



Human Trafficking: What Healthcare Providers Need to Know

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Objectives

- Adopt trauma-informed care practices with patients to promote cultures of healing and empowerment
- Identify potential barriers for self-identification when those in the life of human trafficking seek medical care
- Become familiar with potential “red-flags” and presentations to the healthcare system by those in the life of human trafficking
- Diagnose acute and chronic medical issues that human trafficking survivors may develop as a result of their exploitation
- Understand the danger assessment of clinical situations and when mandated reporting is warranted
- Recognize national resources available to assist human trafficking survivors

What Is It?

- Use of force, fraud, or coercion to obtain a form of labor or commercial sex act
- Any commercial sexual activity with a minor is considered trafficking, even without force, fraud, or coercion

Barriers

Hidden crime, as survivors rarely come forward

- Rarely recognized
- Drug addiction
- Traumatic bonding or fear of trafficker
- Distrust of authority or law enforcement
- Distrust of healthcare providers
- Concerns about confidentiality
- Unfamiliarity with the healthcare system, how to navigate care, or available resources

Barriers

- Personal obstacles
 - Unfamiliar with culture or language
 - Transportation issues
 - Trauma related emotional reluctance
 - Self reliance/ “survival mode”
- Ashamed about their situation-fear of judgment or discrimination
- Belief that no one cares
- Fear of retribution/legal ramifications

How Big Is It?

- Millions of men, women, and children trafficked in the United States and worldwide every year
- In 2021, 10,360 cases of human trafficking were identified in the United States, with 16,710 individuals involved in these cases
- It is estimated that 4.4 million children are in the life of sex and labor trafficking globally, with one in four under 18 years old

How Big Is It?

- ~75% female
- ~25% children
- Only a small fraction (i.e. ~50,000 individuals) are identified by law enforcement
- Average age of entry into sex trafficking is 12-14 years

Locations of Potential Human Trafficking Cases in the U.S.

- Port states
 - Florida
 - California
 - New York
 - Texas

Common Trafficking Industries

- Hospitality
- Traveling sales crews
- Agricultural
- Arts/Sports/Entertainment
- Janitorial services
- Construction
- Landscaping
- Restaurants/Service Industry
- Factories
- Salon services/Massage parlors
- Fairs/Carnivals
- Peddling/Begging

Factors Contributing to Trafficking

- Drug or alcohol dependency
- Runaway or homeless status
- Undocumented status
- Oppressed/impoverished/marginalized status
- History of child abuse
 - 80-90% of prostituted adolescents report this
- LGBTQ+ and people of color

In Our Backyard...

- In 2021, there were 138 survivors identified as living in the life of human trafficking in Ohio (133 sex trafficking and 5 labor trafficking)

Gender	Number of potential victims
Male	5
Female	133
Other	0
No gender listed	0

Age	Number of potential victims
12 & under	0
13-15	4
16-17	12
18-20	10
21-29	50
30-40	50
41-59	10
60-84	0
85 & older	0
Unknown	2

Race	Number of potential victims
White	86
Black	36
Asian/Pacific Islander	12
American Indian/ Native Alaskan	0
Hispanic	4
Multi-Racial	0
Other	0
Unknown	0

Source: Office of The Ohio Attorney General. 2021 Human Trafficking Annual Report

In Our Backyard...

- Venues for sex trafficking included pornography, hotel/motel based, residence based commercial sex, illicit massage/spa business, online ads, escort, truck-stop based, and street based
- Venues for labor trafficking included construction, domestic work, and restaurant/food service

Human Trafficking Suspects

- In 2021, there were 119 suspected traffickers in Ohio (all sex traffickers)

Gender	Number of suspected traffickers	Age	Number of suspected traffickers	Race	Number of suspected traffickers
Male	98	17 & under	0	White	40
Female	20	18-20	2	Black	65
Other	1	21-29	29	Asian/Pacific Islander	8
No gender listed	0	30-40	55	American Indian/ Native Alaskan	0
		41-59	27	Hispanic	3
		60-84	4	Multi-Racial	0
		85 & older	0	Other	2
		Unknown	2	Unknown	1

