

Identifying Victims of Human Trafficking in the Health Care Setting

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Home Study Monograph



Identifying Victims of Human Trafficking in the Health Care Setting

ACTIVITY DESCRIPTION

Many health care providers in the United States practice with the thought that human trafficking, also referred to as modern day slavery, does not exist here in the United States. Rather, they believe that it is a problem relevant only to far off distant countries. The truth is that this terrible crime is occurring right here in the United States, just as it is in faraway places. In the United States, roughly 88% of victims have had an interaction with a healthcare provider during their captivity. This puts health care professionals in a unique position to interact with victims in a way that, if appropriately identified, can result in liberation for the victim. Identifying persons believed to be a victim of human trafficking requires health care providers to not only recognize the many types of trafficking that can occur, but also be able to recognize the indicators that unlawful human trafficking may be taking place.

TARGET AUDIENCE

The target audience for this activity is **pharmacists, pharmacy technicians and nurses** in hospital, community, and retail pharmacy settings.

LEARNING OBJECTIVES

After completing this activity, the **pharmacist, pharmacy technician and nurse** will be able to:

- Describe the types of human trafficking.
- Outline key factors that place a person at greater risk of being a victim of human trafficking
- Recognize general indicators that a person may be a victim of human trafficking as well as validated assessment tools for identifying a human trafficking victim
- Identify methods for reporting human trafficking to include the national hotline.
- Outline referral options for legal services as well public and private social services available for rescue, food, clothing and shelter
- Describe procedures for sharing information related to human trafficking with a patient

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Knowledge-Based Home Study Monograph

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ABOUT THE AUTHOR

Dr. Anthony Cole grew up in Southwest Detroit, and has lived there most of his life. He earned his Bachelor's degree in pharmacy, with a minor in Criminal Justice, from Wayne State University. He continued taking classes in Criminal Justice with an aspiration to work for the Drug Enforcement Administration. The federal hiring freeze after the events of 9-11 forced him to branch off into other endeavors. He went on to earn his PharmD from Idaho State University, and subsequently enrolled at the University of Michigan to double major in graduate studies earning his MBA and MPH simultaneously. Thirsting for more knowledge, he went on to the University of Florida, where he earned his Master's in Clinical Toxicology. He has had numerous positions in both the hospital and retail pharmacy settings. Currently Dr. Anthony Cole has teamed up with a colleague to start Buckley's Pharmacies in the Metro Detroit area, where he works as the Director of Clinical Services. Coming from a law enforcement family, he continues to work closely with local law enforcement, and still hopes to one day work for the DEA.

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Julie Strickland is a PharmD graduate of the University of South Carolina College of Pharmacy. She has experience in both chain and independent pharmacy practice, including ownership, with specific interests in patient safety and promoting positive patient outcomes. She now serves in Conway, SC as the Director of Continuing Education here at PharmCon.

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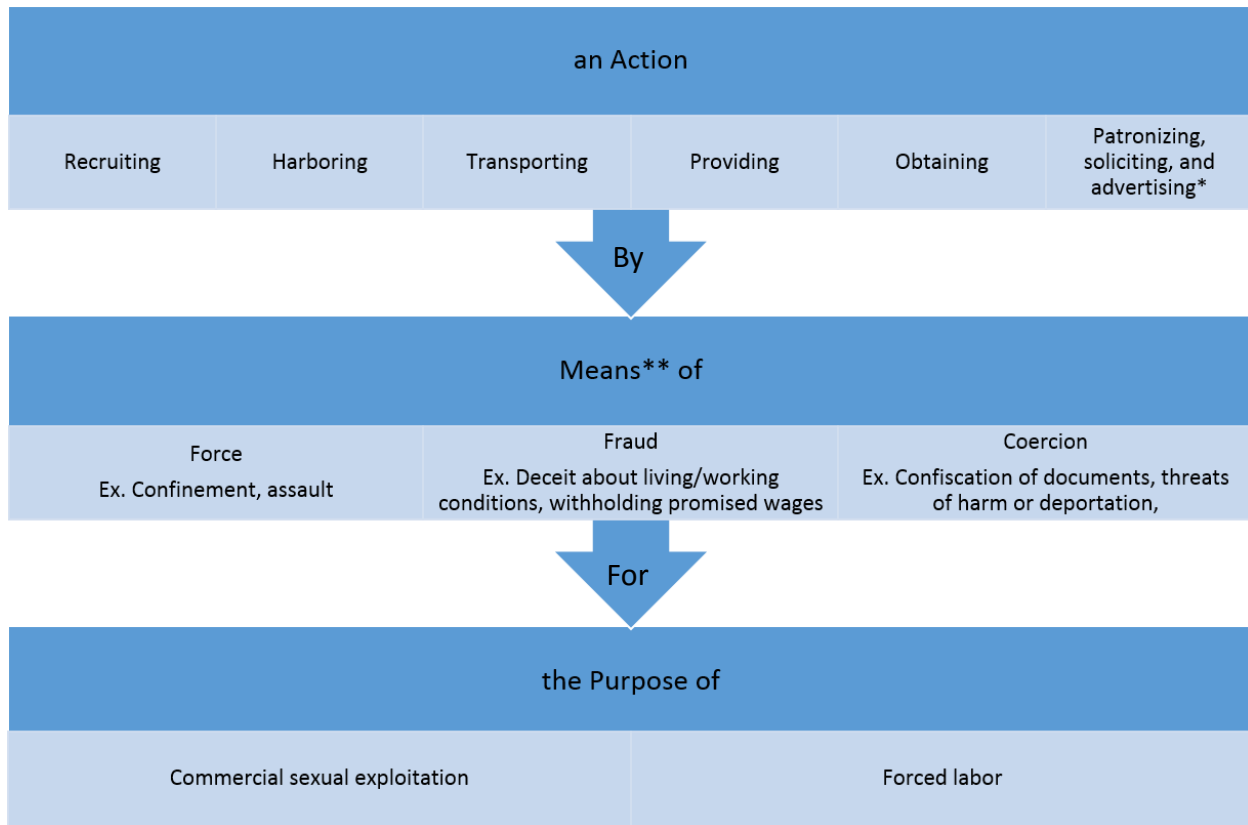
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Many health care providers in the United States practice with the thought that human trafficking, also referred to as modern day slavery, does not exist here in the United States. Rather, they believe that it is a problem relevant only to far off distant countries. The truth is that this terrible crime is occurring right here in the United States, just as it is in faraway places. In the United States, roughly 88% of victims have had an interaction with a healthcare provider during their captivity.¹ This puts health care professionals in a unique position to interact with victims in a way that, if appropriately identified, can result in liberation for the victim. Identifying persons believed to be a victim of human trafficking requires health care providers to not only recognize the many types of trafficking that can occur, but also be able to recognize the indicators that unlawful human trafficking may be taking place. To identify victims that are potentially in plain view yet unseen, health care professionals must be diligent to read between the lines of those things left unsaid to see the bigger picture presenting before them. From a pharmacy viewpoint, a woman that you notice coming into the pharmacy often to purchase emergency contraception may not be a victim of human trafficking, but she may be. It takes a closer examination of the bigger picture to discover if there are indicators of unlawful activity taking place. Does she have any other indicators that would merit striking up a conversation with her to dig a little deeper? Keeping an open and non-judgmental attitude, along with the recommendations from the National Human Trafficking Resource Center that will be discussed in this monograph will aid health care professionals in identifying victims of human trafficking.

