

Human Trafficking and Health Care

They don't trust us...

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1

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2

Disclosure

- Family owns a medical device company
- I am a researcher, historically funded
 - National Institutes of Justice Office of Justice Programs
 - Department of Justice
 - Center for Medicare and Medicaid Services
 - Health & Human Services
 - Health Resources and Services Administration
 - Office of Violence Against Women
 - Office for Victims of Crime
 - Others...



3

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4

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Human Trafficking and Health Care *They don't trust us...*

OBJECTIVES

1. Familiarize audience with the proliferation of human trafficking, types of trafficking, and legislation influencing of trafficking
2. Review adverse childhood experiences data as it relates to HT
3. Review implicit and explicit bias in healthcare systems
4. Introduce trauma informed care and principles
5. Review one-on-one strategies for mitigating explicit biases when working with persons experiencing human trafficking for the purposes of establishing safety and eventual trust



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5

Objective 1

Familiarize audience with the proliferation of human trafficking, types of human trafficking, and legislation influencing human trafficking



6

The Statistics

- Unknown – Largely trafficking is hidden
- 2014 – 20.9 million people (15.8 million women) were subjected to forced labor globally, including for commercial sexual exploitation
- 2018 – 164 million workers worldwide
- No standardized methods for collecting and reporting good data
- Law enforcement often prosecute sex trafficking of children



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Main international human trafficking routes



8

Legislation



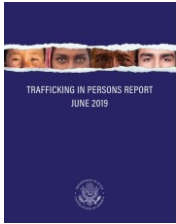
- *Trafficking Victims Protection Act of 2000*
- Provides tools for combatting trafficking
 - Worldwide and domestically
- Authorized State Department TIP Office
- Authorized Presidential Interagency Task Force to monitor and combat anti-trafficking
- Supports United Nations Palermo Protocol

<https://www.state.gov/international-and-domestic-law/>

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9

2016 Trafficking in Persons Report



- Umbrella terms
 - Trafficking in persons
 - Human trafficking
 - Modern slavery
- Sex trafficking (adults and children)
- Forced labor (Bonded Service or Debt Bondage)
- Domestic Servitude
- Child Soldiers

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The Palermo Protocol

- Supplemented the UN Convention against Transnational Organized Crime
- A Protocol to prevent, surpass, and punish trafficking in persons, especially women and children
- Transition in the movement against human trafficking, regardless of type
- Foundation for governments to build policy to criminalize human trafficking and stop traffickers and protect victims, prevent future victimization, and promote cooperation among countries

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11

Definition: Human Trafficking




"Trafficking in persons" and "human trafficking" and "human slavery" is an umbrella term

- **Act** of recruiting, harboring, transporting, providing, or obtaining a person
- **For** compelled labor or commercial sex acts, or soldiers or organ harvesting
- **Using** force, fraud, or coercion

Sources: www.state.gov/tip/rts/tiprpt/2013/210543.htm and www.state.gov/tip/rts/tiprpt/2013/210543.htm and 2019 US Dept of State Eliminate VAW <https://www.state.gov/on-international-day-for-the-elimination-of-violence-against-women/>

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12



Definition – Trafficking

- Recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery
- Physical transportation not necessary to meet definition**
- Includes trafficking for sex, labor, debt, service, peonage, or slavery

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13

Polaris Definition

- Human trafficking is the business of stealing freedom for profit
- Trafficker's trick, defraud or physically force victims into providing commercial sex
- Victims are lied to, assaulted, threatened or manipulated into working under inhumane, illegal or otherwise unacceptable conditions
- A multi-billion-dollar criminal industry that denies freedom to 24.9 – 45 million people around the world

Source: https://polarisproject.org/human-trafficking/spies-20K3CqWdy6R5uJAR9aAHYewPOeUEZuq9ISqL48zbQy3gF_i1S9w86T8x11UjU6ovTms5V6t64aAmbYEA1w_wc8