Source: Office of The Ohio Attorney General. 2021 Human Trafficking Annual Report

Human Trafficking Buyers

- In 2020, there were 17 suspected buyers in Ohio (all sex trafficking consumers)

Gender	Number of suspected consumers
Male	17
Female	0
No gender listed	0

Age	Number of suspected consumers
17 & under	0
18-20	0
21-29	0
30-40	6
41-59	2
60 & older	9
No age listed	0

Race	Number of suspected consumers
Black	1
White	14
Asian/Pacific Islander	0
American Indian/Native Alaskan	0
Unknown	12

Source: Office of The Ohio Attorney General. 2021 Human Trafficking Annual Report

Human Trafficking Buyers

In 2021, there were 33 suspected buyers, which does not include those arrested in various statewide stings. All sex trafficking consumers

Gender	Number of suspected consumers
Male	33
Female	0
Other	0
No gender listed	0

Age	Number of suspected consumers
17 & under	0
18-20	0
21-29	3
30-40	13
41-59	12
60-84	5
85 & older	0
Unknown	0

Race	Number of suspected consumers
White	28
Black	5
Asian/Pacific Islander	0
American Indian/Native Alaskan	0
Hispanic	0
Multi-Racial	0
Other	0
Unknown	0

Source: Office of The Ohio Attorney General. 2021 Human Trafficking Annual Report

Ohio?!?

- Extensive highway system (<day's drive to many major cities)
- Proximity to Canada
- International airports
- State with high amount of truck stops and strip clubs



Human Trafficking Survivors in the Medical Setting

- ~85-90% of trafficked individuals will be exposed to the healthcare system for treatment of illness or injury during their captivity, with 47% being monitored in some way during their visit
- One study found that only 6% of healthcare professionals reported treating a survivor of human trafficking in their career
- Another study found that 57% of survivors were never asked trafficking or abuse assessment questions during any visit

Physician Contact with Trafficking Survivors

- Survey of National Health Service (UK) physicians
- Knowledge and confidence to respond to human trafficking survivors
- 87% respondents didn't know what questions to ask
- 78% reported insufficient training to assist survivors
- 95% were unaware of the scale of the issue

Physician Contact with Trafficking Survivors

- Survey of pediatricians and other pediatric HCP
- 63% of respondents reported no previous training on sex trafficking
- 48% were able to identify a sex trafficking survivor in a case study
- Those with training were significantly more likely to report trafficking as a major problem locally and to have confidence in identifying a survivor

Improvements in Human Trafficking Recognition

- From 2007-2017, HCP contacted the National Human Trafficking Hotline with potential trafficking situations 2,109 times, making them the 7th most frequent signaler
- The total number of human trafficking-related calls increased by 54% from 2014-2017, and those from HCP during this period increased by 171%
- In 2014 an online training video from the National Hotline was viewed 340 times, increasing to 15,838 times in 2017

Possible Scenarios

- A salon worker accepts a falsified job away from home to save money for a child's medical care
- A woman stays in an abusive relationship, being sold for sex, because she relies on his health insurance to cover treatment for a chronic condition
- An adolescent is groomed into feeling safe with a neighbor mentor who forces them to engage in sexual activity for acceptance
- A woman with substance abuse is coerced by a drug dealer into commercial sex to satisfy a drug debt

Presentation

- Variable
- No set clinical picture for a patient in the life of human trafficking
- May present as:
 - Drug-addicted
 - Malnourished
 - Poor dentition
 - Trauma-related mental health issues
 - Advanced infections/delay of care
 - Or none of the above
- May have one ailment/illness...or a whole host of unrelated, untreated conditions

Red Flags



- “Friend” (trafficker) doesn’t allow the patient to speak or answer questions.
- Scripted responses
- Will not allow the patient to be in the room alone with medical provider.
- Will hold onto patient’s ID or documents or complete paperwork without consulting the patient
- Vague or inconsistent explanations for injuries
- Patients may not know their address or what city/state they are in
- May not have any identification documents
- Disclosures of very high numbers of sexual encounters or unwanted pregnancies
- On their phone CONSTANTLY (checking in)
- Avoids eye contact
- Leaves AMA, refuses care, or is removed AMA