In order to understand the concepts of Human Trafficking, we must understand what actually qualifies as trafficking under the law. According to the U.S. Department of Health and Human Services' Office on Trafficking in Persons, there are three elements that make up the legal definition of human trafficking.² To be considered human trafficking of an adult, a trafficker must follow through with an action (such as recruiting, harboring, transporting, etc.) by means of force, fraud, or coercion for the purpose of commercial sexual exploitation or forced labor. It is very important to understand that this action-means-purpose model only applies to clarifying what constitutes human trafficking in adults. In the case of minors, it is not necessary to have a means if there is an action and a purpose. Deceit, typically by using the means of force, fraud or coercion is a common theme among many of the stories of survivors of human trafficking when explaining how they became a victim. Many victims find themselves in a situation where they were promised work or better wages than they already made only to arrive at their destination to find the work is nothing like what was promised and the wages (if any) are not as promised either. Traffickers often confiscate travel documents and coerce victims by threatening to have them deported or put in jail if they do not comply with what the trafficker demands of them. Exploring who is at greatest risk of human trafficking will help health care professionals understand how victims find themselves in the situation of trafficking.

Action-Means-Purpose Model of Human Trafficking



*In the case of sex trafficking

**Minors involved in sex trafficking/exploitation are victims regardless of the presence of force, fraud, or coercion (means)

Adapted from the HHS Office of Trafficking in Persons available at:

<https://www.acf.hhs.gov/otip/about/what-is-human-trafficking>

Types of Human Trafficking

MAJOR TYPE	DESCRIPTION	SUB-TYPE
LABOR TRAFFICKING	Forced labor is any work or service which people are forced to do against their will, under threat of punishment	FORCED LABOR DEBT BONDAGE INVOLUNARY DOMESTIC SERVITUDE BEGGING/THEFT RINGS
SEX TRAFFICKING	Sex traffickers use violence, threats, lies, debt bondage, and other forms of coercion to compel adults and children to engage in commercial sex acts against their will.	PROSTITUTION PORNOGRAPY ESCORTING SEX VACATIONS
ORGAN/TISSUE	Organ trafficking is the theft of human organs, tissues or other body parts for the purpose of selling them for illegal transplant surgeries.	WHOLE BODY ABDUCTION ORGAN/TISSUE THEFT ORGAN/TISSUE DECEIT
*CHILD TRAFFICKING	The illegal movement of children for use in labor or sexual exploitation.	*CAN INCLUDE ANY OF THE ABOVE SEXUAL EXPLOITATION OF CHILDREN CHILD LABOR CHILD SOLDIERS BEGGING/THEFT RINGS

Human trafficking can be organized into four major categories. Labor trafficking, sex trafficking, and organ trafficking. The fourth category deals with the trafficking of children. Although this can include labor and sex trafficking, because of specific rules/laws it garners its own distinctive category.

Labor trafficking can be broken down into 3 subcategories: forced labor, debt bondage, and involuntary domestic servitude.

Forced Labor

The International Labour Organization defines forced labor as, “all work or service which is exacted from any person under the menace of any penalty and for which the said person has not offered himself voluntarily.”³ Although this can be seen as a catchall grouping, it is

important to notice the nuance. The labor can be construction, agricultural, sex work, etc., but it is the manner in which the victim is put in these industries that distinguishes it as forced labor. Because forced labor can encompass any industry, it is the most common type of Human Trafficking.⁴ The labor can be for minimal or no money, and is why many refer to forced labor as modern day slavery. This is usually achieved by holding something over the victim. In the case of immigrants, documents can be held by the trafficker in order to force them into labor. Some traffickers even threaten immigrants with the threat of deportation by notifying the authorities for failure to comply with the forced labor practices. Although immigrants are more likely to be exposed to this type of trafficking, due to them wanting to come to America in search of money, forced labor is not strictly limited to immigrant victims.

Debt Bondage

This form of trafficking enlists a person to work in order to pay off a debt. The debt can be real or imaginary, and can even be comprised of an ancestor's debt.⁵ The amount of the debt is ever changing. Three common ways the "employer" accomplishes this is by⁶:

1. Artificially inflating the amount of the debt by exorbitant interest
2. Deducting little to nothing from the debt
3. Increasing the time that the so-called "debtor" must work

What differentiates this form from labor trafficking is that it is not necessarily forced by violence or threats, but instead by the worker's forced acceptance of the obligation to repay the debt.⁷

Involuntary Domestic Servitude

Involuntary domestic servitude is when an individual is exploited as a domestic worker in a private residence. The victim usually has their identification confiscated by the offender, and is forced to live where they work.⁸ This results in the victim being secluded from the rest of the world. With little to no money, forced seclusion, and isolation from the rest of the world, resulting in a perfect storm for forcing the victim's compliance.

Sex trafficking

Sex trafficking occurs when someone uses force, fraud, or coercion to cause a commercial sex act (which includes prostitution, pornography, and/or sexual performance done in exchange for any item of value) to be committed with an adult or minor.⁹ The statistics for human trafficking begin to run together at certain points. The reason is the categorization of the different types of trafficking. All of the forced labor discussed above accounts for roughly 36% of the trafficking globally. In contrast sex trafficking accounts for nearly 58% of trafficking cases, and includes women, men, girls, and boys.¹⁰ The confusion in this case comes by defining sex trafficking, and whether or not it constitutes a subcategory of forced labor. However, because of its prevalence, sex trafficking has garnered global attention. As such, it is a main category of trafficking, and requires its own specialization to reduce its global foothold.

Organ/tissue trafficking

The issue of trafficking people for tissue/organ removal has been occurring since transplants became successful surgeries.

The 3 most common situations where organs are trafficked are¹¹:

1. Theft of organs (the old story of a person waking up in a bathtub)
2. Payment (or lying of payment)
3. Actual abduction of people/trafficking for organs (unlike above often resulting in death)

Despite the general interest in the issue, the crime remains a hidden, underground activity and seems to be greatly underreported.¹²

Case Example

JR is a 12-year-old boy working on a farm in Texas. His family lives in Mexico, but he has no access to them. His father was told about the work opportunity, and sent JR to work in the United States. JR is paid \$10 a day for a 16-hour shift, paid directly to his father. He sleeps in a tent outside, eats very little, and does not attend school. When interviewed, JR says he knows that what he is doing is hard work, but he wants to be able to provide for his family. Is JR a victim of trafficking?