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14

Six Major Types

 <p>Domestic Servitude Employees working in private homes are forced or coerced into serving and/or fraudulently convinced that they have no option to leave.</p> <p>LEARN MORE</p>	 <p>Sex Trafficking Women, men or children that are forced into the commercial sex industry and held against their will by force, fraud or coercion.</p> <p>LEARN MORE</p>
 <p>Forced Labor Human beings are forced to work under the threat of violence and for no pay. These slaves are treated as property and exploited to create a product for commercial sale.</p> <p>LEARN MORE</p>	 <p>Bonded Labor Individuals that are compelled to work in order to repay a debt and unable to leave until the debt is repaid. It is the most common form of enslavement in the world.</p> <p>LEARN MORE</p>
 <p>Child Labor Any enslavement — whether forced labor, domestic servitude, bonded labor or sex trafficking — of a child.</p> <p>LEARN MORE</p>	 <p>Forced Marriage Women and children who are forced to marry another without their consent or against their will.</p> <p>LEARN MORE</p>

15

Combating Human Trafficking

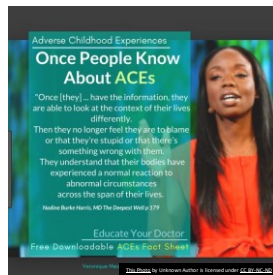
- Prevention
 - Legislative changes, policy, and community collaboration
- Prosecution
 - Palermo Protocol
 - Transnational Organized Crime Convention
 - State and Federal
- Protection
 - Identification, rescue, restore, protect from retaliation
 - Emergency services, housing, long term support



16

Objective 2

Review Adverse Childhood Experiences (ACEs) data as it relates to Human Trafficking



17

Adverse Childhood Experiences (ACE)

- Filletti & Anda, 1998
 - 17,000 participants over 20 years
 - Studied long term effects of childhood trauma
 - Found increased mental health problems, increased risk behavior, increased health care costs, early death by as many as 20 years before their counterparts without ACE



18

Adverse Childhood Experiences Score

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
5. Was a biological parent ever lost to you through divorce, abandonment, or other reason?



19

Adverse Childhood Experiences Score

6. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?



20

Adverse Childhood Experiences Scoring

- 1 point for each category, regardless of number of times
- Increasing incidence at younger age creates complex trauma reactions
- Since this study, several other ACEs identified
 - Bullying
 - Frequent moves
 - others



21

Adverse Childhood Experiences



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22

What does a high ACE score mean?

Scores of 4 or more...

- Chronic obstructive pulmonary lung disease [increases](#) 390 percent
- Hepatitis [increases](#) 240 percent
- Depression [increases](#) 460 percent
- Suicide [increases](#) 1,220 percent

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23

ACEs in Households

Adverse Childhood Experiences Are Common

Household dysfunction:

Substance abuse	27%
Parental sep/divorce	23%
Mental illness	17%
Battered mother	13%
Criminal behavior	6%

Abuse:

Psychological	11%
Physical	28%
Sexual	21%

Neglect:

Emotional	15%
Physical	10%

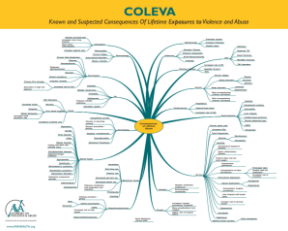
- Household dysfunction
- Abuses
- Neglect

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24

> 50 Studies

COLEVA
Review and Synthesis of Lifetime Exposure to Violence and Abuse

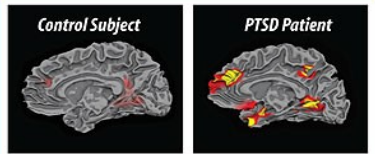


Consequences of a lifetime of abuse
Source:
<http://www.coleva.net/COLEVA-Main-2-2-2011-v2.html>

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25

Brain Changes with PTSD




A magnetoencephalograph of the resting-state brain shows hyperaroused amygdala in a PTSD patient.

