

HUMAN TRAFFICKING FOR THE NEW HAMPSHIRE SEXUAL ASSAULT NURSE EXAMINER

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Objectives

- ▶ To describe the role of victimization in human trafficking
 - ▶ How traffickers identify potential victims
 - ▶ How traffickers maintain control over actual victims
- ▶ To differentiate between human trafficking and smuggling
- ▶ To identify warning signs of human trafficking
- ▶ To describe health problems associated with human trafficking
- ▶ To highlight resources available if the SANE has a suspected or actual victim of human trafficking

What is human trafficking?

- ▶ The United Nations Convention against Transnational Organized Crime
 - ▶ “The recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, fraud, or deception ...to achieve the consent of a person having control over another person, for the purpose of exploitation.”
- ▶ Types of human trafficking
 - ▶ Sexual exploitation (79%)
 - ▶ Forced labor (18%)
 - ▶ Domestic, agricultural, construction, mining, manufacturing, etc
 - ▶ Other (3%)
 - ▶ Child soldiers, forced begging and marriage, organ removal

Modern day slavery

Lucrative business

Low risk

- ▶ Hard to prosecute
 - ▶ 14,894 prosecutions globally (2016)
 - ▶ >20 million victims globally
- ▶ Low sentencing

High reward

- ▶ Human bodies can be continually used and sold for services by the same trafficker
 - ▶ Unlike counterfeit bills, firearms, drugs
- ▶ Minimal expenses
 - ▶ Food, water, and shelter
 - ▶ No or limited insurance, taxes, etc

Who are human trafficking victims?

▶ Victims

- ▶ Predominantly women, girls, racial minorities
- ▶ Other vulnerable populations
 - ▶ Victims of violence, runaway or homeless youth, LGBTQ people, racial minorities, migrant workers, undocumented immigrants
 - ▶ People with disabilities, low incomes, history of substance abuse, history of childhood abuse or neglect, involvement with foster care or juvenile justice system

How do traffickers victimize?

▶ Coercion

- ▶ Threats or actual violence to victim or victim's loved ones
- ▶ Report victim or victim's loved ones to police (immigration, drugs, prostitution)
- ▶ Withhold food, shelter, tobacco or other drugs

▶ Cycle of abuse

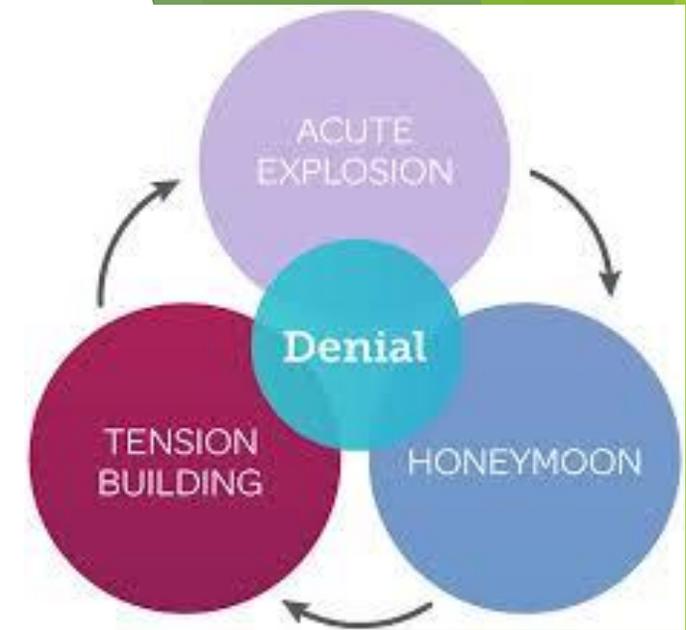
- ▶ Caregiver or lover role used for emotional manipulation of actions

▶ Desensitization

- ▶ "It's not that bad." "It could be worse." "At least he doesn't _____."
- ▶ Victims may not realize they are being trafficked

