

THEY NEVER ASKED: HUMAN TRAFFICKING

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VICTIM IDENTIFICATION:

Human trafficking affects all ages, gender, races, and socioeconomic status. The main types are sex and labor trafficking.

PHYSICAL/APPEARANCE:

Untreated or undertreated workplace injuries
Overuse injuries
Exposure to toxic chemicals
Tattoos, burns, branding, or scarring
Signs of drug/alcohol abuse/misuse/addiction
Bruising, burns, bites, signs of strangulation, facial injuries
Delayed medical/surgical care i.e. chronic disease not treated
Communicable and non-communicable disease (i.e. TB, hepatitis)
Minors in grooming phase may have material possessions that one would reasonably doubt the patient could afford on their own.
Respiratory issues
Signs of malnourishment
High or unknown number of sexual partners
Injuries not explained by history
Multiple or frequent pregnancies or terminations
Dental issues, poor dentition
Frequent treatment for sexually transmitted infections and injuries
Appearance does not match companion's appearance
Signs of physical or sexual abuse
Inappropriate clothing for weather/location

BEHAVIORAL:

Inability to focus or concentrate
Reserved/avoiding interactions/providing limited information
Resistant, aggressive, or hostile
Suicidal thoughts and/or attempts, self-harm
Sexual acting out in children and young adolescents
Scripted, memorized, or mechanically recited history
Confusing or contradicting stories
Uses language of sex industry eg. "the life," "daddy," "the game," "trick"
Fearful of employer or supervisor

Guilt/shame about experience

In school setting, changes in behavior/grades, no longer coming to school, wearing the wrong clothing based on season

Protects the person who hurt them, minimizes abuse, person accompanying wants to act as interpreter

Unaware of location, age, time, birthdate, where they live

Not in control of personal identification (does not have insurance card, ID, or passport)

Appears afraid to answer questions

Mental Illness/emotional distress

ENVIRONMENTAL:

Accompanied by person who answers for them/resistant to leave them alone in medical setting

Not allowed to take adequate breaks, eat, or drink at work

Recruited for different work than currently doing

Sexual harassment at work

Relocates frequently

Isolated from family/friends; fears family harm if they quit or leave

Abnormal work hours; no breaks or vacation

Boss makes them lie about their job duties

Employed during the day without work permit

Unhoused minors, and those not living with relatives or foster parents (i.e. living in motel or with non-relatives who are several years older)

Living in work space, eating, sleeping in work space, may include tinted windows, security cameras, barbed wire

Not allowed to come and go at will

Work long hours; exhausted; hungry

Owes debt to employer

Hired for a different job based on false promises

Works in commercial sex industry: escort, exotic dancer, massage parlor; has a pimp, "boyfriend/girlfriend"

Failing or abrupt change in school performance

SOCIAL/RISK FACTORS:

LGBTQIA+

Runaway/unhoused youth

Involved in juvenile justice system

History/involved in child welfare system

History of maltreatment (sexual/physical/emotional abuse)

Persons with disabilities

Low self-esteem

Minimal social support

People experiencing poverty

Gang Involvement

Caregiver with substance abuse issues

Persons with language barriers
History of dysfunctional families

TRAFFICKERS can be anyone i.e. Parents, boyfriend/girlfriend, family members, neighbors, coaches, church members, teachers, friends, employers, strangers, gang, foster parents

CARE GUIDELINE FOR IDENTIFICATION AND CARE OF HUMAN TRAFFICKING VICTIMS

TRAUMA INFORMED CARE APPROACH:

1. Assume ALL patients may have had past trauma
2. Obtain consent for each part of the exam, explain why and what
3. Reduce re-traumatization by ensuring patient privacy, not forcing disclosure, and stopping exam if notice any signs of re-traumatization
4. Keep questions to a minimum as much as possible; Do not make ask for recount their whole story or push for details
5. Create a safe environment that builds a trusting relationship
6. Goal to meet immediate needs e.g. shelter, clothes, food
7. Normalize screening questions
8. Victim may not identify or recognize self as a victim - our goal is not to concern ourselves with this fact but to assess and assist with immediate needs and referrals
9. Obtain consent for reporting that is not mandated including law enforcement
10. Reassure patient that you are there to help in the future if they do not want assistance immediately. Provide Hotline number with safety measures to protect patient.