Child trafficking¹³

All of the aforementioned types of trafficking can be applied to children (i.e. labor trafficking and sex trafficking). There is one new category, trafficking for the purpose of child soldiers. However, the reason that children get their own subcategory is based on a minor's legal inability to give consent. As such, when there is a suspected child involved in trafficking the elements are reduced to act and purpose.¹⁴

Child Trafficking for Labor purposes

In addition to the meaning of labor trafficking, there is an extended definition in regards to children. The Department of Labor stipulates that "child labor is work that interferes with the physical and mental development of children."¹⁵ This includes work that forces the child to miss out on an education. 27% of trafficking victims are children, of which 36% are trafficked for the purpose of forced labor.

Sexual Exploitation of Children

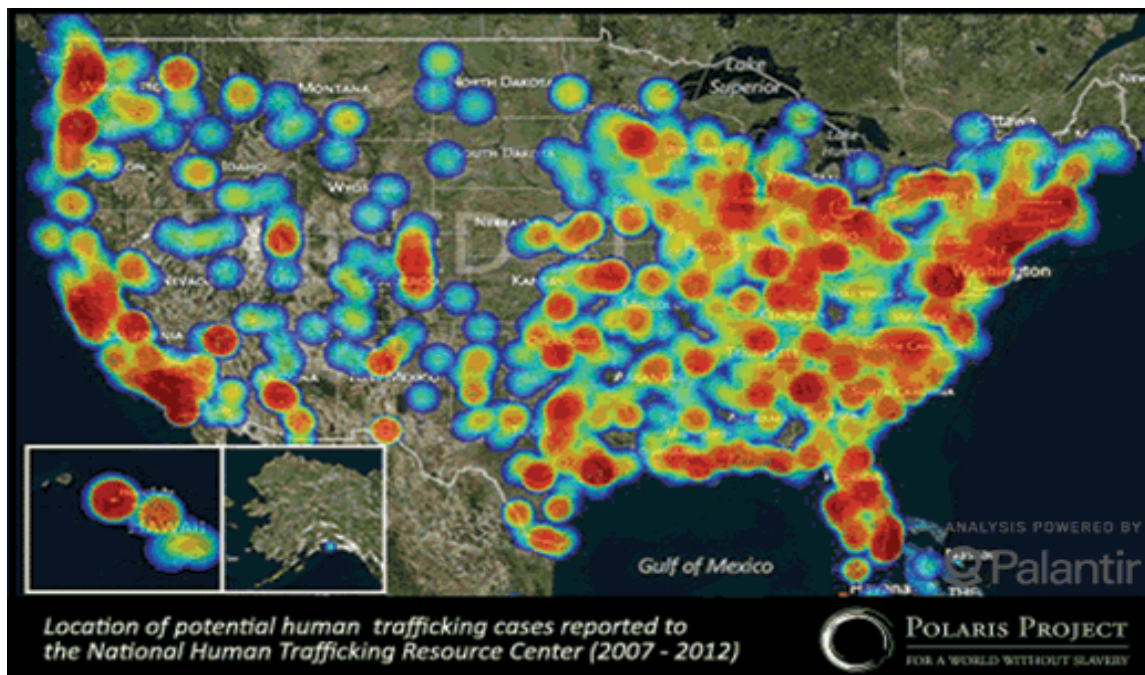
The commercial sexual exploitation of children (CSEC) is commonly referred to as Child Sex Trafficking. 27% of trafficking victims are children, of this 58% are trafficked for sexual exploitation. This includes child prostitution, "destination sex trips", and child pornography.¹⁶

Child Soldiers

This involves the trafficking of children in order to train them as armed combatants. This form of child trafficking is most common in Africa and the Middle East. In these locations, the percentage of trafficking victims being children is an astonishing 68%.¹⁷

Awareness of the different types of trafficking that occur will give health care professionals a broader view of the types of living and working conditions that a victim may be exposed in each type of trafficking. These living and working conditions are relevant both to the immediate medical care of the patient as well as identifying victims of human trafficking. While victims of human trafficking are often kept away from most social situations where personal interactions with others could occur, it is likely that over the course of their trafficking situation, they will encounter some form of health care professional due to the high risk of injury and illnesses associated with being a victim. In one report, "The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities, 87.8% of human trafficking survivors reported having contact with a healthcare provider while they were being trafficked."¹⁸

WHO IS AT GREATER RISK OF HUMAN TRAFFICKING



There is a misconception that human trafficking is not common, or may only happen in underdeveloped countries, but this is not the case. Human trafficking spans all demographics. The characteristics of victims largely vary depending on the type of trafficking, however, there are some circumstances or vulnerabilities that lead to a higher susceptibility to victimization and human trafficking.¹⁹

- Gender
- Age
- Ethnicity
- Geography
- Poverty
- Stability

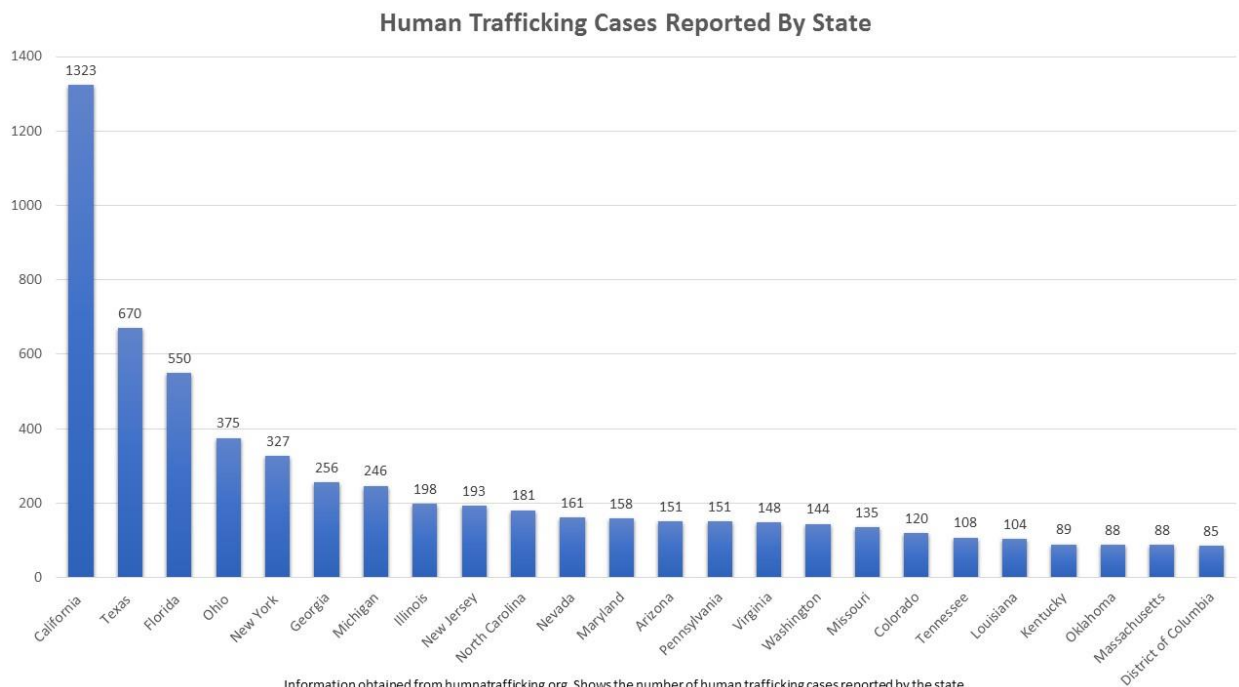
Gender plays a significant role in the statistics of human trafficking. It is estimated that females make up 75% of human trafficking victims, and males the remaining 25%.²⁰ In regards to child trafficking, for every one boy child trafficked, there are 2 girls. Although many female victims are trafficked for sex, they are also forced into labor. It should also be noted that the majority of males are trafficked for labor, they can also be used for sex trafficking.