▶ Over time or immediately

- ▶ ↓ perceived independence, money, and/or love
- ▶ ↑ workload, threats, and/or punishments



Human trafficking vs. Smuggling

Human trafficking

- ▶ No transportation necessary; local, state, international transit
- ▶ Those who are trafficked do not or cannot consent freely
- ▶ Unequal power dynamic with trafficker
- ▶ Crime against the individual
- ▶ May also involve smuggling

Smuggling

- ▶ Transport across international borders otherwise preventing entry
- ▶ Those smuggled choose to be smuggled
- ▶ Smuggler is paid for transit by those requesting it
- ▶ Crime against the state
- ▶ May lead to human trafficking

Role of nursing in human trafficking

Healthcare is ONE NEED that CANNOT typically be accommodated by an untrained person.

- ▶ Up to 87.8% of active victims of human trafficking access health care at least once during their captivity
- ▶ 63.3% are seen in the emergency setting
- ▶ Victims often require care related to their trafficking
 - ▶ Work-related injuries, diseases related to insufficient primary care, sexual and reproductive health problems, mental health concerns, and substance abuse

Barriers to nursing advocacy

- ▶ Healthcare workers feel unable to recognize victims of human trafficking
- ▶ No mandated reporting
 - ▶ Similar to domestic violence and sexual assault
 - ▶ Exceptions
 - ▶ Suspected abuse or neglect of a minor, elder, or dependent adult
 - ▶ Disclose mandated reporter role if applicable

Nurses as best advocates

- ▶ Nurses are:
 - ▶ Perfectly situated to recognize warning signs of HT victimization and respond
 - ▶ Known advocates for their patients
 - ▶ Ranked nationally as the most trusted profession in the United States with the highest perception of honesty and ethical standards from the general population
 - ▶ Spend the most time at the bedside
 - ▶ Trained to care for the entire person rather than their individual medical needs
- ▶ SANEs are:
 - ▶ Trained to care for people who have been acutely and/or chronically victimized
 - ▶ Trauma-informed care
 - ▶ Already in the emergency department where more HT victims present for care
 - ▶ Can dedicate more time to one patient

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Let's get started!

Screening victims of human trafficking (HT)

1. Recognizing potential victims
 - Associated health problems
2. Providing basic needs
3. Interviewing questions for potential victims
 - Trafficking Victim Identification Tool
4. Tips and tricks for interviewing
5. Resources you can use!

Recognizing victims of HT

- ▶ Long- and short-term physical and psychological impact
 - ▶ Problems may become chronic and persist even after time trafficked
- ▶ Like victims of domestic violence, cause of injuries may be obfuscated
 - ▶ Don't want to attract attention
 - ▶ Including legal status
 - ▶ Fearful of retaliation from their traffickers
- ▶ Some HT victims do not see themselves as such
 - ▶ Tricked into doing things for “love” (lover, parent-figure, etc)
 - ▶ Believe their treatment is legitimate or normal
 - ▶ Unaware that their treatment is illegal

Case! “I’m not a victim.”

- ▶ Alex was 15 and living in a group home when she was wooed by a man twice her age. He bought her clothes, chocolate, flowers, paid attention to her and told her she was beautiful. As their relationship went on, he became increasingly violent and insisting she had to contribute to the relationship financially. He suggested that if she slept with other men for money, it would show him how much she loved him. This quickly turned into commercial sex and rape. It took her a while before she realized this was not ‘love.’ She eventually sought help from outreach workers who provided condoms to prostitutes.

