of which states “property of...” on her upper chest.



**You need to
have a plan**



Safety Considerations

Positioning in the room

- Never have your back to the suspected trafficker

- Note the physical divide

Action versus Reaction

- If you are uncomfortable, have an “assistant”

- Send a secure chat to alert staff

- Leave the door cracked open

- Do not make accusatory statements

Time to Implement



How do we offer help if we cannot get the trafficker out of the room?

How do we separate a potential victim who presents with her trafficker?



Reporting

- Local Law Enforcement**
- FBI/Homeland Security
- Riverside forensic nurses
 - Policy on rPolicies
 - Available 24/7 to answer questions
- Report suspected human trafficking to the Homeland Security Investigations Tip Line at 1-866-347-2423 or www.ice.gov/tips.
- Get help from the National Human Trafficking Hotline by calling 1-888-373-7888 or texting HELP or INFO to 233733 (BEFREE).

Mandated Reporting Law

- Mandated reporters are certain persons who are identified in the Code of Virginia as having a legal responsibility to report suspected abuse, neglect and exploitation. The purpose of mandated reporting is to identify suspected abused and neglected children or vulnerable adults as soon as possible so that they can be protected from further harm. Child Protective Services (CPS) and Adult Protective Services (APS) cannot act until a report is made. Mandated reporters play a critical role in preventing any future harm to children and vulnerable adults. Whether required by law or not, If you suspect that a child or an adult (who is over age 60 or incapacitated adults 18 years and older) is being abused, neglected, or exploited, you should immediately report your concerns to the local department of social services in your community.

What do you do if you cannot report?

- Resources to provide to the patient and how to provide those resources
- Consider the safety of your patient. If they are in fact being trafficked and you made a big deal of it. If they choose not to report or seek help, you may have opened them up to repercussions from their trafficker.

Evaluate and follow-up

- Follow up appointment
- Health department reporting in the case of STDs
- Riverside hospital resources
- Mental health resources
- Safe houses and shelters
- Court considerations

The local Reality

- Virginia cities and towns ALL endure the scourge of trafficking.
- Trafficking has been identified in multiple hotels, spa's, businesses, and individual homes.
- Virginia ranks in the top 10 for cases in the nation
- **Northern Virginia is number ONE**
- **Hampton Roads is number TWO**
- **Richmond is number THREE**

Latisha's House and local resources