The age of trafficked victims is important when it comes to identifying the victims. What sect is more vulnerable than children? The United Nations Office on Drugs and Crimes reports that 27% of all trafficking victims are children.²¹

All ethnic groups are represented in trafficking, but there are disparities. This factor is extremely complicated, and has connection to ethnic disparities all throughout the world of criminal justice. According to the Federal Bureau of Investigation, African American and Latino youth are overrepresented in child sex trafficking cases.²² 91% of the participants in a specialized program in Los Angeles, Star Court (Succeeding Through Achievement and Resilience), are African American or Latino. There is no quick answer as to why this is the situation, and as a result is currently a vastly researched topic. Some argue the link between colonization and exploitation, others argue that there is a demand based on racial fetish and stereotypes.²³ Furthermore, the research currently available is incomplete. Although there are statistics currently recognized, it should be noted that they are skewed. This is because people of color are often not identified as victims of crimes.²⁴

Geography also plays an important role in human trafficking, and it is not solely relevant to small third world countries. The United States has thousands of documented cases of trafficking, let alone the large number of cases that go unreported. It is estimated that 14,500-17,500 victims are trafficked into the United States every year.²⁵

Chart Depicting Reported Cases of Human Trafficking²⁶



The above chart depicts the 24 states with the highest number of reported cases. States like California, Texas, Michigan, etc., share a border with another country. Although not all trafficking victims are foreign, it should come as no surprise to see a high number of cases in border-states since the victims that are foreign have to gain entry into the U.S. somehow.

It should not be a hard concept to grasp that there are people in poverty that want to move to an area of less or no poverty.²⁷ The United States has often stood as a beacon for people to “live the American dream.” This is why poverty is a risk factor for trafficking. Victims are lured by traffickers with dreams of leaving poverty behind for good, gaining and education, and helping out their families. As a result, foreign nationals become highly indebted to traffickers or other intermediaries. Traffickers control and manipulate these individuals by leveraging the non-portability of many work visas as well as the victims’ lack of familiarity with surroundings, laws and rights, language fluency, and cultural understanding.²⁸

The final factor being discussed is stability. Runaway and homeless youth, as well as victims of domestic violence, sexual assault, war or conflict, or social discrimination are frequently targeted by traffickers.²⁹ The National Center for Missing and Exploited Children reports that 1 in 6 children runaways are victims of child trafficking, 86% of them were in the care of social services/foster care when they ran away.³⁰ This is the classic predator preying on the weak, as it makes it easier to lure potential victims away offering them the glimpse of a better life.

INDICATORS THAT A PERSON IS A VICTIM OF HUMAN TRAFFICKING

The sheer number of indications that a victim has been trafficked may seem overwhelming. There are literally dozens of signs that a victim can present with at any given time. This is due to the physical and psychological abuse/neglect that these victims can deal with on any given day.

Reports suggest that 92% of trafficking victims are subjected to physical violence such as; burnings, stabbings, beatings, rape. This results in 99% of victims showing some form of physical and mental health issues. These issues include, but are not limited to, loss of appetite/eating disorders, malnutrition, cardiovascular problems, depression, PTSD, sexually transmitted infections, and suicidal tendencies.³¹

Keep in mind that because of the bevy of issues that can result from being trafficked, there are an abundance of signs that healthcare professionals have to be aware of in order to be diligent.

There are basic general warning signs that a person is a victim of human trafficking.

GENERAL HUMAN TRAFFICKING VICTIM WARNING SIGNS ³²³³	
Have injuries or signs of physical abuse	Be forced to work under certain conditions
Be unable to leave their work environment	Be disciplined through punishment
Be unfamiliar with the local language	Be unable to negotiate working conditions
Feel that they cannot leave	Receive little or no payment
Show fear or anxiety	Have no access to their earnings
Not have any days off	Work excessively long hours over long periods
Suffer injuries that appear to be the result of an assault	Suffer injuries or impairments typical of certain jobs or control measures
Have no access to medical care	Live in poor or substandard accommodations
Suffer injuries that appear to be the result of the application of control measures	Allow others to speak for them when addressed directly
Appear malnourished	Have limited or no social interaction
Be fearful of authority figures, especially law enforcement	Have limited contact with their families or with people outside of their immediate environment
Be afraid of revealing their immigration status	Be unable to communicate freely with others
Not be in possession of their passports or other travel or identity documents, as those documents are being held by someone else	Be under the perception that they are bonded by debt
Have false identity or travel documents	Be in a situation of dependence
Be found in or connected to a type of location likely to be used for exploiting people	Come from a place known to be a source of human trafficking

Be subjected to violence or threats of violence against themselves or against their family members and loved ones	Have had the fees for their transport to the country of destination paid for by facilitators, whom they must pay back by working or providing services in the destination
Not know their home or work address	Have acted on the basis of false promises
Show signs that their movements are being controlled	Be forced to work under certain conditions
Act as if they were instructed by someone else	Be disciplined through punishment
Avoid eye contact and appear hesitant to talk to strangers	Believe that they must work against their will

Warning Signs Specific to Labor Exploitation	
Live in groups in the same place where they work and leave those premises infrequently, if at all	Be disciplined through fines
Live in degraded, unsuitable places, such as in agricultural or industrial buildings	Be subjected to insults, abuse, threats or violence
Not be dressed adequately for the work they do: for example, they may lack protective equipment or warm clothing	Lack basic training and professional licenses
Be given only leftovers to eat	Notices have been posted in languages other than the local language.
Have no access to their earnings	There are no health and safety notices.
Have no labor contract	The employer or manager is unable to show the documents required for employing workers from other countries.
Work excessively long hours	The employer or manager is unable to show records of wages paid to workers.
Depend on their employer for a number of services, including work, transportation and accommodation	The health and safety equipment is of poor quality or is missing.
Have no choice of accommodation	Equipment is designed or has been modified so that it can be operated by children.
Never leave the work premises without their employer	There is evidence that labor laws are being breached.
Be unable to move freely	There is evidence that workers must pay for tools, food or accommodation or that those costs are being deducted from their wages
Be subject to security measures designed to keep them on the work premises	

