An Innovative Approach to Human Trafficking

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An assault on our most basic human rights.
The Storm
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Where Do We Start?

Policy

Education
Trafficking in Persons

The recruitment, transportation, transfer, harboring or receipt of persons,

By means of:

• Threat,
• Use of force or other forms of coercion,
• Abduction,
• Deception,
• The abuse of power or position,
• Vulnerability,
• The giving or receiving of payments or benefits

To achieve the consent of a person having control over another person, For the purpose of exploitation, labor, or services.
Means of Trafficking

**Force**
*Physical assault, sexual assault, confinement*

**Fraud**
*False promises about work/living conditions, withholding promised wages*

**Coercion**
*Threats of harm or deportation, debt bondage, psychological manipulation, confiscation of documents, Drugs*
1. Labor Trafficking
   ➢ Forced Labor
   ➢ Debt Bondage

2. Sex Trafficking
   Trafficking of Minors

3. Organ Harvesting

Figure 1. Types of human trafficking by Vienola, G. (2015).
➢ Forced Labor
➢ Debt Bondage
Sex Trafficking

➢ Brothels
➢ Pornography
➢ Massage parlors
➢ Truck stops
➢ Street prostitution
➢ Escort services
• Human trafficking - 2\textsuperscript{nd} largest transnational organized crime

• 1.2 million children are trafficked every year

• 24-40.3 million est. victims of human trafficking worldwide (2016)

• $150 Billion/year industry

Figure 1. United Nations Office on Drugs and Crime. (2016).
Scope of the Problem

North America
• $32\text{ billion/year} \text{ industry in the U.S.}
Human Trafficking in the United States

Figure 1. Polaris Project (2018).
Figure 1. National Human Trafficking Hotline Resource Center (2016).
Figure 1. Toolkit for providers in Michigan (2015).
• Awareness and reporting are increasing

• Lack of accurate data from healthcare

• The scope of the problem still undetermined
  • Fear of disclosure
  • Surreptitiousness of the industry
  • Stigma, shame

88% of victims come into contact with healthcare
• The average age girls are trafficked is 13 and 12 for boys

• Major public displays are prime targets
  • Sporting events, conventions, tourist areas, Detroit International Auto Show

• How long do you think the average life expectancy is for a sex trafficked individual?
Average life expectancy: 7 years
• US states mandate HT education for healthcare providers
• Obama passes victim protection laws
• US adopts 3 p’s approach

• But where does that leave us?

ACUTE RESCUE PHASE
STOP

OBSERVE

ASK

RESPOND
• Types of Indicators (Signs & Symptoms)
  • Control Indicators
  • Appearance Indicators
  • Response Indicators
  • Health Indicators & Symptoms
    • Reproductive
    • Developmental
    • Mental
    • Physical
  • Child & Youth Indicators

• Red Flags
  • Presence of 2 or more of any of these indicators

There is no definitive set of signs
Types of Indicators

- Indicators of Control
  - Accompanying person
  - Overbearing
  - Controlling conversation
  - Correcting or not allowing patient to speak
  - Suspicious body language
  - Patient not holding own ID
  - Frequent texting, calling
• Appearance Indicators
  
  • Clothing inappropriate for weather/situation
  • Large amount of cash or cash pay (no insurance)
  • Patient doesn’t appear stated age
  • Tattoos of branding logos such as “daddy” or tags of trafficker “property of...”
  • Victim appears malnourished
• Response Indicators

• Fearful, anxious, depressed appearing
• Patient states they’re “passing through”, or doesn’t know the location
• Not giving physical address or doesn’t know
• Poor history, inconsistent story
• Health Indicators

• Reproductive
  • Evidence or confirmation of rape or gang rape injury
  • Genital trauma
  • Repeated unwanted pregnancy
  • Forced or self-attempted abortion
  • Complications from repeated or poorly performed abortion
  • Repeated or untreated sexually transmitted infections
  • Frequent UTIs
• Health Indicators

• Developmental
  • Impaired social skills
  • Delayed physical developmental milestones
  • Delayed cognitive developmental milestones
  • Stunted growth
  • Other consequences of poor nutrition
• Health Indicators

• Mental
  • Panic disorder
  • Sleep disturbances
  • Dissociative disorders
  • Depression
  • Suicidal ideation
  • Intense anxiety
  • Hopelessness
  • PTSD
  • Substance abuse

Figure 1. Photo source unknown. Google images (2017).
• Health Indicators

• Physical
  • General healthcare needs
    • Delayed presentation for medical care
    • General lack of medical care
    • Poor immunization status
    • Unusual infectious diseases or endemic to another country
  • Injuries
    • Suspicious pattern of injury
    • Occupational injury without evidence of employment
    • Scarring from unattended previous injuries
    • Blunt force trauma
    • Firearm or penetrating wounds
    • Fractures
    • Burns
    • Dental, oral cavity injuries
    • Post-inflammatory hyperpigmentation
• **Child & Youth**
  - Presenting without a guardian
  - Over-familiarity with sexual terms and practice
  - Money or material possessions
  - Excessive sexual partners
  - Absence/drop out
  - Running away multiple times
  - Cell phone use (fearful)

Figure 1. Sex slave packaging. Bethan Lewis (2017).
• Ensure Safety
  • Notify security
  • Put patient in secure, private location
  • Make anonymous in EMR trackboard