Red Flags: Child Specific



- Pregnancy at a young age
- Early sexual initiation
- Signs of trauma on exam
- Frequent UTI's/STI's
- Abnormal # of sexual partners for a young age
- Suspicious tattoos or branding
- History of running away
- Truancy and poor school performance
- Highly sexualized behaviors
- Anger/aggression
- Mental health concerns-flat affect, depressed mood, anxious
- Signs of substance abuse

Careful History-Taking

- Get potential survivor away from his/her trafficker!
 - Cite clinic/Hospital/ED policy of private physical examination
- When speaking about patient, ensure PRIVATE location
- Build a rapport with patient, develop trust
- Reinforce safety
- Consider culture and gender
- Use an interpreter as needed

Trauma-Informed Care

- Healthcare organizations need to have a complete picture of life situation (past and present) to provide effective care services
- Recognize the signs/symptoms of trauma in patients, families, and staff
- Actively avoid re-traumatization
- Can improve patient engagement, treatment adherence, and health outcomes

Survivor-Centered Approach

- Meet basic needs
- Reassure the potential survivor
- Build trust/rapport
- Be conscious of language
- Remain sensitive to power dynamics

Trauma-Informed Practices

- Intake
 - Greet patients while they are fully clothed
 - Attend to body language
 - Emphasize the patient's control of the session
 - Focus on what patients can do vs what they can't
- Examination
 - Offer to shift an item of clothing rather than undressing
 - Ask for consent prior to each touch
 - Talk through what you are doing and why
 - Offer ways to signal distress and pause/stop exam

Trauma-Informed Practices

- Be mindful of words used in questioning
 - Most survivors will not understand the words "trafficking" or "coerced"
- Use a calm tone of voice and give patients physical space
- Observe and acknowledge patients' feelings
- Ask them what they need



What The Physician Needs To Know About Human Trafficking

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Helpful Questions

- What can I do to make you feel more comfortable?
- Tell me about your current living situation
- Has anyone at home or work ever harmed you?
 - Do you feel safe where you live?
- Have you ever been forced to do something you didn't want to do?
- Do you have to ask permission to eat/sleep/use the bathroom?
 - Have you ever been denied these things? Medical care?
- Have you ever been threatened for trying to leave your job?
 - Has your family ever been threatened?
- Can you come and go from your home/job as you please?
 - Are there locks on the doors that prevent this?
- Do you know how to get help when you need it?

Respecting the NO

- Patients might not feel comfortable answering your questions
- Respect their autonomy and personal boundaries
 - This is paramount and should supersede your agenda or algorithm!
 - One must balance the desire for information that helps with care vs the risk of re-traumatization

Physical Examination

- Thorough!
- Signs of dehydration, malnutrition, exhaustion
 - Deprivation of water, food, sleep
- Inflicted injuries
- Signs of untreated/undiagnosed chronic diseases
- History or physical findings of substance abuse

Specific Systems

- Skin Exam
 - Bruising, bite marks, cigarette burns, traumatic alopecia
 - Extremity deformities or joint pain (poorly healed fractures)
 - Ligature marks and tattoos (pimp “ownership”)
 - Signs of long-term trauma including bruises/injuries in various stages of healing



Credit: flyingpurplemonkeys, CC BY 2.0, via Wikimedia Commons, (source: https://commons.wikimedia.org/wiki/File:Neck_barcode_tattoo.jpg)

Specific Systems

- Genital/anal injuries and trauma not uncommon
 - Sexual abuse/rape
 - Unsafe abortions
 - Perforation from inserted objects
 - Perforation from retained foreign bodies (i.e. gauze to prevent menstruation)
 - Untreated STI's

Others

- Non-fatal strangulation
 - Can lead to anoxic brain injury, strokes, cardiac arrest, or throat damage
- Traumatic brain injury (TBI)
 - Can lead to post-concussion syndrome, cognitive impairment
 - More difficult to escape the life in the future