Warning Signs Specific to Domestic Servitude	
Live with a family	Never or rarely leave the house for social reasons
Not eat with the rest of the family	Never leave the house without their employer
Have no private space	Be given only leftovers to eat
Sleep in a shared or inappropriate space	Be subjected to insults, abuse, threats or violence
Be reported missing by their employer even though they are still living in their employer's house	

Warning Signs Specific to Human Sex Trafficking	
Be of any age, although the age may vary according to the location and the market	Have no cash of their own
Move from one brothel to the next or work in various locations	Be unable to show an identity document
Be escorted whenever they go to and return from work and other outside activities	There is evidence that suspected victims have had unprotected and/or violent sex.
Have tattoos or other marks indicating "ownership" by their exploiters	There is evidence that suspected victims cannot refuse unprotected and/or violent sex.
Work long hours or have few if any days off	There is evidence that a person has been bought and sold.
Sleep where they work	There is evidence that groups of women are under the control of others.
Live or travel in a group, sometimes with other women who do not speak the same language	Advertisements are placed for brothels or similar places offering the services of women of a particular ethnicity or nationality.
Have very few items of clothing	It is reported that sex workers provide services to a clientele of a particular ethnicity or nationality.
Have clothes that are mostly the kind typically worn for doing sex work	It is reported by clients that sex workers do not smile
Only know how to say sex-related words in the local language or in the language of the client group	

Warning Signs Specific to Child Trafficking	
Have no access to their parents or guardians	Be engaged in work that is not suitable for children

Look intimidated and behave in a way that does not correspond with behavior typical of children their age	Travel unaccompanied by adults
Have no friends of their own age outside of work	Travel in groups with persons who are not relatives
Have no access to education	The presence of child-sized clothing typically worn for doing manual or sex work
Have no time for playing	The presence of toys, beds and children's clothing in inappropriate places such as brothels and factories
Live apart from other children and in substandard accommodations	The claim made by an adult that he or she has "found" an unaccompanied child
Eat apart from other members of the "family"	The finding of unaccompanied children carrying telephone numbers for calling taxis
Be given only leftovers to eat	The discovery of cases involving illegal adoption

As if trying to identify all of these signs is not overwhelming enough, there is often resistance from the victim as well. Health care professionals have to keep in mind that victims are often trained to lie, could have family members being held captive, have the misperception that they are the criminal, or not even view themselves as a victim.³⁴ According to the National Human Trafficking Resource Center, there are many barriers to victim self-identification that can often make associating a patient as a victim more difficult. Victims carry shame or guilt, may fear retaliation by the trafficker, may have a fear of arrest or deportation, may view the control over their movements as a lack of their own transportation, may fear being reported to social services, or may have a lack of understanding of the U.S. healthcare system.³⁵

In a medical setting, many of the general indicators are useful for confirmation purposes or as suspicions of foul play are being questioned, but many of these indicators would not be apparent upon initial presentation of the patient. There are some other cues that the National Human Trafficking Resource Center have identified to specifically help those working in medical service settings. These cues start with answering the basic question, when do victims seek medical services? Commonly, medical services sought after are in an emergency, after an assault, after a workplace injury, for addiction treatment and for gynecological services.³⁵ These victims are likely to present to an emergency room or urgent care facility rather than a healthcare practice with established patient-physician relationships, but can appear in any setting. In the same report that revealed 87.8 % of the survivors interviewed accessed a healthcare provider, 63.3 % of these survivors were treated in an emergency room.¹⁸

There are also several physical and behavioral specific health indicators that may be present that are reflective of the type of trafficking the victim is experiencing. While not all inclusive or all indicative, these indicators may be helpful in identifying victims in a health care setting.

Physical health indicators specific to labor trafficking³⁵

- Injuries or illness from exposure to harmful chemicals/unsafe water
- Lack of routine screening and preventative care
- Musculoskeletal and ergonomic injuries
- Malnutrition/dehydration
- Ophthalmology issues or vision complaints
- Poor dental hygiene
- Somatization (the expression of mental phenomena as physical (somatic) symptoms³⁶)
- Untreated skin infections/inflammations

Behavioral indicators may also be present³⁵

- Affect dysregulation/irritability
- Anxiety or panic attacks (such as shortness of breath or chest pains not explained by illness or heart related findings)
- Inability/aversion to make decisions independent of employer
- Inability/aversion to speak without an interpreter
- Unexplained/conflicting stories
- Overly vigilant or paranoid behavior

While any one indicator may not cue a healthcare professional to suspect that a person is a victim of human trafficking, a combination of physical and behavioral symptoms common among victims should raise red flags that more information may be needed from the patient. Remember the general indicators previously reviewed and it will make more sense as to the symptoms that victims present with. Victims of labor trafficking may be working extremely long hours with little or no breaks, little or no food or clean water, and will be exposed to various chemical or environmental hazards depending on the situation. At first thought, the image of victims working as farm hands out in the fields or as manufacturing workers in large facilities may come to mind. However, keep in mind that this industry crosses into many more industries. In modern days, victims are utilized to work in settings such as hotels, restaurants, as domestic workers inside homes, in the health and beauty industry, in landscaping, and even as part of begging rings³⁵

SZ is a 56 year old male that presents to your pharmacy looking for medication because he doesn't feel well. His eyes are red, watery, and he is sniffing a lot. You ask if his nose is congested, and he nods in agreement. When you ask if he spends a lot of time outside, he informs you that he works on a farm. To make small talk, you ask him which farm, but he does not know. You have made the decision that SZ is more than likely suffering from seasonal allergies, and make the suggestion for an antihistamine/decongestant combination medication. You ask SZ for his ID to purchase the medication, as it is a state requirement. He immediately states that he does not have his ID on him. You ask if he has a family member or friend that could purchase the medication for him, to which he replies no. He then tells you that he has to get back to work before he gets in trouble. Is SZ a victim of human labor trafficking?

There are also physical and behavioral health specific indicators specific to adult sex trafficking. Keep in mind that young men can also be victims.

Physical health indicators specific to adult sex trafficking³⁵:

- Abnormally high number of sexual partners
- Impacted tampon
- Multiple or recurrent STIs
- Signs of physical trauma
- Somatization (the expression of mental phenomena as physical (somatic) symptoms)
- Suspicious tattoos or branding
- Trauma to vagina and/or rectum

Behavioral health indicators specific to adult sex trafficking³⁵:

- Affect dysregulation/irritability
- Anxiety/panic attacks/abnormal persistence in their story
- Depressed mood/flat affect
- Frequent emergency care visits
- Signs of drug or alcohol use
- Unexplained/conflicting stories
- Using slang language common to “the life”

Again, while one indicator may not throw up red flags, the presence of many indicators should. Sex trafficking can occur in many environments such as hotels, residential brothels, truck stops, brothels disguised as commercial fronts, and in escort/strip clubs.³⁵ It is common for victims to use slang language common to the “the life/the game” as they may refer to it. Victims may refer to their trafficker as daddy when they are not related, or sometimes Papi or Boo. A Romeo pimp is a trafficker that lures women romantically and convinces victims to prostitute as a condition of love while a gorilla pimp uses violence to physically intimidate victims into doing whatever is desired.³⁷ Victims commonly have markings or tattoos that identify them as “property” of someone. Phrases like “choosing up”, “turn out”, “trade up/trade down”, and “squaring up” are all part of the slang language when referencing the different movements of victims such as movement between traffickers, being forced into prostitution, or trying to leave.³⁸ More familiar terms like “pimp”, “john”, “date”, “trick” are also common among sex trafficking. While this offers a few of the more commonly used slang terminology, recognize that this is not all inclusive.