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31

Objective 3

Review implicit and explicit bias in healthcare systems



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32

Stereotyping

- Classifying individuals into categories
- Automatic processing, with little thought
- Used in new encounters
- Common categories are age, gender, race and others
- Not necessarily a negative concept
- Attitudes formed by personal/cultural exposure

33

Explicit Bias

Traditional concept of bias

Conscious of personal prejudices & attitudes

Types of Explicit Bias

- Racial animus
- Misogyny
- Sexism
- Genderism
- Others

34

Implicit Bias

Subconscious feelings, perceptions, attitudes, and stereotypes

Developed as a result of prior influences and imprints

Automatic, either positive or negative preference

Does not require animus

Requires only knowledge of a stereotype to produce discriminatory actions

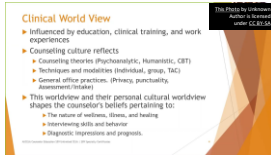
Just as problematic as explicit bias, because both may produce discriminatory behavior

Individual may be unaware that biases where bias rather than situational facts drive decisions

35

Cultural Competency

- ...an issue of understanding
- Phases of cultural competency
 - Increases with more knowledge
 - Increases with greater awareness
- Includes
 - Understanding
 - Valuing differences



36

Under our Noses

- Richie-Zavaleta study (2019)
 - N=21 in 2 cities
 - 76% in EDs
 - 71% in Community Clinic
- STI primary complaint (81%)
- Barriers included
 - Ashamed (84%)
 - Lack of inquiry (77%)
- Recommendations
 - Fill training gap, teach trauma informed care and patient centered approaches

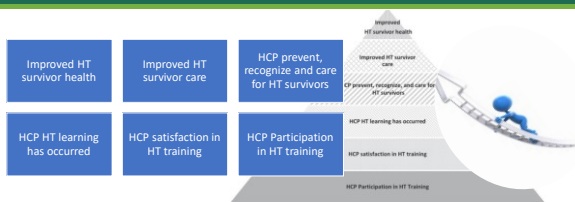


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<http://www.doi:10.1080/23322705.2018.1501257>

37

Human Trafficking Education for HCP



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Powell et al, 2017;
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5328372/>

38

Trafficking Methods

What – Act	How – Means	Why – Purpose
<ul style="list-style-type: none"> Recruitment Transport <ul style="list-style-type: none"> Local National Transnational Transfer Harboring Receipt of persons 	<ul style="list-style-type: none"> Threat of force Coercion Abduction Fraud Deception Abuse of power Vulnerability Bribery, payments 	<ul style="list-style-type: none"> Exploitation Prostitution Sexual Forced labor Slavery Organ removal Forced soldiering Exploitation

Source: <http://www.unodc.org>

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39

Where do you find victims?

- Street exploitation
- Truck Stops
- Commercial-Front Brothels
- Hotels and Motels
- Private Residences
- Internet/webcam
- Pornography/strip clubs
- Escort Services

Seeking Healthcare

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Who are the Pimps?

- 19-45 years old
- Average education is 9.3 years
- 50% completed high school
- 95.5% have a history of drug or alcohol abuse
- 90% had a criminal record
- Makes \$150,000-\$200,000 per child each year
- Exploits an average of 4-6 girls
- Often family or neighbors

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41

Three Types Pimps – Known by Ploy

Business Pimps

- Economic perspective
- Promise careers.....
- Modeling or acting
- Create a debt bond – force to pay off

Boyfriend Pimps

- Common
- They are in love – romantic relationship
- Leads to toxic (necrotic) trauma bond
- Starts to isolate them
- Grooms them to exchange sex for money

Guerilla Pimps

- Physical force and fear manipulate victims
- Kidnaps and abuses to control



42

Common “Control” Method

- Continue to “break”
- Threats or abuse/torture
- Making an “example”
- Withholding money, identity
- Threats to family or children
- Causing/exploiting pregnancy/their child
- Emotional pressure/guilt playing “boyfriend”



43

Trauma Coercive Bonding

Journal of Pediatric Nursing 35 (2019) 48–54

Contents lists available at ScienceDirect

Journal of Pediatric Nursing

journal homepage: www.pediatricnursing.org



A concept analysis of *trauma coercive bonding* in the Commercial Sexual Exploitation of Children

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44

Objective 4

Introduce trauma informed care and principles

culture
empowerment
screening voice
collaboration
trustworthiness evaluation
choice
support training
transparency
mutuality
Trauma-informed

2016 Photo by UnknownAuthor is licensed under CC BY-NC-ND

45

SAMHSA's Six Key Principles

These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific:

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical, and Gender Issues


CDC Center for Preparedness and Response. Found at https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

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46

Who do you see in your work?