Recognizing victims: Health problems

1. Physical trauma
2. Untreated, severe health issues
3. Drug and alcohol abuse
4. Pregnancy and STIs
5. Psychological impact

Recognizing victims: Health problems

- ▶ Physical trauma
 - ▶ Related to work injury (unsafe working environment, insufficient initial care)
 - ▶ Purposeful physical or sexual abuse
 - ▶ Bite marks, broken bones or healing fractures, cigarette burns, bruises, scars from stabbings and other assaults or branding (tattoos)
 - ▶ Majority of sexual assault victims have no sign of injury
- ▶ Untreated, severe health concerns
 - ▶ Severely uncontrolled diabetes
 - ▶ Infections

Case! Untreated health concern

- ▶ SR came to the U.S. from Mexico on an H-2B visa as a temporary worker at a food stand in a state fair
- ▶ Promised an hourly rate of \$10-12, actually paid \$1/hour
- ▶ Forced to work 16-17 hour days in 90 degree heat with minimal breaks
- ▶ Fed one meal a day
- ▶ Sought care in an emergency department where he was treated for dehydration, starvation, infections, and bed bugs and flea bites where his situation was recognized and he was able to escape

Case! Undiagnosed health concern

- ▶ Domestic worker experienced months of decreased appetite, frequent vomiting, and undesired weight loss. Her traffickers refused to allow a medical work-up.
- ▶ She escaped once the pain became debilitating and went to the emergency department
- ▶ Diagnosed with aggressive gastric cancer and underwent urgent surgery

Recognizing victims: Health problems continued

- ▶ Drug and alcohol abuse
 - ▶ Submission tool
 - ▶ Preexisting addiction: traffickers will control access to the drug
 - ▶ New addiction: traffickers will offer/force substances for control
 - ▶ Decreases credibility of victims
 - ▶ Traffickers may threaten to report their victims to the authorities for use of illicit substances
 - ▶ Decreases likelihood for condom use and clean needles
 - ▶ Emergency department visits may be used to get opioids for traffickers

Recognizing victims: Health problems continued

- ▶ Pregnancy and STIs
 - ▶ Sexual exploitation plays major role in HIV transmission
 - ▶ Untreated STIs can lead to infertility, pelvic inflammatory disease, sepsis
 - ▶ Undesired pregnancy
 - ▶ Sexual assault
 - ▶ Inadequate access to contraception
 - ▶ Traffickers can dictate fate of pregnancy
 - ▶ Physical and emotional changes may limit the work the victim is able to do
 - ▶ While trafficked, 55% of female victims had at least one abortion and 30% had multiple abortions compared to the US national abortion rate of just over 1%
 - ▶ Lack of preventative care and STIs are associated with increased rates of miscarriage and birth defects

Case! United States v. Lawson

- ▶ Trafficker captured a minor from Florida and brought her to Las Vegas and forced her into commercial sex through Craigslist advertising
- ▶ He brought her to a doctor after she complained of excruciating pain with intercourse
- ▶ The doctor found vaginal tearing and bruising
- ▶ He advised her to not have sex for at least one week. The victim asked for this recommendation in writing
- ▶ The victim was returned to her trafficker and the doctor never reported this concern

Recognizing victims: Health problems continued

- ▶ Psychological
 - ▶ Depression, suicidal ideation, PTSD
 - ▶ Sexual violence especially correlated with rates of PTSD
 - ▶ PTSD is also related to higher rates of violence experienced pre-trafficking
 - ▶ Depressive symptoms can increase challenge of assessing patient
 - ▶ Withdrawal, fatigue, agitation, psychomotor retardation
- ▶ Trauma
 - ▶ Inconsistencies
 - ▶ Non-linear/chronological thinking
 - ▶ Feeling “crazy”

Evaluation goals

What are the primary goals of evaluation?

