

**Recognizing Human Trafficking:
For Health Care Providers**

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Speaker's Disclosure

Dr. Raquel Vargas-Whale has no relevant financial relationship with ineligible companies to disclose.

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Objectives

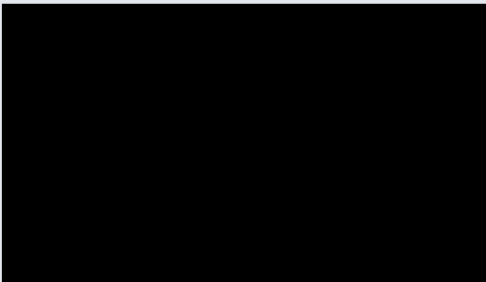
- Explore the scope worldwide and locally
- Discuss common myths
- Definition & types of human trafficking (HT)
- Identify indicators and warning signs of trafficking involvement (criminal activity)
- Review HT of minors
- Familiarize yourselves with resources available

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Americas Daughters

<https://www.youtube.com/watch?v=aTAVZChvLR4>



www.polarisproject.org/americasdaughters. Produced and Directed by: William Caballero and Kate Keisel.

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Federal Anti-Trafficking Laws

Trafficking Victims Protection Act (TVPA) of 2000

- 1st comprehensive federal law to address trafficking (3 -pronged approach: prevention, protection, and prosecution)
- Reauthorized through the Trafficking Victims Protection Reauthorization Act (TVPRA) of 2003, 2005, 2008, 2013, and 2017.

Under U.S. federal law, "severe forms of trafficking in persons" includes both sex trafficking and labor trafficking:

- **Labor trafficking**
 - Is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery, (22 USC § 7102).
- **Sex trafficking**
 - is the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act, in which the 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 (22 USC § 7102).

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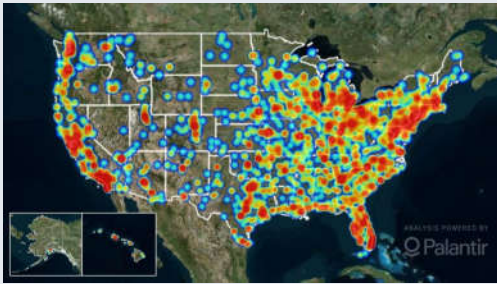
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SCOPE OF THE PROBLEM

- Globally, estimated 28 million individuals are victims of HT.
- In 2016, on any given day in the US, between 14,500 and 17,500 people are victims of HT.
- 81 percent of them are trapped in forced labor
- 25 percent of them are children
- 75 percent are women and girls

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Polaris Project 2019 US map



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Scope Nationally

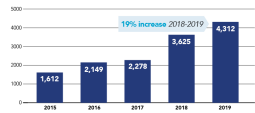
Statistics from the National HT Hotline and Polaris BeFree Textline show:

- 2021: 32,709 phone calls, 11,256 texts, 3,490 online tips, 2,802 emails, 816 webchats
- **Number in the U.S.** increases every year
- The number of texting conversations on the Polaris BeFree Textline from survivors are **steadily rising** especially in the **underage** category



Contact from Victims and Survivors Themselves Has Grown Steadily Over Time

Individual Victims and Survivors Contacting Us



Polaris

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2021

KEY FINDING

Human trafficking is profoundly adaptable.

Shut down one venue and traffickers will find a new one. Wherever there are vulnerable people and communities, there will be someone who finds a way to exploit them.

Online recruitment increased a significant 22%. During the lockdowns, as the proportion of victims from common recruitment sites such as strip clubs (-46%), foster homes (-70%) and schools (-38%) went down drastically, the internet was reported as the top recruitment location for all forms of trafficking.

