Modern Slavery:
Human Trafficking

Presented By Nicole E. McAmis, MD
CalEMRA President-Elect
No Disclosures
Learning Objectives

- Improve your ability to identify victims of human trafficking.
- Discuss red flags and how to screen potential victims.
- Understand the next steps once you identify a victim.
Have you ever been trained in how to identify victims of human trafficking?
Overview

Why are we talking about this?

Background

What is it?

Red Flags

Screening

Patient Interview

Next Steps
YOU are the Key

- YOU are in the perfect position to identify victims of trafficking
- Let’s equip you with the knowledge and specific tools you need to assist victims
Just why?

- Healthcare providers are one of the few groups of professionals who are likely to interact with victims of human trafficking.
- California harbors 3 of the FBI’s 13 highest child sex trafficking areas on the nation: Los Angeles, San Francisco, and San Diego.
- Approximately, 40-60% of youth engaged in commercial sexual exploitation are engaged to meet their basic needs.
- The majority of those listening to this lecture have not received training previously...
San Francisco FBI reports 'concerning spike' in child exploitation cases across Bay Area

2 Arrested In South San Francisco In Kidnapping, Human Trafficking Case

Human rights org sees 185% rise in human trafficking cases amid COVID-19 pandemic
Santa Cruz Sheriff's Officials Took 4 Days to Treat Teen's Death as Suspicious, Poss. Sex Crime

**Arrests made in human trafficking operation in San Rafael**

Police Investigate Human Trafficking of Teen Girl in San Leandro

**Family that preyed on immigrants convicted of human trafficking**

2 Arrested in South San Francisco for Allegedly Kidnapping, Trafficking Oakland Woman
Google search under news: Human Trafficking

About 11,600,000 results (0.42 seconds)

Yahoo search: Human Trafficking News

About 765,032,704 search results
My Research + How it Began

- OB/GYN 3rd year of medical school
- How come we had never covered this topic previously?
The Numbers

- Total number of survey responses = 6,603
- Across all knowledge questions, the mean rank for each question was 2.64, below the average of 3
- There were significant differences in knowledge of trafficking by age group (p<.001), region (p<.001), and educational training level (p<.001)
## Prior Training + Need for Training

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<th>Frequency</th>
<th>Percentage (%)</th>
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Impactful Comments

“This survey made me aware of my lack of knowledge in this subject. This truly sparked a feeling of obligation in me as a future health care provider to become informed about the subject.”

“I have properly identified human trafficking victims and provided a safe-haven for these victims...We were able to get her back home...safely, with her family, after weeks of work on her case.”

“A readily available, posted community resource list would be welcome. Descriptions of how to manage the separation of the individual being trafficked from their handler, the prolonged visit, transportation to safe places, and managing the handler would be helpful part of training.”
Impactful Comments

“I had a patient that I suspect was involved in human trafficking but only realized months later because of an unrelated comment by an attending about common trafficker techniques. Whether or not she was involved in human trafficking, not recognizing it or looking into it more will haunt me the rest of my career.”

“No doubt this is crucial. Like many issues, it would benefit from practice tools and a ‘telescopred’ approach with targeted but effective ways to identify, refer to more skilled providers or resources, and tools to assist overwhelmed frontline practitioners.”

“Continuing education about human trafficking with current data, current stories, and resources will always be invaluable to reducing/eliminating this horrifying practice.”
Background

- $150 billion-dollar industry representing the second largest source of income for organized crime [1,2]

- 40.3 million people worldwide are victims with over 70% being women and girls and one in four victims being children under the age of 18 [3,4]

- US has an estimated 1.3 victims per every thousand people [4,5]
Up to 88% of victims had come into contact with the healthcare system while being trafficked [6,7,8,9]

Emergency departments (63.3%), Planned Parenthood clinics (29.6%), private practices (22.5%), urgent care clinics (21.4%), women's health clinics (19.4%), neighborhood clinics (19.4%) [8]
Common Misconceptions

- Human trafficking is synonymous with sex trafficking. → includes sex and labor trafficking
- Human trafficking only affects women. → affects patients of any gender
- Human trafficking is a significant problem in low-income countries. → globally
- Survivors of human trafficking are physically held against their will. → economic coercion, physical violence, false promises, threatening others, withholding basic needs, isolation, forced criminality, emotional violence, withholding documentation
Most survivors are first trafficked as young adults. → happens at any age

In the US, trafficking survivors are not U.S. citizens. → 80% are U.S. citizens (New York, California, Florida)

Trafficked individuals are targeted by strangers. → predators can be anyone who recognizes a victim's vulnerability, including acquaintances and family members

Survivors will disclose their situation in order to escape their trafficker. → fear of deportation/arrest, unable to be recognized, PTSD, language barrier, trauma history
- Human Trafficking involves movement from one country to another. → no movement is necessary
- Labor trafficking occurs in illegal or underground industries. → any industry
- Traffickers are members of criminal organizations. → traffickers can be small business owners or family members
Any volunteers to give me the definition of human trafficking?
What is human trafficking?

- “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 involuntary servitude, debt bondage, or commercial sex acts”
- Sex trafficking – commercial sex acts
- Labor trafficking – labor or services
Force, Fraud, Coercion

- Force: rape, beatings, confinement
- Fraud: promises of a good job and home, love and companionship, or a better life
- Coercion: threats to a person or a family, isolation, psychological abuse, debt bondage; taking passport or ID, depriving person of food or basic necessities.
Where does it take place?

- Brothels
- Hotels/motels
- Online
- Street-based
- Residential
- Escort services
- Truck stops
- Strip clubs

- Domestic
- Travel sales crews
- Restaurants
- Agriculture
- Retail businesses
- Landscaping
- Many more…
Why do they come to the ED?