Examples of Injuries and Illnesses

Injuries	Physical Illness	Mental Illnesses and Psychiatric Symptoms
Genital trauma	Sexually transmitted diseases	Depression
Rape, foreign object	Chlamydia, gonorrhea, HIV/acquired immunodeficiency syndrome	Suicidal ideation
Anal trauma	Pelvic inflammatory disease	Anxiety
Rape, fisting	Tuberculosis	Panic attacks
Bruise, abrasion, whip marks	Substance abuse and withdrawal	Dissociative reaction
ligature marks	Gastrointestinal disorders	Agoraphobia
Head trauma	Complications from untreated chronic diseases	Substance abuse
Lacerations	Asthma, diabetes, etc	Poor self-esteem and feelings of worthlessness
Knife, razor	Frequent respiratory infections	Shame and guilt
Burns	Chronic headaches	Fear for family member's safety Memory loss
Cigarette, iron, acid	Back pain	
Gunshot wounds	Deformities and chronic pain from improperly healed fractures and strains	
Run over or dragged by car	Malnutrition	
Clumps of hair pulled out	Dental problems	
Unwilling pregnancy		
Unsafe abortion		

- Would also add tooth loss/poor dentition and ophthalmologic issues or vision complaints

Medical Management

- SANE (Sexual Assault Nurse Examiner) forensic exam as applicable
- Pregnancy/STI testing AND empiric treatment
 - Also consider TB testing if survivor is from outside United States
- Gonorrhea/chlamydia prophylaxis
- HIV prophylaxis
 - 40-90% prevalence in sex trafficking survivors due to unprotected sex with multiple partners and/or injectable drug use

Medications

- Ceftriaxone + Doxycycline + Metronidazole
- Consider emergency contraception
- Hepatitis B vaccine if not previously vaccinated (+/- HBIG)
- HPV vaccination (9-26 years) if not previously vaccinated
- HIV PEP on case-by-case basis if within 72 hours of exposure
 - Tenofovir + Emtricitabine + Raltegravir x 28 days

Reporting

- Get social work involved
- Contact law enforcement if imminent danger
 - If not, ALWAYS discuss with patient prior to calling
 - Not a requirement in all circumstances (see next slide)
 - Could potentially put patient in more danger
- National Human Trafficking Hotline

Mandated Reporting

- If a minor, you are mandated to contact CPS
 - Law in all 50 states
- Laws regarding reporting obligations otherwise vary state-to-state
- Ohio:
 - Required if adult is over 60 years old (elderly)
 - Required if adult has a physical or mental impairment that prevents him/her from providing his/her own care and protection
 - Required if the patient has injuries related to GSW, stabbing, serious burns
 - Required if the patient reports a sexual assault/rape

National Human Trafficking Hotline

- National Human Trafficking Resource Center hotline
 - 1-888-373-7888
 - 24 hours/day
 - 200+ languages
 - Text/email/webchat options
 - Confidential
 - Can provide guidance regarding assessment and indicators of trafficking
 - Can find resources and develop a patient-specific safety plan for the survivor

Case Study

- S.M. is a 26-year-old female who came to the United States from Mexico 2 years ago
- She is from a small Mixtec farming community in Oaxaca and speaks Mixteco fluently. She speaks some Spanish and no English

Case Study

- S.M. left two young children behind in Mexico with her mother and came to the United States with her boyfriend and the help of a smuggler. She was told that when she arrived in the United States, she would be able to find work and pay the smuggler back the nearly \$8,000 she owed for safe passage across the border
- After paying her debt, she had plans to remit money to her mother in Mexico for the care of her children, hoping that they might eventually join her in the United States

Case Study

- During the border crossing, S.M. walked for days in the desert with little food or water
- Her boyfriend was not able to protect her during the crossing, and she was robbed and gang-raped by a group of bandits
- Upon arrival to the United States, she was transported to Ohio, where she was placed with a family as their nanny. Shortly afterward, she discovered that she was pregnant with her third child