KC claims to be an 18-year-old female admitted to the hospital for treatments, but has no identification. You are the Pharmacist on duty, and enter the room to complete KC’s medication reconciliation report. You notice that the patient is being treated primarily for trauma to her abdomen and head, but you notice that she is also receiving treatment for a sexually transmitted infection. When you begin to interview KC, you see that she is very timid, and will not look you in the eye. She seems hesitant when speaking, and is constantly looking over her shoulder. You do get her to admit that she is not on many regular medications, but does use emergency contraception frequently (>10 times per year). Just at that moment a man comes

into the room, identifies himself as her boyfriend, and asks you what you are doing in here talking to her? KC then refuses to answer any more questions, and allows her “boyfriend” to answer for her. What are the warning signs of Human Trafficking that KC is exhibiting?

Specific to child sex trafficking there are also specific physical and behavioral health indicators.

Physical health indicators specific to child sex trafficking³⁵:

- Abnormal number of sexual partners for a young age
- Early sexual initiation
- Evidence of abortions at a young age
- Pregnancy at a young age
- Suspicious tattoos or branding
- Symptoms of UTIs and/or STIs
- Trauma to the vagina and/or rectum

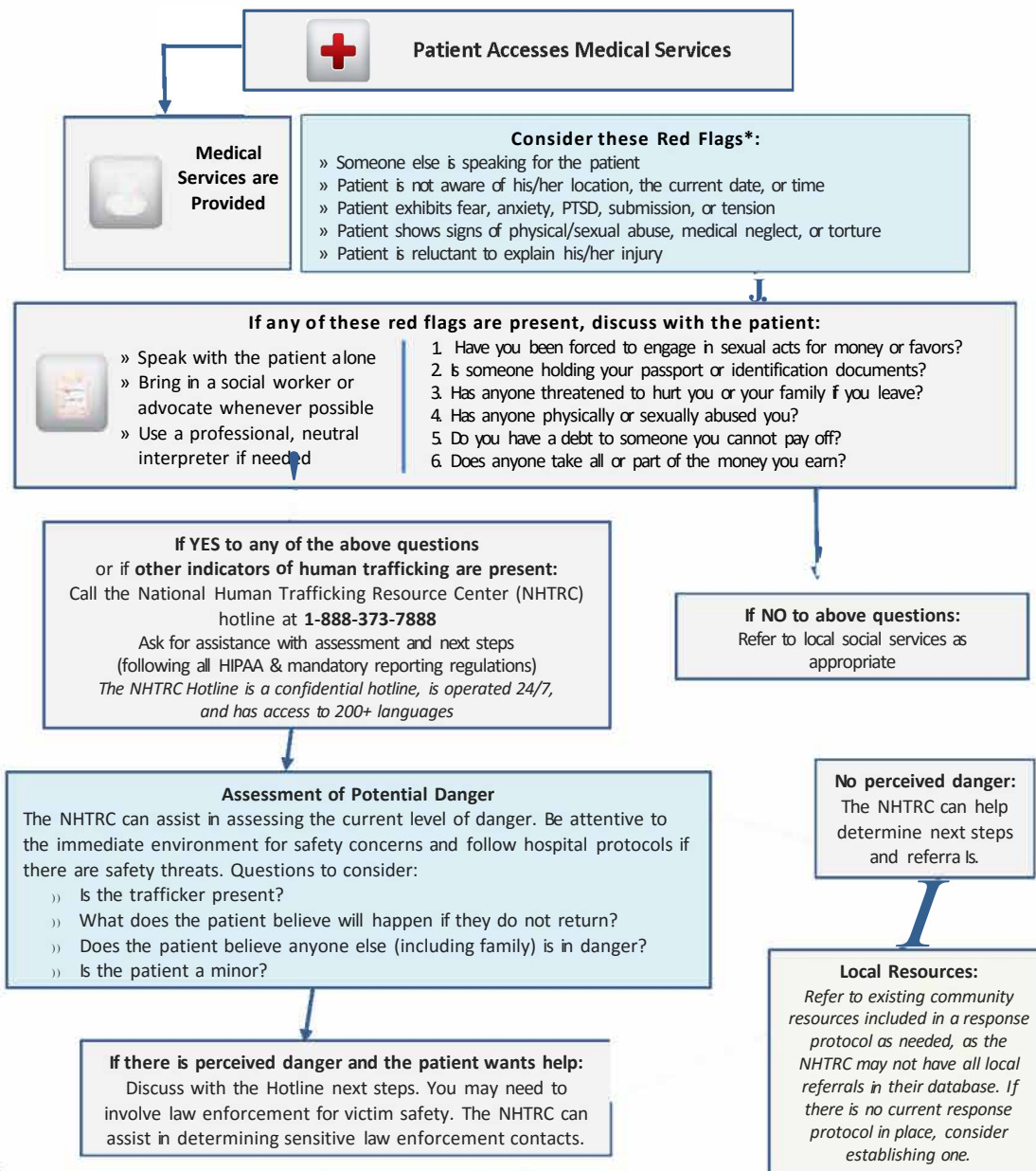
Behavioral health indicators specific to child sex trafficking³⁵:

- Angry/aggressive with staff
- Depressed mood/flat affect
- Does not attend school/truancy
- Highly sexualized behavior or dress
- History of running away from home or foster care placement
- Signs of drug or alcohol use

When it comes to children, healthcare professionals must be diligent to look beyond the information provided by the accompanying adult. An example would be a girl who is asking for STI screening. She claims to be 18 years old, but developmentally appears to be much younger. This would be an excellent opportunity to begin a conversation with this young girl to navigate if it is indeed a case of child trafficking.

Planning and building a protocol to follow in the event that a suspected trafficking case presents in the health care setting is important so that opportunities to identify victims are not missed due to lack of knowing what to do. To help aid the healthcare worker in identifying victims of human trafficking, the National Human Trafficking Resource Center has developed a framework for healthcare workers to use.³⁹

Framework for a Human Trafficking Protocol in Healthcare Settings



*For more red flags and indicators see the NHTRC's [Comprehensive Assessment Tool](#) and [Identifying Victims of Human Trafficking](#) document for healthcare providers.