Most notably, the analysts found a significant increase in the proportion of potential victims for whom Facebook and Instagram were the sites for recruitment into trafficking (120%). **There was a 125% increase in reports of recruitment on Facebook over the previous year and a 95% increase on Instagram.**

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Scope in Texas

- 234,000 Victims of labor trafficking in Texas any given time
- 79,000 Victims of youth and minor sex trafficking in Texas at any given time



Global Estimates of Modern Slavery: Forced Labor and Force Marriage, International Labor Organization, Walk Free Foundation, and the International Organization for Migration (2017)
 Busch-Armendariz, N.B., Nale, N.L., Kammer-Kerwick, M., Kellison, B., M.I.M., Cook Heffron, L., Nehme, J. (2016). Human Trafficking by the Numbers: The Initial Benchmark of Prevalence and Economic Impact for Texas. Austin, TX: Institute on Domestic Violence and Sexual Assault, the University of Texas at Austin.

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Data limitations

Data on identified victims of trafficking depends on a range of factors:

- Whether counter trafficking organizations are operational or able to consistently collect or share data in any given country/location.
- Presence of large quantities of human trafficking data may not necessarily indicate higher prevalence.
- Paucity of data may be due a lack of effective counter-trafficking responses, the profiles and experiences of the victims, the forms of human trafficking, and information on perpetrators.

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Data limitations



- Difficulty identifying victims (hidden nature of the crime and the use of the Internet by traffickers)
- Lack of understanding of domestic HT
- Inadequate services
- Safety concerns.
- Identified cases are better understood as a sample of the unidentified population of victims
- Nevertheless, where available, these data are indispensable, as they provide detailed insight into the profiles and experiences of the victims, the forms of human trafficking, and information on perpetrators.

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Common Myths



Myth: We live in a slavery free world

Truth: more enslaved today than during Transatlantic Slave Trade. 25 million people worldwide, another 15 million in forced marriages. (See International Labor Organization 2017 report)

Myth: This doesn't happen here

Truth: in cities and towns all across Texas

Myth: Traffickers target victims they don't know

Truth: Many trafficked by romantic partners, including spouses, and by family members, including parents

<https://humantraffickinghotline.org/what-human-trafficking/myths-misconceptions>

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Common Myths



Myth: It's always or usually a violent crime

Truth: most traffickers use psychological means (tricking, defrauding, manipulating or threatening)

Myth: Only women and girls are trafficked

Truth: as many as half are male. **Advocates believe percentage may be even higher** but that male victims are far less likely to be identified. LGBTQIA+ boys and young men are seen as particularly vulnerable to trafficking

<https://humantraffickinghotline.org/what-human-trafficking/myths-misconceptions>

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https://static1.squarepace.com/static/594970e91b631b3571be12e20597762dacd068862b89e60/1501016795183/ECPAT-USA_AndBoysToo.pdf

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Common Myths



Myth: Trafficking is a crime about movement, immigration, 18-wheelers and truck stops, crossing international or state borders

Truth:

Smuggling is a distinct crime. Entering a country without appropriate documentation (by paying or crossing). Requires transport & movement from one country to another, and both the person coming in without permission and the person bringing them are committing a crime

Trafficking does not require movement. You can be trafficked in your own home, your own country, by a fellow citizen. Only the trafficker commits a crime exploiting for forced labor or sex

<https://humantraffickinghotline.org/what-human-trafficking/myths-misconceptions>

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Further Define Human Trafficking

- **Modern-day slavery:** traffickers profit from the control and exploitation
- Adults & children used as commodities in conditions of sexual and labor servitude; occurs wherever there is work
- **Highly profitable global criminal enterprise**, generating billions of dollars in annual profits
- Operates in the dynamics of **supply and demand**
- Tactics used by recruiters, traffickers and their associates are often same as used by abusers and can mirror dynamics of Domestic Violence/Intimate Partner Violence



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People Are Trafficked For Many Kinds Of Work, Involuntary Servitude, And Sexual Exploitation

- Debt Bondage (22 U.S.C. 7102 (7)).
- Sex Industry
- Domestic Labor
- Agricultural Work



- Restaurant Work
- Factory Labor
- Commercial Sex Acts*
any sex act on account of which anything of value is given to or received by any person, (22 U.S.C. 7102 (4)).
- Construction

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Trafficked Persons Are:

Female Labor Trafficked Adults
 Youth/minors US Citizens
 Foreign nationals Transgender
 Sex Trafficked Male



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Who is the Trafficker?