SAFETY:

1. Alert security if safety concern or imminent danger to staff or patient
2. Ask patient if they feel safe to talk right now or if they are in danger if they do
3. Make interviewing patients alone standard procedure
4. Exercise caution when interacting with traffickers as they can be violent and dangerous. Be polite, avoid suspicion, and prevent escalation
5. Limit number of staff involved to avoid risk of trafficker overhearing a conversation
6. DO NOT interview adults if there is a safety concern such as unable to separate patient from person accompanying them
 - a. There are no validated screening questions
 - b. Always ask permission to ask questions
 - c. Asking the questions as part of a conversation is preferred
7. Have protocols in place and train staff/providers

HIGH RISK CHIEF COMPLAINTS

- Depression, self-injury, suicidal thoughts/ideation/suicide attempts, aggression, agitation, anger, behavior problems, altered mental status, addition, injection, drug overdose, sexual assault, physical assault, runaway

SCREENING QUESTIONS EXAMPLES:

Adults/Adolescents

- Sometimes lies are used to trick people into accepting a job that doesn't exist, and they get trapped in a job or situation they never wanted. Are you in a situation where you think this could happen?
- Sometimes people make efforts to repay a person who provided them with transportation, a place to stay, money, or something else they needed. The person they owe money to may require them to do things if they are not able to pay them back. Are you in a situation where you think this could happen?
- Sometimes people do unfair, unsafe, or even dangerous work or stay in a dangerous situation because if they don't, someone might hurt them or someone they love. Are you in a situation where you think this could happen?
- Sometimes people are not allowed to keep or hold on to their own ID card, driver's license, or passport. Are you in a situation where you think this could happen?
- Sometimes people work for someone or spend time with someone who does not let them contact their family, spend time with their friends, or go where they want when they want. Are you in a situation where you think this could happen?
- Sometimes people live where they work or where the person in charge tells them to live and they are not allowed to live elsewhere. Are you in a situation where you think this could happen?
- Sometimes people are told to lie about their situation, including the kind of work they do. Has anyone ever told you to lie about the kind of work you will be doing?
- Sometimes people are hurt or threatened themselves or towards family members to do things they do not want to do in order to make money for someone else or to pay off money they owe. Are you in a situation where you think this could happen?

NOTES REGARDING CHILDREN

- Similar risk factors and presentations as listed in adult/adolescent
- Use genital exam as a catalyst to asking questions regarding sex trafficking
 - Concept of private parts
 - Discuss what to do if their private parts are touched; ask them if this has ever happened to them

INTERVENTION:

1. Each staff member must operate to their level of education and scope of practice to avoid re-traumatization, damaging criminal cases, or providing poor care.
2. Provide for immediate needs such as food, shelter, safety, clothing and health related treatment.
3. Connect patient with resources such local, regional, or state task forces or Human Trafficking Hotline, legal resources, and social services.
4. In the case of a minor, call law enforcement and child protective services.

5. In the case of an adult, obtain consent before making a report to law enforcement.
6. Develop institutional protocols and share with all employees, including reception, billing, nursing, care providers, cleaning staff, and administration

DOCUMENTATION:

1. Use quotes as much as possible for information stated by the patient.
2. Document physical exam findings in detail
 - a. New and chronic injuries
 - b. Physical exam findings
 - c. Nutritional status and hydration
 - d. Anogenital findings along with acute and chronic injuries to the region
 - e. Tattoos
 - f. Sexual assault kit when appropriate (needs to be done by a trained forensic provider)
 - g. Toxicology and alcohol screen when appropriate
 - h. Test for STIs and pregnancy if appropriate, may use self-swabbing for STD testing to prevent re-traumatization
 - i. Obtain verbal consent for each part of exam
 - j. Document time between abuse and exam
 - k. Description of patient's demeanor
 - l. Chronological and developmental age
 - m. Stage of sexual maturation using Tanner scale
 - n. Patient statements should be in quotations
 - o. Use medical terminology, not legal terms
 - p. Record story as told, not summarized
 - q. Imaging and diagnostics as indicated

CODING

ICD-10 codes for trafficking are available; however, it is recommended to develop institutional protocols regarding use, as they may pose a danger to the victim when they become a part of the Clinical Visit Summary or Patient Portal. ICD-10 codes that may be utilized are medical diagnoses that are being assessed. Documenting of human trafficking information that may pose a threat to a victim can be done in a separate restricted note. See job aide for further information (attached).