Report Online or Access Resources & Referrals: www.traffickingresourcecenter.org

Call: 1-888-373-7888 (24/7)

Email: nhtrc@polarisproject.org

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Validated Tool for Identifying Victims of Human Trafficking

In addition to the general and specific indicators that trafficking may be taking place, the Vera Institute developed the Trafficking Victim Identification Tool (TVIT), a validated tool along with the guidelines for how to use the tool.⁴⁰ While originally developed for use by service agency staff and social service providers, this tool may also be helpful to health care providers, shelter workers, and law enforcement. There is a long and short version of the tool so that the length of the screening can be appropriate for the setting. The tool guides the interviewer through a series of questions and serves as a baseline of how questions should be asked as well as what information is relevant to identifying a victim. Below is a small selection from the long version of the tool kit.

Excerpt from the TVIT Questionnaire Long Version⁴⁰

4f. Have you ever worked [or done other activities] that were different from what you were promised or told?

☐ No

☐ Yes → What were you promised or told that you would do?

→ What did you end up doing?

4g. Did anyone where you worked [or did other activities] ever make you feel scared or unsafe?

☐ No

☐ Yes → Could you tell me what made you feel scared or unsafe?

METHODS FOR REPORTING HUMAN TRAFFICKING

The global response to human trafficking is finally getting the attention that it deserves, and the majority of countries are implementing some sort of system to help identify and aid the victims, as well as prosecute the criminals associated with the trafficking. The U.S. has joined the efforts, and offered several contacts for people to report trafficking.

Resources and Phone Numbers

- National Human Trafficking Resource Center: 1-888-373-7888
- Law enforcement for human trafficking: 1-866-347-2423 or call 911 in an emergency
- U.S. Department of Justice Worker Exploitation Complaint Line: 1-888-428-7581
- ICE's Victim Assistance Program: 1-866-872-4973

Identifying the victims is not enough. There has to be a system in place to help suspected victims re-acclimate to a regular life. Government programs can assist with some of these needs. The Department of Health and Human Services offer housing, food, clothing, medical care, counseling, legal assistance, job training, education, and even visas to certified victims of

human trafficking. Some states, like New York and California, offer state sponsored assistance to help the victim while awaiting HHS certification.⁴¹

Most victims will need a multitude of services including emergency, social, and legal services. Consider the many types of services that a victim of human trafficking may need.⁴² Victims may need emergency services such as crisis intervention and counseling, emergency shelter referrals, urgent medical care, safety planning, and basic needs like food and clothing. They will also need some social services such as case management, interpretation, housing, job training and education, court accompaniment, employment assistance, transportation, and healthcare services. As for legal services, a victim may need assistance with immigration status, criminal case services, civil case services, witness protection, family court services, legal representation, and sometimes even help erasing crimes that were committed because the victim was forced to do so. While government services are available, there are also a number of non-governmental organizations dedicated to assisting victims of human trafficking.

The Polaris Project

<https://polarisproject.org/>

The National Sexual Violence Resource Center

<https://www.nsvrc.org/>

Shared Hope

<https://sharedhope.org/>

Physicians for Human Rights

<http://physiciansforhumanrights.org/>

THORN

<https://www.wearethorn.org/>

Once a victim has been identified in a health care setting, an established protocol can be helpful to provide options for resources to the victim if they are willing. The framework for a protocol provided by the National Human Trafficking Resource Center discussed previously is an excellent place to start for health care organizations to be prepared to offer resources to victims. In this framework, there is a recommendation to keep a current list of local resources that would be able to provide the victim with immediate attention. The National Human Trafficking Resource Center also has lists of local resources and can assist in coordination of care for victims. Similar to protocols for child abuse or domestic violence, those written for identifying human trafficking victims in health care settings should ensure that the local and national resources identified in the protocol are kept current and complete. These resources can include local government, local charity organizations and faith-based organizations.

Communicating with Victims of Human Trafficking

When circumstances are suspicious in a health care setting, gathering information may be tricky. Keep the questions as neutral as possible without sounding accusing in nature. Let's say a woman presents to the clinic for treatment of a severe upper respiratory issue. Due to her revealing clothing, you notice what looks like rope burns around her waist. Sometimes our first instinct is to say, "What happened to you?" or "Who did this?". This may scare the victim or they may have been trained to give a pre-determined story to explain injuries. It would be helpful to begin to investigate this concern with a more neutral approach such as, "I see you have what looks like a scar from a burn. Sometimes these are caused by ropes. Are you worried that this could happen again?"

Establishing trust, or rapport, with the victim is a very important first step to providing assistance to victims. In a health care setting, one of the key elements of building trust and facilitating a conversation with the victim is to make sure that any questions that would concern the identification of the patient as a victim are asked without the presence of the potential trafficker. Sometimes it takes creative measures to get the victim away from the trafficker so that a conversation can take place. Utilize any normal health care tests or exams, such as going to get an x-ray as an opportunity to separate the victim from the trafficker. For victims who do speak English, never use an interpreter that accompanies the victim as they may be part of the problem. Always use a professional translation services. The victim will need to feel that they are not being judged and that they are in a safe place. Because victims often do not see themselves as a victim, this can be difficult. Assuring the individual that they are a victim is a great start. The Department of Health and Human Services has a resource page intended to provide appropriately worded messages to help build trust with victims. These messages translate well into the health care setting to aid health care professionals who may not be confident in establishing rapport with a victim. A small sample of these messages are below.

Strategic messages geared to establish trust ⁴³
You are a victim, not a criminal.
We will give you the medical care that you need.
You have rights.
You are entitled to assistance. We can help you get assistance.
You are safe here.
Under the Trafficking Victims Protection Act of 2000, victims of trafficking can apply for special visas or could receive other forms of immigration relief.
You have a right to live without being abused.
You deserve the chance to become self-sufficient and independent.
If you are a victim of trafficking, you can receive help to rebuild your life safely in this country.

According to the Office for Victims of Crime, a victim-centered approach to helping a victim acknowledges that the victim's wishes, safety, and well-being take priority in all matters and

procedures. Compassionate and sensitive delivery of services in a non-judgmental manner allows health care professionals to focus on the needs and concerns of the victim.⁴⁴ Remember that some victims will have a fear of law enforcement because they may fear being viewed as a criminal, especially if they have been forced to prostitute or if they do not have proper documentation to be in the U.S. and fear deportation. The strategic messages that establish rapport with the victim will help ease the conversation to a place where the assistance of law enforcement can be brought up cautiously.

If the victim is not willing to seek immediate help, ensure they are provided the phone number to the National Human Trafficking Resource Center, which is 1-888-373-7888. If the victim is afraid to write the number down, help the victim memorize it so that they can decide to seek help at a later time. Building trust with the patient will let the victim know that even if they are not ready to seek help immediately, they have someone to turn to if they want help in the future. Health care professionals can have an important role in identifying victims of human trafficking and potentially being the first step in a victims' independence. Ending modern day slavery will require health care professionals to be aware of the indicators and utilize resources to help the victim. No matter the health care setting, the potential is there to make a difference.