No one in particular. Anyone. People who are willing to treat other people like objects or commodities they can buy, sell, or exploit for their own benefit



- All races, genders
- Family members
- Peers
- Employers
- Gang and cartel
- Strip club owners/managers
- Intimate partners
- Neighbors and friends
- Online acquaintances

This week Ezequiel Garcia, of Caspio Christi, was convicted of three counts of selling or purchasing a child.

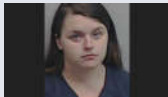


©2018 Associated Press

Officials had been executing a drug warrant when they found him sold for \$2,500. It was then they learned that two girls, a three, were about to be sold.

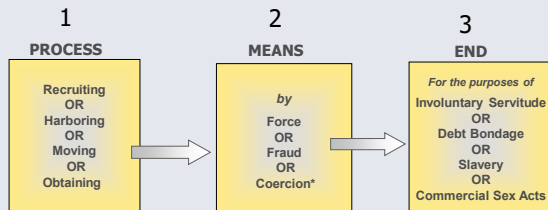


Garcia, who was also convicted of money laundering and conspiracy to purchase a child, accepted a plea deal of six years for selling 4 years for the other charges. The sentences will run concurrently.



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Elements Of Human Trafficking



"commercial sex act": any sex act on account of which anything of value is given to or received by any person (22 U.S. Code § 7102) and is different from HT as HT is defined as "the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion or in which the person induced to perform such act has not attained 18 years of age";

***Minors involved in "commercial sex" do not need to prove force, fraud, or coercion**

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RECRUITMENT METHODS

ALL CHILDREN ARE VULNERABLE.

COMMON METHODS OF RECRUITMENT INCLUDE:

- MEETING THE NEED FOR FOOD, CLOTHING, SHELTER
- PROMISES OF ROMANCE, LOVE, ACCEPTANCE
- OFFERS OF INDEPENDENCE, LUXURY ITEMS, CASH
- EXPLOITING POSITION OF AUTHORITY
- HARASSMENT, LIES, MANIPULATION
- EXPLOITING VULNERABILITY OR DESPERATION

Traffickers Exploit Vulnerability And Manipulate

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IDENTIFYING HUMAN TRAFFICKING IN HEALTHCARE SETTINGS

87.8% of human trafficking survivors reported having contact with a healthcare provider while they were being trafficked.

63.3% of those who had contact in healthcare settings were treated in an emergency room.

Ledener, L., Wetzel, C. (2014). The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities. *Annals of Health Law*, 23, 61-91.

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Polaris 2019 US National HT Hotline-Data-Report

Health care providers are one of the few professionals likely to interact with trafficked persons **while they are still in captivity**

This represents a serious missed opportunity for intervention

Health care providers are in a unique position to identify victims of trafficking and provide important physical and psychological care for victims while in captivity and after

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Human Trafficking



10 Red Flags that Your Patient Could be a Victim

- 1 Clinical presentation and oral history don't match up
- 2 Oral history is scripted, memorized or mechanical
- 3 Someone with the patient exerts an unusual amount of control over the visit
- 4 Patient appears fearful, anxious, depressed, submissive, hyper-vigilant or paranoid
- 5 Patient is concerned about being arrested or jailed
- 6 Patient is concerned for his/her family's safety
- 7 Evidence that care has been lacking for prior or existing conditions
- 8 Tattoos or insignia's indicative of ownership
- 9 Occupational-type injuries or physical ailments linked to their work
- 10 Sexually transmitted infections

HOSPITALS AGAINST VIOLENCE

American Hospital Association


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Challenges When Interfacing with Trafficked Persons

in the medical setting are:
 The hidden nature of the crime
 The trafficked person fearing consequences of identifying as victim:

- Retaliation by trafficker - especially common are threats made against family members or loved ones
- Fear of deportation (foreign national)

Challenges regarding social services interventions (especially for youth who previously experienced abuse or harassment in home or foster care) such as removal from home or placement into a juvenile facility



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Challenges When Interfacing with Trafficked Persons

- Law Enforcement/Legal: you may be required by law to contact LE. This could have real and perceived negative consequences or implications for the trafficked person such as
 - Fear of arrest/Fear of prosecution
 - Fear of incarceration
- Could lead to reticence to seeking needed medical care in the future leading to exacerbation of health conditions
- May raise are how to survive outside of the HT context?
 - Will this action result in homelessness for the patient?
 - Loss of employment, loss of resources?

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Trauma & Situation May Challenge The Medical Assessment



Trafficked persons may be in:

- In crisis mode
- May have trouble recounting history/details
- May not self-identify as victim
- May have loyalty to trafficker(s)
- May have Cultural/language barriers
- Mistrust of health professionals
- Limited understanding of rights
- Mistrust of "system"

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Opportunities and Strategies

Best Practices For Interfacing With Suspected Trafficked Persons In The Clinical Setting

Facilitate private conversation for history taking by following these strategies whenever possible:

- **Making time:** Schedule enough time to have a thorough discussion. Being rushed minimizes the critical nature of the conversation
- **Making space:** If accompanied by others, find a way to speak privately. Choose a private, quiet area.
- **Eliminate disruptions:** Turn off your cell/pager, remove anything from the room that could cause interruption
- **Envision the conversation:** Take a few minutes beforehand to visualize how the discussion may evolve
- **Get assistance:** Enlist the aid of experienced colleague, Social Worker, or Nurse if appropriate
- **Seek Opportunities:** during procedures to speak privately with the person (while in radiology, or going to lab to give a sample)

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Opportunities and Strategies

Best Practices For Interfacing With Suspected Trafficked Persons In The Clinical Setting

Implement appropriate interpreters when needed. Easily accessible professional interpreter services have been shown to lead to:

- Fewer communication errors;
- Enhanced patient knowledge and understanding of their diagnosis and treatment (Karlner et al, 2007);
- Increased access to healthcare services;
- Reduced disparity of health-service use by those with No/LEP compared with native speakers (Gill et al, 2009; Diamond et al, 2008; Karlner et al, 2007).

Use same words the patient does. Don't correct them, especially as it refers to their relationships and situation, anatomic references.

Be open to unfamiliar narratives and stories

Use a trauma-informed, non-judgmental approach when interviewing patients (mind your face!)

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Opportunities and Strategies

Best Practices For Interfacing With Suspected Trafficked Persons In The Clinical Setting

Trafficked persons may find themselves in Emergency Department, admitted to hospital, Psychiatric facility, or in outpatient clinic when situation, injury or illness escalates to the point of becoming life-threatening

Ask simple, direct questions such as:

- Are you in a personal or work relationship with a person who physically harms or threatens you?
- You seem to be in a hurry to leave. We are here to help you and it is important that you remain for treatment. What is making you feel anxious to leave right now?
- Have you been hurt while working/on a job either by someone you work for or with?

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If A Disclosure Is Made (Infrequent)

- **Recognize goal is not disclosure or rescue, but create a safe, non-judgmental scene to help identify HT indicators and assist the patient**
- If the patient is a minor/person with a disability, or elderly, follow mandatory state reporting laws and institutional policies
- Information regarding patient's injuries or treatment is accurately documented in health record
- Document findings accurately, without judgement or assumption
 - Document injuries, labs and studies
 - Document evidence collected
 - Document calls or reports to investigative authorities, and referrals for services
 - Document allegations or history **verbatim** when possible
- While documentation of abuse may be helpful in building a case against a trafficker, information about the victim can also be used against them in a court proceeding

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If Possible Facilitate Safety By:



- Allowing the patient to decide if they would feel more comfortable speaking with a male or female practitioner
- Chaperones use may be helpful during sensitive exam
- Build rapport, or if you do not have the time, find someone else on staff who can (Use multidisciplinary resources -social workers)
- Explain confidentiality policies and practices, including mandatory reporting laws
- Consider informing security officer to be on standby
- You may contact the National Human Trafficking Hotline for assistance in conducting an assessment and determining next steps

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If Identified Patient Is Not Ready To Accept Your Help...