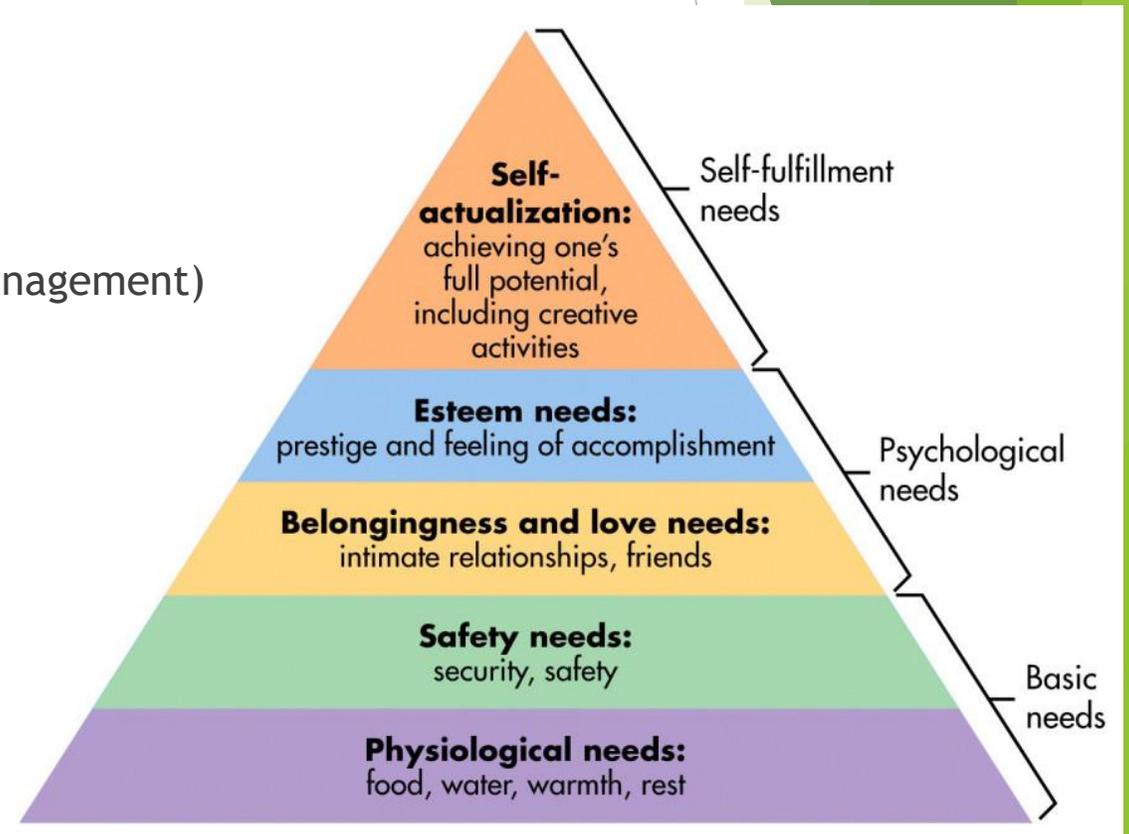
1. Determine if they are likely a victim of human trafficking
 2. Develop a rapport
 3. Address potential and actual misconceptions that cause the patient to fear seeking assistance
- ▶ Evaluate how much autonomy they have and if coercion, deception, or abuse of power has been used to limit their freedom

What are not (necessarily) the goals of evaluation?

- ▶ To get victim to leave trafficker
- ▶ To press charges against trafficker
- ▶ Acceptance of assistance exists on a continuum

Providing basic needs

- ▶ **Physiological**
 - ▶ Food, drink, clothing (nursing)
 - ▶ Prioritized medical needs (medical team)
 - ▶ Potential for temporary shelter (social work/ case management)
- ▶ **Safety**
 - ▶ Interview away from trafficker if possible
 - ▶ Or other companion working for trafficker
 - ▶ Remove patient (“testing”) or trafficker
 - ▶ Observe for controlling behavior
 - ▶ Remember control can continue remotely



Screening potential victims: Tips and tricks

- ▶ Maintain a professional and friendly attitude
 - ▶ Express sorrow without judgement or shock
- ▶ Show the patient that you care about them and can help
 - ▶ They may have been conditioned to think that no one (except the trafficker) can help them or show them love
 - ▶ “I am here to help you,” “Your safety is our first priority,” “You have a right to live without being abused”
- ▶ Be cognizant of re-traumatization
 - ▶ Potential need to repeat account to healthcare, social services, police, lawyer, etc
- ▶ Provide interpreter as needed but must ensure confidentiality
- ▶ Be aware of cultural or gender preferences in care