• Build rapport, trust
  • Speak with the patient alone
  • Assure patient of confidentiality
  • Use translator services if needed
  • Avoid stigmatizing terms - use lay language

• Utilize a trauma-informed care approach for all patients
  • Collaborate with health team members (social work, psych)
The victim is *not* the offender

- Decriminalize the victim
- Offer support
- Document thoroughly

- Offer help but accept that they may not want it at this time
• Assess for **red flags** (2 or more indicators)
• There is no one clear path to assessment and treatment
• Follow guidelines available
• Use screening tools specific to patients
  • Sex vs Labor
  • Adults vs Minors
• Start with an objective assessment
  
  • Third party
  • Fear/submission
  • Symptoms of abuse/neglect
  • Reluctance/inconsistencies
  • Withheld identification
If suspected victim, subjective assessment

- Sexual exploitation
- Threats
- Physical/sexual assault
- Debt bondage
- Free movement
- Awareness of location
- Communicate concern
- Ask permission to help
- There are risks
- Intervention is not easy
- Don’t get caught up in the superhero fantasy
- Collaborate with colleagues
• Adult victims wanting help
  • Hold discharge if inpatient
  • Hold in office if outpatient or send to ED if necessary

• Call National Human Trafficking Hotline
  1 888 373 7888
• Adult victims *NOT* wanting help
  • Communicate concern
  • Ask permission to help
    • **Do NOT contact police without adult victim permission**
  • If the adult victim does not want treatment
    • offer resources
    • write a d/c order for follow-up visit
  • Call National Human Trafficking Resources Center
    • 1-888-373-7888
  • HIPPAA compliant; case # for f/u
• Victims <18 years of age
  • Safety is priority
  • Notify security if available
  • Hold in dept. or office until PD arrives
  • Mandatory reporting

**ALL** suspected and confirmed **child and adolescent victims** are to be reported the following agencies:
1. Child Protective Services
2. National Human Trafficking Hotline (888-373-7888)
3. Local Authorities (Local police, State Police, FBI)
4. U.S. Customs and Immigration (if foreign national)
• “Are you OK?”
• Repeat basic questions
• Victims might not always be patients
• Simple ways to hide information
• Get creative for safety
The Fight is on
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• Obtunded 19 year old female, does not appear stated age
• GCS 3
• Extensive bleeding from vaginal canal
• Visible burns, cuts, scars on wrists, ankles, neck
• Alleged history of schizophrenia
• Brother accompanying states he is concerned about a dangerous self-abortion attempt
• 18 y/o female presents to ED with back pain
• Wearing short skirt with tank top
• Several tattoos
• With her older boyfriend
• Boyfriend often interjects
• Has chronic back pain, feels like “the usual”
• Has been there before with same complaint
• Asking for pain medicine and Rx for home
• LMP 5 days ago
• Exam done fully clothed with boyfriend in room
• Neuro exam negative
• No primary provider, given referral number
• Send home with Rx
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- No primary provider, given referral number
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• 17 y/o female presents to hospital urgent care for heavy vaginal bleeding
• Without a parent, states “daddy” dropped her off
• Mother at work gives consent over the phone
• Patient states she is menstruating
• Not asked about history of abuse, sexual activity
• Appears fearful
• Examined with clothes on
• Wearing heavy makeup, dark circles under eyes noted
• No focal abdominal tenderness
• Provider sends home with Motrin, Dx likely heavy menses
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• No focal abdominal tenderness
• Provider sends home with Motrin, Dx likely heavy menses
14 y/o female presents to walk in clinic for painful urination
Uncle and legal guardian accompanying her
Reluctantly leaves the bedside

Little eye contact
Closed-ended responses
Appears almost tearful

Inflammation to perineum
Infectious process
Admission to several sexual encounters
What do you do next?

What about the “uncle”?

What labs should be considered?

What treatments to consider?

Notification of authorities?
What do you do next?
Continue exam

What about the “uncle”?
Inform that exam will be a little longer

What labs should be considered?
Screening tests

What treatments to consider?
Treat likely cause of symptoms/empirically

Notification of authorities?
Reporting necessary
• 25 y/o man from Asia 2 years ago
• Requesting an HIV test
• Works long and underpaid hours for a garment company
• Forced to perform sexual acts for potential clients
• HIV test positive
How should we handle the initial positive?

What other medical and social needs will this patient need?

How do we report this?
How should we handle the initial positive?
More testing needed, counsel patient

What other medical and social needs will this patient need?
Appropriate community resources for employment, assistance

How do we report this?
With permission, call appropriate agencies
Community Case Examples

• Seeing large groups of children in motels/hotels/residents during school hours
  • Sports team?
  • School trip?

• Neighborhood children rarely seen outside playing

• Sudden change in child's appearance/belongings
• Time spent with suspicious individuals
“You may choose to look the other way but you can never say again that you did not know”

-William Wilberforce
• Patients presenting with any 2 of the possible indicators should be treated as suspected victims of trafficking

• Trust your instinct if something doesn’t seem right!

• Questions?
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Human Trafficking Victim Identification Toolkit for Physicians and other Medical Professionals. Michigan DHS. 

http://www.massmed.org/Patient-Care/Health-Topics/Violence-Prevention-and-Intervention/Human-Trafficking-(pdf)/
Caring for Trafficked Persons: Guidance for Health Providers.
http://publications.iom.int/books/caring-trafficked-persons-guidance-health-providers

https://polarisproject.org

https://humantraffickinghotline.org