Remember a survivor centered approach is imperative

Validate/normalize their feelings:

- Reassure them that they have the choice not to accept your help at that time **(if an adult)**
- Remember that reporting is **mandatory** if person is a child, person with a disability or a person who is elderly

Provide information:

- Many trafficked persons will seek assistance for their situation when they feel safe and able to do so
- Tell your patient where they can go for help in the future (i.e. return to the clinic)
- Make sure to communicate options verbally since traffickers are likely to destroy written instructions if they are found

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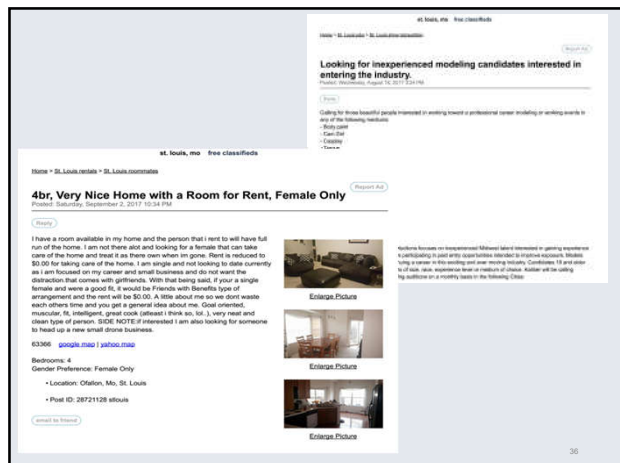
Trafficking of Minors:

What You Need to Know to Recognize and Respond to the Trafficking of Youth



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Labor Trafficking Among Adults and Youth

- Domestic work
- Agricultural and husbandry
- Traveling sales crews (magazines / candy)
 - Selling magazines to earn points for...x,y,z
 - Money stays on the books to cover expenses
 - Daily stipend for food (\$10-\$15), 10 – 14 hour days
- Illegal Drug Distribution



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The Numbers

- In 2020, of the nearly 26,500 missing children reported to NCMEC who have run away, 1 in 6 were likely victims of child sex trafficking
- 16% of the children who ran from the care of social services and were reported missing to NCMEC in 2019, were likely victims of child sex trafficking
 - National Center for Missing and Exploited Children
- The exact number of trafficked youth is unknown due to the data limitation described previously

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Age of Onset



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12 to 14...
 The average age at which **girls** first become victims of *~~prostitution~~*

11 to 13...
 The average age at which **boys and transgender youth** first become victims of *~~prostitution~~*

(*this is sexual abuse and HT)

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Vulnerabilities

- Economic vulnerability (poverty, lack of education, poor employment opportunities)
- History of systems involvement (child welfare, juvenile justice)
- Prior experiences of abuse (Physical and Sexual) reported by HT survivors
 - In some studies as high as 95% incidence of maltreatment and 49% sexual abuse
- Homelessness/running away
 - 1 in 5 Homeless Youth are Sex Trafficked, 1 in 3 Homeless Youth have engaged in sex trade (survival sex)
 - 91% of Homeless Youth are approached for some type of labor trafficking

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<https://www.covenanthouse.org/homeless-issues/human-trafficking-study>

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Vulnerabilities

- Age (inexperience, need to belong, self-esteem issues)
- Physical or intellectual disabilities
- History of substance use in the family
- LGBTQIA+ : 39% of youth sex trafficked were LGBTQIA+ with the highest percentage being Transgender
- Lack of a support network, including a trustworthy adult