Screening potential victims: Tips and tricks continued

- ▶ Save highly sensitive questions until later in interview
 - ▶ Physical or sexual violence, immigration fears
- ▶ Keep potential trafficker out of sight and sound
 - ▶ Nearly half of HT victims said that they were monitored in some way during their health care visits
- ▶ Helping them can further endanger them
- ▶ Be careful not to imply that a victim was responsible for their own abuse and exploitation or for the inability to leave a trafficking situation.
- ▶ Reassure them that others have been in similar situations and, as victims of a crime, they are not to blame.

Screening potential victims: Tips and tricks continued

- ▶ Law enforcement
 - ▶ Keep them out of sight as much as possible (especially if in uniform)
 - ▶ May have learned to be fearful or wary of law enforcement (immigration too)
 - ▶ Not all victims want law enforcement to be involved
 - ▶ Since many victims have been arrested, it takes time and astute questioning to determine that they are victims, and not criminals
 - ▶ Many victims are not familiar with laws and victim protections regarding trafficking

Resources to use in practice!

- ▶ Trafficking Victim Identification Tool (TVIT) by the Vera Institute of Justice
 - ▶ <https://www.vera.org/publications/out-of-the-shadows-identification-of-victims-of-human-trafficking>
 - ▶ Tangible guide for interviewing
- ▶ National Human Trafficking Resource Center (NHTRC)
 - ▶ Toll-free hotline in the United States (24/7)
 - ▶ 1-888-373-7888
 - ▶ NHTRC@PolarisProject.org

Interview tool: Trafficking Victim Identification Tool (TVIT)

- ▶ Developed by the Vera Institute of Justice in 2014
- ▶ Quick and highly reliable screening tool to use to identify victims of human trafficking when there is a high degree of suspicion
- ▶ Can be used by law enforcement, health care and shelter workers, victim service agency staff and other social service providers
- ▶ Validated in use of both U.S. and foreign-born victims
- ▶ Short and long version

Trafficking Victim Identification Tool: Example

7. Did someone ever (check all that apply):

- withhold payment from you,
- give your payment to someone else, or
- control the payment that you should have been paid?
- none of the above

[INTERVIEWER: Record volunteered information here]

8. 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?

9. 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?
-
-

10. Did anyone where you worked [or did other activities] ever hurt you or threaten to hurt you?

[INTERVIEWER: This could include any physical, sexual, or emotional harm]

- No
 - Yes → Could you tell me what they did or said?
-
-

11. Were you allowed take breaks where you worked [or did other activities], for example, to eat, use the telephone, or use the bathroom?

- No → What if you were sick or had some kind of emergency?
-
-

→ What did you think would happen if you took a break?

- Yes → Did you have to ask for permission?

→ What did you think would happen if you took a break without getting permission?

12. Were you ever injured or did you ever get sick in a place where you worked [or did other activities]?

- No
 - Yes → Were you ever stopped from getting medical care? No Yes
- If you feel comfortable, could you tell me more about what happened?
-
-

13. Have you ever felt you could not leave the place where you worked [or did other activities]?

[INTERVIEWER: Probe for situations where someone threatened to do something bad if client tried to leave.]

- No
 - Yes → Could you tell me why you couldn't leave?
-
-

→ What do you think would have happened to you if you tried to leave?

Interview: Power dynamics in the workplace

- ▶ Have you ever worked [or done other activities] without getting the payment you thought you would get?
- ▶ If you did borrow or owe money, have you ever been pressured to do anything you didn't want to do to pay it back?
- ▶ Did someone ever withhold payment/money from you, give your payment/money to someone else, and/or control the payment/money that you should have been paid?
- ▶ Have you ever worked [or done other activities] that were different from what you were promised or told?
- ▶ Did anyone where you worked [or did other activities] ever make you feel scared or unsafe?
- ▶ Did anyone where you worked [or did other activities] ever hurt you or threaten to hurt you?
- ▶ Did anyone where you worked [or did other activities] ever harm or threaten to harm people close to you, like family or friends?
- ▶ Were you ever injured or did you ever get sick in a place where you worked [or did other activities]? Were you ever stopped from getting medical care?