- Trauma survivors are the majority of clients in human services systems, including health care
- Notion to consider...
 - Since you cannot know which person is affected (infected), hence Universal Precautions...
 - Consider treating all with growth promoting processes and procedures to **avoid re-traumatization** in patient-centered approaches



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47

Trauma Informed Intervention (TIC)

- Trauma Informed Care is “a program, organization, or system that is trauma informed... realizes the widespread impact of trauma and recognizes the signs and symptoms of trauma in staff, clients, and others involved in the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.” (SAMHSA, 2012, p. 4)



48

Trauma Informed Care & Services

- Requires all members of the organization understand the impact of violence and victimization on individual's life and development over time, whether customer or worker
- Purpose is that every action is consistent with the recovery process **and** reduces the possibility of re-traumatization!



49

Let's Start With Fundamentals

- Here today to learn how to help
 - Become knowledgeable about the impact and consequences of traumatic experiences, specifically human trafficking
 - Understand that trauma to individuals affects everyone uniquely
 - Know how to initiate appropriate trauma related responses
 - Anticipate the need for Trauma Informed Care with all encounters



50

More Fundamentals

- Here today to also...
 - Intervene using collaborative strength-based approach
 - Recognize the struggle to overcome trauma from a chance experience perspective
 - Be nice!
 - Don't re-traumatize the person
 - Begin to build a trauma-informed organization and tomorrow's workforce



51

TRAUMA INFORMED CARE

A TREATMENT IMPROVEMENT PROTOCOL

Trauma-Informed Care in Behavioral Health Services



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52

Trauma Informed Care in Organizations

- "A program, organization, or system that is trauma-informed:
 - Realizes the widespread impact of trauma and understands potential paths for recovery;
 - Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
 - Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
 - Seeks to actively resist re-traumatization."

SAMHSA, 2015
<http://www.samhsa.gov/ncic/trauma-interventions>

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53

Implementation of Trauma Informed Care

- Safety, trustworthiness and transparency, collaboration, empowerment, choice, and [system] intersectionality
- Goal setting to teach skills to create forward movement toward "resilience, ..., determination, empowerment, and self-sufficiency"
- Reduction coercive practice through recognition and intolerance to the behavior in systems and institutions



54

TIC Competencies

- Knowledge about trauma, trauma informed practice and normal development
- Values and attitudes to provide services
- Patient-centered
- Quality Improvement
- Therapeutic communication to provide care
- TIC practices the skills
- Communities collaborate to reduce risk and increase protection
- Organization and system policy changes



55

Trauma Informed & Developmentally Sensitive Services for Children

Core Competencies for Effective Practice



Multiplyingconnections.org



56

The Nature of the Trauma

- The degree and age of exposure (earlier = more severe health outcomes)
- Directly affected (resulting in injury, illness)
- Loss of a significant other
- Loss of home, school, community (support systems)
- Witnessing violence
- Indirect exposure (friends, media)
- Human inflicted trauma (war, trafficking, family betrayal)



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Complex Trauma

Multiple Events

- Psychological
- Financial
- Neglect
- Physical or sexual abuse
- Domestic violence
- Exploitation (Labor, Sex, or Organs)

Results in

- Physiological dysregulation
- Emotional numbness
- Loss of safety and direction
- Inability to *detect or respond* to dangers
- Toxic, neurotic stress reactions
- Re-victimization and early death

Source: NTCSN, 2013

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58

Re-traumatization

- "...occurrence of traumatic stress reactions and symptoms after exposure to multiple events"
- A re-experiencing of the trauma through exposure to triggers in the environment
 - Includes sensory – see, hear, smell, taste, and touch
 - Includes reactions that are normal but feel bad, like emotional entrapment

Duckworth & Follette, 2011

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Opportunities for Intervention



- Sexually transmitted infection
- Exacerbation of chronic health issue
i.e. asthma
- Intoxication/Ingestion
- Marijuana (89%), ecstasy (54%),
cocaine (34%), meth (27%)
- Reproductive issues
- Evaluation after SA
- Referral from street-level outreach

(Curtis, Terry, Dank Dombrowski & Khan, 2008; Raymond, 2001; Smith et al 2009)