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Signs Of Human Trafficking Health Care Setting

Recognize that, while HT is believed to disproportionately affect women and girls, it crosses all racial, gender, class, sexual orientation, age, ability, and socio-economic boundaries



As with many disadvantaged members of society, they may also present with chronic diseases at advanced stages as they are systematically denied access to medical care

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Acute Medical Complaints: Varied And Multifactorial

- Signs of Physical violence
untreated injuries, explanations
inconsistent with injuries
- Sleep deprivation
- Mental health concerns due to
extreme stresses
- Sexual Health concerns
 - Multiple STIs
 - Abortions
 - Evidence of sexual abuse
(minors)
- Delayed medical care
- Dental problems-
Severe/untreated
- Malnourishment
- Drug or alcohol addiction
- Headaches
- Fatigue
- Abdominal Pain
- Back pain

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Signs Of Human Trafficking/ Effects On Quality Of Life



- **Environmental/ Situational**
 - Suspicious employment situation
 - Dependence on "friend" or co-worker to answer questions
 - Abusive relationships
- **Verbal/Emotional/ Psychological**
 - Providing health provider with contradictory information
 - Suicidality, depression
 - Fearfulness, anxiety, trauma symptoms

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Signs Of Human Trafficking

Trauma Indicators:

- Reactions to disrobing or genitourinary exam (appearing fearful, screaming, sobbing, tensing up as if expecting intense pain, hyperventilating, sweating, fainting, flinching or jerking away from contact)
- Sexualized behavior or seductiveness, particularly in a child (seeking inappropriate proximity to nurse or doctor)
- Appearing "checked out", not responding to verbal prompts or name
- Confused, having difficulty paying attention

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Warning Signs (youth)

- Changes in school attendance (truancy), habits, friend groups, vocabulary, demeanor, and attitude
- Chronic running away, Homelessness
- The presence of an older "boyfriend" or "girlfriend", travel with an older male who is not a guardian, references to frequent travel to other cities
- Sudden appearance of "luxury" items (e.g., manicures, designer clothes, refillable gift cards)
- Substance use/addiction
- Isolation from family, friends, and community

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Warning Signs (youth)

- Unusual attachment to cellphone
- Lack of control over schedule, money, and/or proof of identification
- Signs of psychological distress, such as depression, anxiety, paranoia, and/or suicidal ideation
- Signs of psychological coercion, such as an overly submissive attitude or inability to speak for self
- Signs of physical trauma, including bruises, cuts, burns, and/or scars



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Importance Of Organizational Protocols



- Organizational protocols should be survivor centered, AND include partnering with SW/case management department, clergy and clinical staff to determine what are the best steps
- Implemented using trauma informed AND evidence-based strategies in organizational protocol to facilitate trust
- Should help identify & support victims by being alert to the problem and that their patients may be victims
- Collaborating with public agencies (LE, CPS) and community-based organizations can raise awareness and help advocate for public policies that address HT

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The Value Of Collaboration And Building Trusted Network Of Resources

It is important to reiterate that:

- The most effective way to ensure trafficking survivors get everything they need is to build relationships with organizations and allies in key systems that encounter or help crime victims
- Survivors may need assistance with stability in their life, food to eat, health care, counseling, help with sexual or domestic abuse they have suffered, as well as trauma from other crimes.
- They need help identifying their legal options for gaining immigration status and filing any civil suits to challenge their exploitation
- They must make their own choices (SURVIVOR CENTERED), which means they may need someone to help buffer them from conflicting agendas.