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Exam Questions:

- 1) Involuntary Domestic Servitude is a sub-type of labor trafficking. Which of the following is a potential example of involuntary domestic servitude?
 - A) A house maid lives at the residence and pays rent for her living arrangements
 - B) A woman works as a nanny and her travel documentation is taken by her employer
 - C) A runaway teenager is coerced into prostitution
 - D) A young man works and lives on a farm and he is paid in cash
- 2) Forcing a child to ask for money on streets is an example of what sub-type of labor trafficking?
 - A) Debt bondage
 - B) Begging ring
 - C) Involuntary domestic servitude
 - D) Theft ring
- 3) Poverty is a risk factor for human trafficking for which of the following reasons described in this monograph?
 - A) Trafficking victims are taken from third world countries
 - B) Poor people are less likely to report the trafficker
 - C) People in poverty do not have the ability to pay their way out of "the life"
 - D) It is easier for a trafficker to lure in a person living in poverty with promises of money and a better life
- 4) Which statement is true regarding how geography relates to the number of cases of human trafficking reported in the United States?

year-old Asian male receives a drug eluting stent (everolimus) to his right coronary artery electively. He has no known bleeding risks. Which time frame represents the recommended duration of therapy for DAPT in this man?

 - A) The states with the lowest number of reported cases are California and Texas
 - B) States that share a border with or are in close proximity to another country typically have a lower number of reported cases than states that do not
 - C) Florida has the highest number of reported human trafficking cases.
 - D) While many victims are foreign, domestic cases of human trafficking also occur

- 5) While all ethnic groups are known to be susceptible to human trafficking, disparities place some ethnic groups at higher risk
- A) True
 - B) False
- 6) Warning signs of domestic servitude labor trafficking include which of the following??
- A) Person may sleep in a shared or inappropriate space
 - B) Person receives a W-2 from their employer each year
 - C) Person rarely or never leaves the house for social or personal reasons
 - D) A and C
 - E) A, B, and C
- 7) Which indicator(s) would be significant in identifying a victim of sexual exploitation??
- A) Having marks or tattoos representing "ownership"
 - B) Having evidence of unprotected and /or violent sex
 - C) Carrying abnormally large amounts of cash
 - D) A and B
 - E) A, B and C
- 8) To help identify whether human trafficking is taking place, it may be helpful to apply the Action-Means-Purpose model. In this model, examples of Means would be:
- A) Harboring, transporting, or obtaining
 - B) Patronizing, soliciting, or advertising
 - C) Forced labor, sexual exploitation
 - D) Force, fraud, or coercion
- 9) Which of the following reporting methods offers text messaging as a way to reach out for help or obtain more information on human trafficking??
- A) U.S. Immigration and Customs Homeland Security Investigations
 - B) National Human Trafficking Resource Center
 - C) Trafficking in Persons and Worker Exploitation Task Force Complaint Line
- 10) The phone number to the National Human Trafficking Resource Center is:
- A) 1-888-373-7888
 - B) 1-888-373-8888
 - C) 1-888-373-7878

- 11) Victims of human trafficking will need assessment for the appropriateness of which types of referral services?
- A) Emergency services
 - B) Social services
 - C) Legal services
 - D) A and B
 - E) A, B and C
- 12) When a victim is identified it is important that they are provided with referral options for services they may need. Which of the following statements is true about making referrals to the victim?
- A) The National Human Trafficking Resource Center provides referrals for public but not private services.
 - B) It is helpful for the healthcare organization to have a protocol in place including a current list of local resources for initial emergency services such as shelter, clothing, food, and medical care as well as contacts for longer term social and legal services.
 - C) According to the example NHTRC protocol, it is not necessary to assess danger before providing the victim with referrals to local resources.
 - D) According to the NHTRC protocol example, individuals that answer "no" to the red flag follow up questions have no need for further assessment of service referrals.
- 13) One of the key steps to communicating with victims of human trafficking is:
- A) Using someone that comes with the victim as an interpreter
 - B) Establishing rapport, or trust, with the victim
 - C) Asking, "who did this?"
 - D) Wait on a victim to ask for help
- 14) Which scenario DOES NOT reveal a barrier to victim self-identification?
- A) The individual fears arrest or deportation
 - B) The individual has shame and guilt associated with their situation
 - C) The individual could apply for a different job with better pay
 - D) The individual fears their trafficker will hurt them if they come forward

15) For questions 15-16 please refer to the following case scenario and the NHTRC framework for a human trafficking protocol shown in the monograph:

EM is an 19-year-old female who presents to clinic for treatment with symptoms of a recurrent STI including vaginal discharge and bleeding between periods and after sex. This is the third time she has presented for treatment in the past 6 months. Her "big brother", who appears to be in his 30's, has accompanied her to each visit. During the visit EM says very little. During the latest visit, the brother criticizes EM for "sleeping around" and calls her a "slut". When asked a question EM looks to her "brother" and he speaks for her. The urine test confirms chlamydia is the pathogen. Based on the scenario described, you suspect that EM may be a victim of human trafficking because of which red flag?

- A) EM acts like she is embarrassed that she may have another STI
- B) There is someone speaking for EM
- C) EM exhibits signs of PTSD
- D) Education about STI's and condoms were provided to EM at her last visit.

16) What is a logical next step to investigate further while providing EM the necessary medical services?

- A) Ask her "brother" to provide proof of familial relationship to EM
- B) Refuse medical services until EM answers your questions
- C) Try to find a way to speak with EM alone
- D) Avoid asking EM questions because family members are not the usual suspects for human trafficking

17) A victim-centered approach to helping a victim:

- A) Considers the victim's wishes, safety, and well-being in matters and procedures
- B) Considers that a victim may not be able to vocalize a desire for help and assumes help for the victim to be a necessity
- C) Aggressively utilizes law enforcement to follow up with victims
- D) Is impossible due to mandatory reporting requirements

18) Debt bondage differs from labor trafficking in which of the following way(s)

- A) In debt bondage victims are forced by violence to work
- B) Debt bondage victims work willingly because they are made to feel like they are obligated to pay off a debt
- C) Debt bondage victims can walk away from the situation whenever they want to leave
- D) Contracts are in place with debt bondage to clearly define the length of time and type of work that will be performed prior to the bondage

19) While community pharmacy settings often only see a glimpse into clues that would lead a healthcare professional to believe human trafficking may be taking place, what signs may a pharmacist see that could be potential indicators for human trafficking?

- A) A customer cannot provide basic information regarding their address or contact information
- B) A customer clearly appears to have neglected to seek medical treatment is accompanied by someone who wants OTC products but is unwilling to take the person to the doctor
- C) A customer presents quite often to purchase emergency contraception
- D) A and B
- E) A, B and C

20) In the United States, roughly what percent of victims have had an encounter with a health care professional during their captivity?

- A) 48%
- B) 68%
- C) 88%
- D) 98%