Case Study

- Her boyfriend found seasonal work nearby picking tomatoes, but when the season ended, he disappeared, leaving her behind
- The Ohio family treats her well, and she enjoys caring for their two young children in addition to her own one and a half-year-old. They pay her \$6 an hour and give her a room

Case Study

- Recently, the smuggler has been making harassing phone calls to the house about the money he is still owed, and S.M. is worried she will lose her job if he does not stop calling. She has been unable to pay him back because he continues to charge her high interest on her debt
- He has threatened to harm her mother and children in Mexico if she does not pay him back soon

Case Study

- Fearing for her job and the lives of her family in Mexico, S.M. agreed to pay back some of her debt by having sex with the smuggler and his friends

Case Study

- S.M. is being seen at your clinic today for abdominal pain, unusual vaginal discharge with a foul odor, painful intercourse, painful urination, and irregular menstrual bleeding
- A male, who is interpreting for her, accompanies her into the examination room. He states that he is her boyfriend and is holding their child
- There is no one at the clinic that speaks Mixteco

What Do You Do Next?

- Do you allow the man to stay in the exam room? To interpret?
- What would you diagnose her with? How would you treat her?
- Anything else?

What Do You Do Next?

- Do you allow the man to stay in the room during your evaluation? To interpret?
 - No!!
- What would you diagnose her with? How would you treat her?
 - You could diagnose her with PID (or suspicion thereof). She needs IV antibiotics
- Anything else?
 - Call the National Human Trafficking Hotline Number

Federal Legislation

- Trafficking Victims Protection Act (2000)
- First comprehensive federal law to address human trafficking
- 3 P's
 - Process
 - Particular Means
 - Purpose

Federal Legislation

- Trafficking Victims Protection Act (2000)
 - Prevention through public awareness programs overseas and State Department-led “Office to Monitor and Combat Trafficking” program
 - Protection through visas and services
 - Prosecution of trafficking as a federal crime
- Re-authorized multiple times, last in 2018
- Bi-partisan

National Awareness

- National Slavery and Human Trafficking Prevention Month every January
- Anniversary is known as National Human Trafficking Awareness Day
 - January 11
 - Many mass campaigns observed across the country



Source: dhs.gov

What Can I/We Do Moving Forward?

- Encourage or require training on human trafficking for all staff in health care facilities
- Attend SOAR (Stop Observe Ask Respond) to Health and Wellness Training online or in person
<https://nhttac.acf.hhs.gov/soar>
- Seek out resources to address implicit bias
- Create human trafficking identification & response protocols or adapt existing protocols

What Can I/We Do Moving Forward?

- Be aware of local and national resources for trafficking assessment for HCP and survivors
 - American Hospital Association resource list <https://www.aha.org/system/files/2019-01/human-trafficking-response-resources-january-2019.pdf>
 - Adult screening toolkit: <https://www.acf.hhs.gov/otip/training-technical-assistance/resource/nhhtacadultscreening>
 - Trauma-Informed Human Trafficking Screenings: <https://humantraffickinghotline.org/resources/trauma-informed-human-trafficking-screenings>
 - Human Trafficking: A guidebook <https://www.massmed.org/humantrafficking/#.Wu-8udPwbVo>
 - Out of the Shadows” A Tool for the Identification of Victims of Human Trafficking: <https://www.vera.org/publications/out-of-the-shadows-identification-of-victims-of-human-trafficking>
 - HEAL Trafficking and Hope for Justice’s Toolkit for a separation protocol to interview patients alone: <https://healtrafficking.org/heals-protocol-toolkit/>

How Can I Help?

- Contact local Salvation Army
 - Awareness initiatives
 - Shelter/food/clothing
 - Legal aid
 - Substance abuse treatment

Human Trafficking Resources

- Blue Campaign-National public awareness campaign
- HEAL Trafficking (Health, Education, Advocacy, and Linkage)
- National Center for Missing and Exploited Children
- National Human Trafficking Hotline
- PATH (Physicians Against Human Trafficking)
- The Polaris Project
- SOAR to health and Wellness
- State-specific task force
- SWITCH National Anti-Human Trafficking Network

References

Beck ME, Lineer MM, & Melzer-Lange M. Medical Providers' Understanding of Sex Trafficking and Their Experience with At-Risk Patients. *Pediatrics* 2015; 135(4): e895-902.