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60

Implementation the Six principles of Trauma Informed Care

- First, ask permission – what do you want me to call you? Are you ready to come to ? If they say no, it's an opportunity to explore feelings and decisions.
- If there is bad news, be there to comfort and answer questions. Don't deliver and leave.
- If you want to change behavioral choices, engage patients in conversations about their health (patient-centered care)
 - "If you begin anew from this point, what story do you want to create for yourself? [Or] ...
 - "Where do you want your [life experience] to take you?
 - "How can we help you get there?"
- Learn basics of therapeutic options in TIC (motivational interviewing and coaching)

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61

Confidentiality

- Understand – victims attempting to elope risk their and their lives and their family members' lives
- Therefore, gather information necessary for treatment, not for mandatory reporting
- Rather, refer to attorneys who have attorney-client privilege (e.g., Legal Medical Partnerships)
- Protocols drive how and who to share information under HIPAA
- Minimize staff contact with victim
- Interpreters understand confidentiality

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62

Provider Persona

- **Poker face** – do not demonstrate shock at disclosures
- Express sorrow, but not judgement
- Screen for mental health and refer; if you are a MH provider, continue support through staged exposures and CBT
- Consider the impact of triggering of unpleasant neurobiological responses and minimize
- Use the language of the victim; be descriptive
- Victims' experiences include poly-victimization, not recognized by them as crimes



63

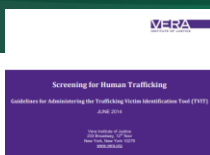
Other Interviewing TIPS

- Tool validated on adult sex and labor trades
- Inconsistent answers are reflection of trauma, not lying
- Using tool correctly reflected in information gathered from person feeling safe and supported
- No score is reflective of trafficking experience, but totality helps determine persons trafficked
- If multiple incidents, victims will jump from event to event, not validating either but victimized in both



64

How to Inquire?



- Trafficking Identification Tool (2014)
 - Vera Guidelines
 - Validated

Find at

https://storage.googleapis.com/vera-web-assets/downloads/Publications/out-of-the-shadows-identification-of-victims-of-human-trafficking/legacy_downloads/human-trafficking-identification-tool-and-user-guidelines.pdf



65

Trafficking Victim Identification Tool (TVIT)

- Integrate the questions into existing intakes
- Background and migration
- Working and living conditions
- Attachment to trafficker
- Negative reactions due to fear shame
- Loyalty to trafficker
- Determine if victim on totality of history



https://storage.googleapis.com/vra-web-assets/downloads/Publications/out-of-the-shadows-identification-of-victims-of-human-trafficking/legacy_downloads/human-trafficking-identification-tool-and-user-guidelines.pdf

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66

TVIT Questions

- Section 1. Screening Background: How did you get here and who brought you? Official determination, language, and interpreter use
- Section 2.
 - Personal Background: DOB, school, country of origin, citizenship, migration and reasons, arrival to US details (who, how, and coercion method)
 - Work: type, payment, activities, housing, feelings about safety and harm risk

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67

TVIT Questions

- Living and Working Conditions:
 - Where, who, and how living arrangements occurred
 - Fear, coercion, safety
 - Physical, sexual, or financial harm
 - Basic needs – food, housing, sleep, medical care
- Additional comments for spontaneous disclosure
- Post-interview Assessment



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68

Medical Forensic Evaluation

- Interviewing Skills for suspicion of being trafficked
 - Interview skills part of Scope and Standards of Practice for all nursing specialties
 - Particularly helpful is
 - Trauma informed care
 - Motivational interviewing
 - Personal coaching
 - Crisis intervention response
 - Knowledge of long-term treatment expectation for trafficking experience



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69

Not Wanting to Report – Accept It!