- In an emergency (of course)
- After an assault
- After a workplace injury
- For gynecological or prenatal care
- For mental health services
- For addiction treatment
Why do they come to your office?

- For gynecological or prenatal care
- For mental health services
- For addiction treatment
- After an assault
- After a workplace injury
- In an emergency
Common Chief Complaints

- Infectious diseases
- Trauma or injury from physical violence
- Sexual abuse
- Malnutrition

- Dental disease
- PTSD
- Anxiety/Depression
- Substance use disorders
Any ideas as to why they don’t just tell us?
Why don’t they just tell us?

- Shame/guilt
- Fear of retaliation by trafficker
- Fear of police
- Fear of arrest of deportation
- Lack of a report to social services
- Lack of understanding of the US healthcare system
Risk Factors

- Poverty
- LGBTQ+
- Minority race/ethnicity
- Disability
- Lower educational status
- Inadequate family support and protection
- Rural location
- Migration
Red Flags + Indicators

- Lack of freedom + control
- Poor mental health
- Poor physical health
Red Flags + Indicators

- Someone else is speaking for the patient and refuses to let the patient have privacy
- Exhibits fear, anxiety, or tension
- Reluctant to explain his/her injuries or describes a scripted/inconsistent history
- Visible tattoos or other forms of branding
- Reports an unusually high number of sexual partners, STIs, pregnancies, miscarriages, or terminations
- Uses language [or slang] common in the commercial sex industry
Slang

- Bottom: female appointed by trafficker to supervise others
- Exit fee: money a pimp will demand from a victim trying to leave
- Family/Folks: describes other individuals under the control of the same pimp
- John: individual who pays for sexual acts
- Kiddie stroll: area known for prostitution that features younger victims
- Lot lizard: victim who is being prostituted at truck stops
- Trick: committing an act of prostitution
Questions + Screening Tools

- Do you know your address or where you live?
- What are your working and living conditions like?
- Have you ever been deprived of food, water, sleep, or medical care?
- Can you leave your job or situation if you want?
- Can you come and go as you please?
- Who is the person who came with you today? Can you tell me about them?
- Have you ever been threatened or intimidated?
- Has anyone threatened to hurt you or your family if you leave?
- Do you have a debt to someone you cannot pay off?
Is someone holding your identification documents (passport, visa, driver's license)?
Did you ever feel pressured to do something that you didn’t want to do or felt uncomfortable doing?
Have you ever been told to have sex with people you don’t want to have sex with?
Have you been forced to engage in sexual acts for money or favors?
Does anyone take all or part of the money you earn?
Do you have to meet a quota of money each night before you return home?
Approaching the Patient Interview

- Conduct the assessment in a comfortable, private location with a social worker or advocate present whenever possible.
- Conduct the interview in the potential victim’s native language and use a professional, neutral interpreter if needed.
- Ask those accompanying the patient to leave for the interview and physical exam.
- Use an approachable tone, demeanor, and body language that remains neutral and non-judgmental.
- Refrain from taking notes while in the room in order to promote active listening.
Assure confidentiality, unless the situation invokes state mandatory reporting laws (e.g. persons in grave danger, minors under the age of 18 years, or persons with disabilities)

Victims may find it easier to speak with a provider who is of the same gender, ethnicity, or age range.

Reference existing institutional protocols for victims of abuse.

Before you begin, do a safety check:

- Is it safe for you to talk with me right now?
- Do you feel safe right now?
- Do you feel like you are in any kind of danger for speaking with me?
Informed Consent

- Obtain prior to sharing any patient information for the eval and treatment of related conditions or referrals to support services
- Continue reassuring patient of confidentiality throughout entire interview and exam
- 3 cases: they give consent, they refuse, or they are unable to give consent
Mandated Reporting

- The case where they are unable to give consent
- Child abuse, elder abuse, patients with underlying psychiatric or cognitive disorders that limit their decisional capacity, adults whose welfare can directly compromise the welfare of associated children, intoxicated patients (alcohol or drug use)
California Mandated Reporting

- Child abuse / neglect: emotional or sexual
- Elder abuse / neglect: physical, financial, abandonment, isolation, deprivation
- Federal/state law does not currently mandate reporting by health care providers of suspected human trafficking of patients 18 and over.
Trauma-Informed Care

- Nonjudgmental, comforting approach
- Restore a patient’s decision-making power
- Remind patient that interview and exam are voluntary
- Provide transparency of medical record or test results
- Do no harm
Physical Exam

- General: signs of malnutrition, dehydration, physical exhaustion
- Skin: burns, bite wounds, ligature wounds, bruising, tattoos (sexually explicit or suggesting ownership)
- GU exam is indicated: STI, rash, foreign bodies, complications from trauma or unsafe abortions
Next Steps

- **National Human Trafficking Resource Center** (NHTRC) hotline: **1-888-373-7888**

- Some items to consider include:
  - Presence of the trafficker in patient room, waiting room, or home
  - Potential that calling the hotline may put the patient or the patient’s family in danger
  - Age of the patient

- It is vital that you help the patient memorize the phone number, so they can call (1-888-373-7888) or text HELP or INFO to BeFree (233733) at a later time

- Please avoid giving the patient physical materials including written notes or brochures that could place them at increased risk if detected
Take Aways

- A victim could be anyone.
- Pick up on the subtle red flags like someone else speaking for the patient, anxiety, reluctance to explain injuries.
- Always obtain consent!
- You’re a mandated reporter.
- Remember your resource: 1-888-373-7888
Download the EMRA MobilEM App

- Having trouble remembering what questions to ask?
- Download this app and check out the Conversations Toolkit!
Thank you for listening!

Contact Information:
Nicole E. McAmis, MD
nemcamis@stanford.edu