Case! United States v. Kizzy Kalu

- ▶ Recruited nurses (primarily from the Philippines) to work as specialty nursing instructors on an H-1B visa for a respectable wage
- ▶ The promised university did not exist
- ▶ Actually had them work in a nursing homes
 - ▶ Nursing homes paid Kalu's organization where he pocketed half of their \$35 hourly wage
 - ▶ When the Department of Homeland Security began to investigate, he allowed the nurses to be paid directly but charged them \$1,200 a month in 'fees'
 - ▶ Charged them an initial \$6,500 for 'assistance' in obtaining the H-1B visa
- ▶ Under the H-1B visa, loss of the primary job can lead to deportation, a threat that Kalu acted on when some nurses refused to pay him
- ▶ Ultimately sentenced to 89 counts of human trafficking, visa fraud, mail fraud, and money laundering

Interview: Power dynamics outside of the workplace

- ▶ Do you live, or have you ever lived, in the same place where you work? (unpaid domestic work)
- ▶ Have you ever felt you could not leave the place where you worked [or did other activities]? What would happen if you tried to leave? threats?
- ▶ Did anyone at the place where you lived or worked [or did other activities] monitor you or stop you from contacting your family, friends, or others?
 - ▶ [REPHRASE: did you have to ask permission to contact your family, friends or others?]
- ▶ Did anyone ever take and keep your identification, for example, your passport or driver's license?
- ▶ Did anyone ever force you to get or use false identification or documentation, for example, a fake green card? Lie about age, work capacities?
- ▶ Did anyone you ever worked [or did other activities] for or lived with threaten to report you to the police or other authorities?

Side bar: Legal issues

- ▶ Ask about arrest history
 - ▶ Has an arrest impacted your independence and stability?
 - ▶ Inability to get other employment
 - ▶ Do you know what you were arrested for? Where?
- ▶ Some states have vacatur and expungement laws for convictions related to human trafficking
 - ▶ Prostitution, drug related offenses, etc
 - ▶ Do not have to be done with trafficking to have charges vacated/expunged

Last case! Domestic servitude

- ▶ A woman (SE) with cognitive disabilities due to a traumatic brain injury and her young son was forced to clean, shop, care for pets, and perform other household duties for two captors and their children.
- ▶ The captors forced SE and her son to “sleep in unsafe and unsanitary conditions, restricting [their] access to the bathroom, prevented them from eating regular and suitable meals, forced her to eat dog food and crawl on the floor while wearing a dog collar” in addition to suffering extreme physical and sexual abuse
- ▶ The captors forced SE to hit her son on video then threatened to tell the police if she tried to escape
- ▶ SE was brought to the emergency department on at least three separate occasions related to her injuries. Upon discharge, the traffickers took her opioids for their own use.
- ▶ She ultimately escaped after she was arrested by police for stealing a candy bar and her situation was discovered.

Conclusion

- ▶ Human trafficking is modern day slavery
- ▶ SANE response to human trafficking is a natural extension of our role
 - ▶ Abuse of power
 - ▶ Overlapping psychological and physical, sexual abuse
 - ▶ Shame, fear, confusion
 - ▶ Trauma-informed
 - ▶ Low prosecution rates, mixed interaction with law enforcement
- ▶ Recognize warning signs of role of human trafficking in victimization
- ▶ Create appropriate environment for interaction with potential victims
- ▶ Identify resources to assist us and our patients
 - ▶ Trafficking Victim Identification Tool (TVIT) by the Vera Institute of Justice
 - ▶ National Human Trafficking Resource Center (NHTRC)

Questions?

Questions?

What are some of the reasons victims may be reluctant to try to escape or report the crime?