- Consult with the designated professional for your care setting, such as the charge nurse or forensic nurse to determine whether mandatory adult reporting is required.
- *All child abuse is mandatory reporting.*
- If mandatory reporting is not required, make sure the patient knows how to get help.
- National Trafficking Hotline: **888-373-7888**



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70

Objective 5

Review one-on-one strategies for mitigating explicit biases when working with persons experiencing human trafficking for the purposes of establishing safety and eventual trust



71

Missed Opportunities

- 88% of victims had visited a medical provider during their period of exploitation; create safety!
 - Many presented with s/s of STI, injuries (physical or sexual)
 - Exacerbation of untreated chronic disease
 - Suicidal
 - Drug ingestion
 - Wanting contraception, abortion, help for complications with pregnancy



72

Missed Opportunities

- 82% of victims reported seeking medical care within past 6 months
 - General Check up 42.6%
 - STI testing 34.1%
 - HIV testing 20.9%
 - Treatment for acute injury/often from violence
 - 35% broken nose, 80% bruises, 47% head injuries, 53% orals/dental injuries, 20% hepatitis infection



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



73

Identification Tips

- Don't look for a typical victim
- Look closely at both adults and children
- If there is admission of prostitution, probably trafficked victim
- Victims do not trust – even when you try, trust is not automatic or immediate and sometimes never
- Victims will lie to you as survival mechanism, so do not let it deter you and don't think badly of them – it's a method to maintain control over the environment
- They do not understand the word "trafficking"
- They are unwilling to disclose their situation, due to fear
- The language they use to describe situation is different
- LISTEN... twice as long as you talk



Advocates for Human Rights
http://www.theseadvocatesforhumanrights.org/uploads/2014/05/working_with_victims_survivors.pdf



74

Minimize Bias with Understanding

- Inconsistent answers are reflection of trauma, not lying
- Using interviewing tools correctly reflected in information gathered from person feeling safe and supported
- No tool score is reflective of trafficking experience, but totality helps determine persons trafficked
- If multiple incidents, victims will jump from event to event, not validating either but victimized in both



75

Pre – Interview

- Set up safe space that is non-threatening – address their fears, provide breaks, tissues,
- Fulfill basic needs (food, shelter, medical care)
- Never interview in view of the trafficker or someone working with trafficker
- Develop rapport. Be honest, describe their rights, tell about the interview process, and roles of all
- If E2ndL, provide interpreters
- Assure confidentiality and be culturally sensitive for preferences



76

Conversation Skills to Develop

- | | |
|--|--|
| <ul style="list-style-type: none"> • General conversations first • Be patient, caring, and sensitive to fears • Explain and answer fears with facts about process and laws • Tell patient your experience working with victims • Convey messages of support • Do not imply victim accountability OR LACK THEREOF | <ul style="list-style-type: none"> • Reassure they are victim of crime • Take time to allow victim recount important experiences, agree to meet again • Be respectful, without bias and culturally sensitive with understanding about talking about some topics |
|--|--|



77

Trafficking Victim Identification Tool (TVIT)

- Integrate the questions into existing intakes
- Background and migration
- Working and living conditions
- Attachment to trafficker
- Negative reactions due to fear and shame
- Loyalty to trafficker
- Determine if victim on totality of history



78

Entrapment

- ACEs
- Foster care system
- Parental Abandonment
- Family violence
- Runaway
- Early sex initiation
- Sexting
- Others



79

Theories that Guide Understanding

- Life Course Theory (Elder, 1994)
- Events do not occur in isolation, but rather in context
 - Experience an event and another at a different time & place
 - Each experience influences and affects later experiences
- Social Relationships
- Social Timing
- Historical Events



80

Theories that Guide Understanding

Theory of Coercion (Biderman, 1957)

- Provides a framework with methods, purposes, effects, and actions to maintain control
 - Isolation
 - Monopolization or perception
 - Induced debility and exhaustion
 - Threats
 - Occasional indulgences
 - Demonstrating omnipotence
 - Degradation
 - Imposing trivial demands



81

Results - Non-linear Elopement

Seeking Safety

- Developmental Age
- Adolescent Victim Needs

Pre-Entry Context

- Dysfunctional Family
- Economic Necessity
- Addiction



Barriers to Elope

- Individual
- Interpersonal
- Professional Silos

DMST

- Trauma
- Fading
- Non-person
- Naive
- Fear
- Hopeless
- Worthless

Sanchez, 2021



82

Why Do Victims Leave the Life?

- Participants FELT willingness to work towards their future
 - a strong need to turn over a new leaf in life
 - leaving negative experiences of the past behind
 - moving towards a life with a job, a family and friends
 - In contrast, ALSO FELT a lack of autonomy and a frustrated sense of support in redressing their present situation



83

Why Do Victims Leave the Life?