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Survivor Centered, Multidisciplinary Resources Are Important

This approach will join together the different components which should include at minimum the survivor, Social Worker, Forensic Nurse Examiner, and Physician in order to more effectively:

- Acknowledge the experiences of and deliver justice to as many survivors as possible
- Create a more inclusive, comprehensive, culturally sensitive, and survivor-centered assessment that will lead to more accurate:
 - Assessment of basic needs and benefits, health care, housing, education
 - Coordination with resources
 - Medical Forensic Examination- potential evidentiary collection
 - Safety Planning
 - Interpretation service if needed

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National Human Trafficking Hotline

NATIONAL
HUMAN
TRAFFICKING
HOTLINE

Call 1-888-373-7888 (TTY: 711) | *Text 233733 | Live Chat

CALL
1-888-373-7888

TEXT
"BeFree" (233733)

LIVE CHAT
humantraffickinghotline.org

24/7 • Toll free • Confidential • 200+ languages

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Resources (South Texas)

Legal Services

- Rights-based education (Coastal Bend Psych Associates-specialist, Claudia Schmidt, LPC)
- Immigration assistance (for non U.S. Citizen)
- Criminal Justice Advocacy and Support
- Nueces County Juvenile Justice Center (Angela Luna- (361) 8557303)

Advocacy groups:

- New Life Refuge
- CBBRHITF
- Texas Advocacy Project 1800 734 HOPE



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**TEXAS
ADVOCACY
PROJECT**

2022 YEAR IN REVIEW

Texas Advocacy Project's mission is to end domestic and child sex trafficking, sexual assault, and stalking in Texas. Texas Advocacy Project empowers survivors through the legal system and works to the public system, and advocates prevention through public outreach and education. Our vision is that all Texans live free from abuse.

WHO WE HELP

Provided free legal services to 676 housing services to prevent sexual abuse cases

Supported clients from ages 13 to 84 years old

Served 16,000 abuse and addiction cases across the state

Served survivors in 28 of all counties in Texas

WHY WE HELP

Nearly 1 in 3 human trafficking victims are arrested for a "crime" committed by their trafficker

78% of all Texas child sex trafficking victims are not rescued by law enforcement

1 in 10* children have been sexually abused

One half of U.S. women and almost two-thirds of U.S. men will experience or witness intimate partner violence*

U.S. economy loses \$4.2 billion annually due to domestic violence*

HOW WE HELP

14 staff attorneys and 7 social workers provided legal and social services

Provided 1,812 victims with financial empowerment tools for financial abuse victims

Provided 1,214 clients and their family members with social work services

Educated 4,182 judges, prosecutors, law enforcement officers, educators, medical, religious members, health care providers, and other advocates

GET INVOLVED

With Texas Advocacy Project's support, we support the following:

- Domestic violence crisis hotlines, and more, as well as LGBT hotlines to address across Texas agencies
- Distributed 2,072 handbags, diaper bags, and other life bags to domestic violence clients, hospitals, and more, as well as LGBT hotlines to address across Texas agencies
- Provided training on healthy relationships, teen dating violence, online safety, and healthy relationships to all of which served as been Ambassadors of Hope

backpacks of HOPE

AMBASSADORS OF HOPE

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<https://txssc.txstate.edu/videos/be-the-one/>

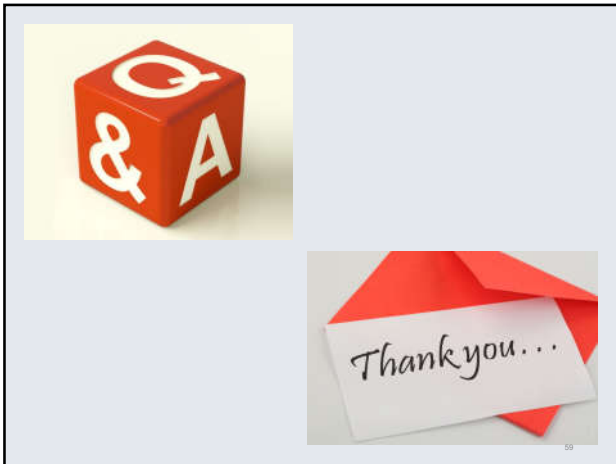
<https://youtu.be/aTAVZChvLR4>



To learn how to spot trafficking, check out the "Be the One in the Fight Against Human Trafficking" training video above.

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