Overview of Labor and Sex Trafficking

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 rejoin 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

- Identify risk factors and potential signs of labor and sex trafficking in pediatric victims who present in a healthcare setting
- Identify and discuss state and local organizations that provide assistance to victims and survivors
- Discuss why a trafficking protocol is important, and 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...

Do I have your attention now?

Overview of Labor and Sex Trafficking

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

Traffic as a Criminal Industry

- Second largest and fastest growing criminal industry in the world
- Continuous profit, less risk

Labor and Sex Trafficking “Facts”

- Key Concept: Children 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
  - Violent nature of most traffickers
  - Physical violence used as control mechanism
  - Drugs used as control mechanism

Labor and Sex Trafficking: Combined 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: Red Flags

- Inappropriate clothing for the weather
- Injuries not adequately explained by history
- Being employed during the day without a school work permit
- Living with employer or having employer listed as the child's caregiver
- Falling school performance attributed to long working hours
- Inability to produce personal identification/papers
- No insurance information

Labor Trafficking: Environmental Factors

- Questionable employment
- Dependence on a co-worker to answer all questions
- Abusive relationships
- Lack of transportation
- Lack of cultural understanding
- Delayed medical care – advanced disease stage
Sex Trafficking Risk Factors

**Societal**
- Lack of awareness of commercial sexual exploitation and sex trafficking
- Sexualization of children
- Lack of resources

**Community**
- Peer pressure
- Social norms
- Social isolation
- Gang involvement
- Under-resourced schools, neighborhoods, and communities

**Relationship**
- Family conflict, disruption, or dysfunction

**Individual**
- History of child abuse, neglect, or maltreatment
- Homeless, runaway, or "thrown away"
- LGBT
- History of being systems-involved (e.g., juvenile justice, criminal justice, foster care)
- Stigma and discrimination

Domestic Minor Sex Trafficking (DMST)

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

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

Recruitment: Social Media

Traffickers may...
- Pretend to be the same age of the child
- Pretend to come from the same or similar social group/school
- 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

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

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
- Maldistribution, 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

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

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 15 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:
• Questions and actions should assess:
  • Risk of exploitation/trafficking
  • Safety
  • Services or treatment you can offer

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, tell him/her...

- You have rights
- You are not alone and are not to blame
- You are entitled to services and help

Make Referrals

- Connect your patient with the hospital social worker
- Connect your patient directly with an appropriate service provider

Your organization should consider adopting a validated, standardized screening tool

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

What not to do...

- Do not rescue the patient
- Do not ask about the patient’s immigration status
- Do not make promises that you cannot keep
- Do not force, deceive or coerce the victim in an effort to save them

To emphasize...

- Many children do not see themselves as victims and therefore will not self-identify as victims
- Many victims see their trafficker as their “boyfriend” or other family relationship
- “Rescue” of victims is not your main objective or responsibility
- Your responsibility is to provide a safe space and connection to appropriate services

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

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

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

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

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

Available at:

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

1. Work with your leadership to implement a multidisciplinary protocol
2. Establish an organization taskforce/workgroup on child trafficking
3. Establish annual training for all employees
4. Make child trafficking awareness part of onboarding
5. Work regularly with local/state law enforcement task forces
6. Use and measure usage related to ICD-10 codes on human trafficking (revenue measurement)

Call to Action for Individuals

1. Champion the implementation and mandatory use of a protocol within your institution
   - Educate your CEO and other leaders this is everyone’s problem, supported by Joint Commission
2. Learn how to advocate for victims and help them become survivors
3. Tell prevention tips to all parents and teens—not just those perceived to be at risk
4. Become involved with local trafficking advocacy groups
5. Become involved with a trafficking task force, usually run by local or state government
6. Become an ACT Advocate and spread awareness

National Resources

See napnappartners.org for list of resources and references
- h1trafficking.org/2018/09/trafficking-webinar-rethinking-representation-framing-human-trafficking-for-health-professionals/
- act.hhs.gov/otip/training/soar-to-health-and-wellness-training/
- dignityhealth.org/hello-humankindness/human-trafficking/victim-centered-and-trauma-informed/using-the-peer-tool
- chromeextension://oemmndcbldboielbhiaddacbfimadadm/https://pediatrics.aappublications.org/content/pediatrics/140/6/e20173138.full.pdf

Acknowledgements

Champion the implementation and mandatory use of a protocol within your institution
- Educate your CEO and other leaders this is everyone’s problem, supported by Joint Commission
- Tell prevention tips to all parents and teens—not just those perceived to be at risk
- Become involved with local trafficking advocacy groups
- Become involved with a trafficking task force, usually run by local or state government
- Become an ACT Advocate and spread awareness