Questions?

What methods may traffickers use to control their victims?

Questions?

What are some red flags you may notice in an emergency department patient that make you suspect human trafficking?

Questions?

If you suspected a patient was a victim of human trafficking, what would you do?

References

- ▶ Azim, T., Bontell, I., & Strathdee, S. A. (2015). Women, drugs, and HIV. *International Journal of Drug Policy* 26(1), S16-21. Retrieved from <https://www.sciencedirect.com/science/article/pii/S0955395914002655>
- ▶ Brenan, M. (2017). Nurses keep healthy lead as most honest, ethical profession. *Gallup*. Retrieved from <http://news.gallup.com/poll/224639/nurses-keep-healthy-lead-honest-ethical-profession.aspx>
- ▶ Cohen, M. S. (2017). HIV infection: Risk factors and prevention strategies. *UpToDate*. Retrieved from <https://www.uptodate.com/contents/hiv-infection-risk-factors-and-prevention-strategies>
- ▶ Destefano, A. (2007). *The War on Human Trafficking*. Piscataway, NJ: Rutgers University Press.
- ▶ Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010). The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women. *American Journal of Public Health* 100(12), 2442-9. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2978168/>
- ▶ Lederer, L. J., & Wetzel, C. A. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals of Health Law: The health policy and law review of Loyola University Chicago School of Law*. Retrieved from <https://humantraffickinghotline.org/sites/default/files/The-Health-Consequences-of-Sex-Trafficking%20-.pdf>
- ▶ McCammon, S. (2017). US abortion rate falls to lowest since Roe v. Wade. *National Public Radio*. Retrieved from <https://www.npr.org/sections/thetwo-way/2017/01/17/509734620/u-s-abortion-rate-falls-to-lowest-level-since-roe-v-wade>
- ▶ Ochab, E. U. (2017). The world's fastest growing crime. *Forbes*. Retrieved from <https://www.forbes.com/sites/ewelinaochab/2017/07/29/the-worlds-fastest-growing-crime/2/#7c72e0246547>
- ▶ Office on Trafficking in Persons. (2018). CDC adds new human trafficking data collections fields for health care providers. Retrieved from <https://www.acf.hhs.gov/otip/news/icd-10>
- ▶ Polaris Project. (2017). 2017 Statistics from the National Human Trafficking Hotline and BeFree Textline. Retrieved from <http://polarisproject.org/sites/default/files/2017NHTHStats%20%281%29.pdf>
- ▶ Reid, J. (2016). *Human Trafficking: Contexts and connections to conventional crime*. New York, NY: Routledge Academic.
- ▶ Skinner, E. B. *A Crime So Monstrous: Face-to-Face with Modern-Day Slavery*. New York, NY: Free Press, 2008.
- ▶ Stoklosa, H., Grace, A. M., & Littenberg, N. (2015). Medical education on human trafficking. *AMA Journal of Ethics* 17(10), 914-21. Retrieved from <http://journalofethics.ama-assn.org/2015/10/medu1-1510.html>
- ▶ Tulandi, T., & Al-Forzan, H. M. (2017). Spontaneous abortion: Risk factors, etiology, clinical manifestations, and diagnostic evaluation. *UpToDate*. Retrieved from <https://www.uptodate.com/contents/spontaneous-abortion-risk-factors-etiology-clinical-manifestations-and-diagnostic-evaluation>
- ▶ U.N. Office on Drugs and Crime (UNODC), (2009). *Global report on trafficking in persons*. Retrieved from http://www.unodc.org/documents/Global_Report_on_TIP.pdf
- ▶ Vera Institute of Justice. (2014). *Screening for human trafficking*. Retrieved from <https://humantraffickinghotline.org/sites/default/files/human-trafficking-identification-tool-and-user-guidelines.pdf>
- ▶ Withers, M. (2016). Psychological tactics used by human traffickers. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/modern-day-slavery/201610/psychological-tactics-used-human-traffickers>