Becker HJ & Bechtel K. Recognizing Victims of Human Trafficking in the Pediatric Emergency Department. *Pediatric Emergency Care* 2015; 31: 144-150.

Centers for Disease Control and Prevention. Sex Trafficking. Available at <https://www.cdc.gov/violenceprevention/sexualviolence/trafficking.html> Accessed on January 31, 2024

The Department of Homeland Security. Blue Campaign; What Is Human Trafficking? Available at: <https://www.dhs.gov/blue-campaign/what-human-trafficking>. Accessed on May 23, 2018.

Dovydaitis, T. Human Trafficking: The Role of the Health Care Provider. *Journal of Midwifery and Women's Health* 2010; 55(5): 462-467.

Garg, A., Panda, P., Neudecker, M., & Lee, S. (2020). Barriers to the access and utilization of healthcare for trafficked youth: A systematic review. *Child Abuse & Neglect*, 100, 104137. <https://doi.org/10.1016/j.chiabu.2019.104137>

International Labour Organization. Forced labour, modern slavery, and human trafficking. Available at: <http://www.ilo.org>. Accessed on May 30, 2018.

National Human Trafficking Hotline. Federal Law. Available at: <https://humantraffickinghotline.org/what-human-trafficking/federal-law>. Accessed on May 31, 2018

Nationwide Human Trafficking Hotline. National Statistics. Available at <https://humantraffickinghotline.org/en/statistics> Accessed on January 31, 2024

National Human Trafficking Hotline. Ohio. Available at <https://humantraffickinghotline.org/en/statistics/ohio>. Accessed on January 23, 2024

References

National Human Trafficking Hotline. Recognizing the Signs. Available at <https://humantraffickinghotline.org/en/human-trafficking/recognizing-signs> . Accessed on January 23, 2024

National Human Trafficking Resource Center. Recognizing and Responding to Human Trafficking in a Healthcare Context. Available at https://humantraffickinghotline.org/sites/default/files/Recognizing%20and%20Responding%20to%20Human%20Trafficking%20in%20a%20Healthcare%20Context_pdf.pdf . Accessed on January 31, 2024

Office on Human Trafficking in Persons. CDC Adds New Human Trafficking Data Collection Fields for Health Care Providers. Available at: <https://www.acf.hhs.gov/otip/news/icd-10>. Accessed on June 18, 2018.

Ohio Attorney General. 2021 Human Trafficking Annual Report. Available at <https://www.ohioattorneygeneral.gov/Files/Reports/Human-Trafficking-Commission-Annual-Reports/2021-Human-Trafficking-Annual-Report>. Accessed on January 31, 2024

Peters K. The Growing Business of Human Trafficking and the Power of Emergency Nurses to Stop It. *Journal of Emergency Nursing* 2013; 39(3): 280-288.

Polaris Project. Human Trafficking; The Facts. Available at: <https://polarisproject.org/human-trafficking/facts>. Accessed on May 30, 2018.

Polaris Project. On-Ramps, Intersections, and Exit Routes. Available at <https://polarisproject.org/wp-content/uploads/2018/08/A-Roadmap-for-Systems-and-Industries-to-Prevent-and-Disrupt-Human-Trafficking-Health-Care.pdf>. Accessed on January 31, 2024.

References

Ross C, Dimitrova S, & Howard LM et al. Human trafficking and health: a cross-sectional survey of NHS' professionals contact with victims of human trafficking. *BMJ Open* 2015;5:e008682. doi: 10.1136/bmjopen-2015-008682.

United States Department of State. Trafficking in Persons Report. 2017. Available at: <https://www.state.gov/documents/organization/271339.pdf>. Accessed on May 30, 2018.

United States Department of State. About Human Trafficking. Available at <https://www.state.gov/humantrafficking-about-human-trafficking/>. Accessed on January 31, 2024