- HOPE and pursuing goals helped COPE with past problems and future goals
- Recovery in post-trafficking setting
 - Opportunities for hope and attainment of goals in structural boundaries of their situation
- Programs that work
 - Future oriented, strength-based approach with services
 - Responsive and supportive environments

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84

In Summary

- Be part of a larger solution
- Seek education to diminish implicit bias
- Eliminate explicit bias
- Implement trauma-informed care principles
- Be kind, see the human being seeking your care
- Earn the patient's trust

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85

Thank you!

- Questions?

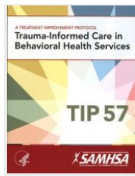
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86

Resources

87

First Steps



O.4.a

https://www.integration.samhsa.gov/clinical-practice/SAMSA_TIP_Trauma.pdf

- Critical analysis about our care of patients
 - Trauma-Informed Care systems
 - Addressing SAMHSA TIC Tip 57 recommendations
 - Integrate TIC principles in care
- Recommend
 - UAB Clinical Pearls – Trauma Informed Care
- Understand term “patient-centered” care

88

HEAL Trafficking Education and Training Committee

- Source: HEAL Trafficking education and training committee. (2018). In *Introductory Training on Human Trafficking for U.S. Health Care Professionals: Essential Content*. Los Angeles, CA: HEAL Trafficking

Source: <https://healtrafficking.org/wp-content/uploads/2018/04/Essential-Components-for-a-Health-Professional-Trafficking-Training.pdf>



<https://healtrafficking.org/education/>

89

Trauma Informed & Developmentally Sensitive Services for Children

Core Competencies for Effective Practice


**Multiplying
Connections**
Positive development
for all children

Multiplyingconnections.org


90

New Joint Commission advisory on identifying human trafficking victims in health care

Safety actions for health care professionals to consider to keep victims safe

June 15, 2018
 By **Katia Lueke Brink**, Corporate Communications

(CAMBRIDGE TERRACE, Illinois – June 15, 2018) – Human trafficking is the fastest growing criminal industry in the world and the second largest source of income for organized crime. Knowing how to identify victims, when to involve law enforcement, and what community resources are available is important information for all health care professionals to know—and is the focus of a new Joint Commission advisory from The Joint Commission.

Human trafficking is modern-day slavery and a public health issue that impacts individuals, families and communities. The alert provides health care professionals with tips to recognize the signs of human trafficking, including a patient's poor mental and physical health, abnormal behavior, and inability to speak for himself/herself due to a third party insisting on being present and/or interfering.


The alert encourages medical providers to provide trafficking victims with information and options, while supporting them through the process of connecting with service providers. If they are ready to report their situation, it also provides the following actions to help support and keep victims safe:

- In situations of immediate, life-threatening danger, follow institutional policies for reporting to law enforcement.
- Provide the patient with the National Human Trafficking Resource Center (NHTRC) hotline number. If the patient feels it is dangerous to have the number, help her/him remember it.
- Provide the patient with options for services, reporting and resources. Ensure that safety planning is included in the discharge planning process.
- If a patient is a minor, follow mandatory state reporting laws and institutional policies for child abuse or serving unaccompanied youth.
- Accurately document the patient's injuries and treatment in the patient's records.
- Obtain permission and consent from adult patients who have been trafficked before disclosing any personal information about the patient to others, including service providers.
- Utilize social workers as they can be instrumental in getting the support and resources patients need.

Resources from the National Human Trafficking Hotline, NHTRC, United Nations Office on Drugs & Crime, U.S. Department of Health & Human Services and others are highlighted in the advisory.

The Quick Safety is available on The Joint Commission website. It may be reproduced if credited to The Joint Commission.

¹Isaac R, et al. *Health care providers: actions needed related to human trafficking. Maximizing the opportunity to effectively screen and intervene. Journal of Applied Research on Children: Informing Policy for Children at Risk*. Human Trafficking, 2011; Vol. 2, Issue 1, Article 8.



91

Combating Human Trafficking

- The Blue Campaign (Homeland Security)
 - U.S. Department of Homeland Security's (DHS) efforts to combat human trafficking
 - Awareness & training
 - Victim-centered care
 - Unified effort among law enforcement federal agencies




92

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96

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97

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- More provided upon request

98