PREVENTION:

1. Primary Prevention – Prevent trafficking before it occurs
 - a. Educate on healthy behaviors in relationships
 - b. Encourage positive parenting strategies
 - c. Open communication between parent and child
 - d. Encourage parental presence in child's life online and offline
 - e. Educate on labor rights
 - f. Internet safety
 - i. Parental controls
 - ii. Privacy settings e.g. Stock photos, private account

- iii. Internet use in public places in the home only
2. Secondary Prevention – Immediate response to trafficking
 - a. Referral to services
 - b. Risk reduction
 - c. Report to law enforcement/DCFS when mandated
3. Tertiary Prevention – Long term response after trafficking has occurred
 - a. Connect to long term social services, substance abuse treatment, and/or counseling

DEBRIEFING:

- Seek support for yourself when needed
- Have debriefing with staff/providers as part of institutional protocols

REFERENCES

1. Greenbaum VJ, Dodd M, McCracken C. A short screening tool to identify victims of child sex trafficking in the health care setting. *Ped Emer Care*. 2018 Jan 1;34(1):33-7.
2. Hornor G. Online sexual solicitation of children and adolescents. *J Pediatr Health Care*. 2020;34(6):610-618. doi:10.1016/j.pedhc.2020.05.008
3. Peck JL, Meadows-Oliver M, Hays SM, Maaks DG. White paper: recognizing child trafficking as a critical emerging health threat. *J of Ped Health Care*. 2021;35(3):260-269. doi: 10.1016/j.pedhc.2020.01.005
4. Powell C, Asbill M, Brew S, Stoklosa H. Human trafficking and HIPAA: what the health care professional needs to know. *J of Human Trafficking*. 2017;4(2):105–113. doi:10.1080/23322705.2017.1285613.

(Other resources as listed on next page)

Recommended Human Trafficking Resources

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1. National Human Trafficking Hotline. Accessed at: <https://humantraffickinghotline.org/en>

- Hotline information for a national trafficking organization, reporting information and links via phone, chat, text, and TTY for the hearing challenged. Includes a national referral database and statistics regarding national and individual states' data. This group works with FBI, law enforcement, and service providers to help victims of human trafficking. Safety tips for specific situations are included. Providers can access this hotline to report, ask questions, voice concerns about specific cases. To access the hotline: [1-888-373-7888](tel:1-888-373-7888); Text* 233733; Chat via <https://humantraffickinghotline.org/en>

2. HEAL Trafficking. Health, Education, Advocacy, Linkage. Accessed at: <https://healtrafficking.org/>

- Resources focused for multi-professional professionals and health systems. Includes training, protocol frameworks, trauma-informed care, research, speakers, media, and toolkits applicable to medical practice. Includes new video regarding identifying and assisting those in labor trafficking, and a customizable brochure for patient education.
- Stoklosa H, Beals L. Human trafficking in the ED – what you need to know. *Academic Life in Emer Med.* 2022. Accessed February 25, 2023. <https://www.aliem.com/human-trafficking-in-the-ed/>
 - Publication that contains definitions, red flags, myths, reporting, and guidelines for medical providers; applicable to all specialties. Written by a Harvard physician who is renown worldwide for their efforts regarding human trafficking and founder of HEAL Trafficking.

3. American Hospital Association. In the Fight Against Human Trafficking. Accessed at:

<https://www.aha.org/fight-against-human-trafficking>

- Resources and links for hospitals and providers. Includes human trafficking awareness training materials, reporting requirements, ICD-10 codes, podcasts, including a video regarding engaging hospital leaders

4. Blue Campaign. Department of Homeland Security. Accessed at <https://www.dhs.gov/blue-campaign>

- Blue Campaign is a national public awareness campaign designed to educate the public, law enforcement, and other industry partners to recognize the indicators of human trafficking, and how to appropriately respond to possible cases. To report to federal law enforcement: [1-866-347-2423](tel:1-866-347-2423)

5. Office of Victims of Crimes. Human Trafficking. Department of Justice. Accessed at: <https://ovc.ojp.gov/program/human-trafficking/faces-of-human-trafficking>

- Includes information and training videos regarding the faces of human trafficking, fact sheets, human rights information, visa information, training materials, webinars, grants, and funding.

6. Office on Trafficking in Persons. US Department of Health and Human Services. Accessed at: <https://www.acf.hhs.gov/otip/about>

- Includes information regarding victim services, training, partnerships, policy, research, government reports, and grants.

7. Survivor Stories. The Polaris Project. Accessed at: <https://polarisproject.org/survivor-stories/>

- Includes stories and video accounts from survivors of different types of trafficking.
- *In Harm's Way: How Systems Fail Human Trafficking Survivors*. Survey Results for the First National Survivors Study. January 2023. Report by The Polaris Project. Accessed via link found at: <https://polarisproject.org/blog/2023/01/eyes-on-the-future-survivor-partnered-research-in-the-national-survivor-study/>

8. The Faces of Human Trafficking. Accessed at: <https://ovc.ojp.gov/program/human-trafficking/faces-of-human-trafficking>

- Includes a series of videos of survivors telling their stories.
- The series is intended to be used for outreach and education efforts of service providers, law enforcement, prosecutors, and others in the community. The videos and materials include information about sex and labor trafficking, multidisciplinary approaches to serving victims of human trafficking, effective victim services, victims' legal needs, and voices of survivors.