# **Human Trafficking in the Healthcare Setting**

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# How do I approach my work?

# From a clinician perspective

- RN for 20 years
- Family Nurse Practitioner & Certified Nurse Midwife for 17 years

# From a research perspective

- Researching gender-based violence for the last 14 years
- Focused on sexual violence, human trafficking, reproductive health, & maternal health

# From a communityengaged approach

Working with communities, populations, and advocates



# **Learning Objectives**

- 1. The participant will have an understanding of the types and venues of human trafficking in the United States.
- 2. The participant will be able to describe potential warning signs that a victim of human trafficking might exhibit.
- 3. The participant will be able to describe screening questions and tools that might be useful to identify victims of human trafficking within the healthcare setting.
- 4. The participant will be able to describe the need for comprehensive models of care for victims of human trafficking.



# **Knowledge Pre-check**

#### Please answer the following poll using true or false:

- 1. All human trafficking involves sexual abuse.
- An international border must be crossed to classify as 'human trafficking'.
- 3. Abduction is a common feature of trafficking, especially for children.
- 4. Estimates suggest that men comprise a significant proportion of trafficking victims.
- 5. We know where the hotspots of human trafficking are in the United States.



# Understanding Trafficking





# **Defining Human Trafficking**

- Human Trafficking, also known as Modern Slavery, is:
  - Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age;
  - The 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.
  - A victim need not be physically transported from one location to another for the crime to fall within this definition

(Trafficking Victims Protection Act, 2000)



# **Domestic Minor Sex Trafficking**

Domestic minor sex trafficking is the harboring, recruitment, or sale of individuals under the age of 18 within their countries of origin for the purposes of commercial sex.

Unlike cases of sex trafficking among adults, domestic minor sex trafficking does not necessitate the presence of force, fraud, or coercion because individuals under the age of 18 are unable to consent to commercial sex under U.S. federal law.

The prevalence and incidence of domestic minor sex trafficking is unknown.



# **Types of Trafficking**

Labor Trafficking

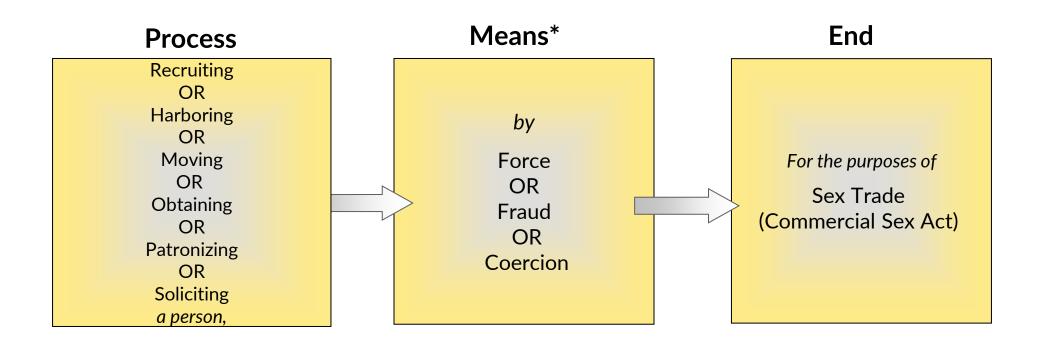
Sex Trafficking

Domestic Servitude
Industrial Fishing
Agriculture
Construction/ Landscaping
Hospitality

Massage Parlors
Truck Stops
Brothels
Strip Clubs
Hotels/Motels
Online Venues



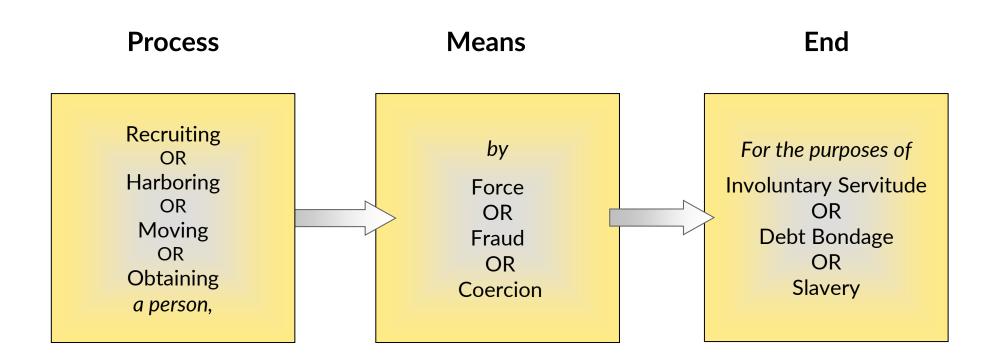
# Three Elements of SEX Trafficking



\*No force, fraud, or coercion required when a child is induced to perform a commercial sex act.



# Three Elements of LABOR Trafficking





- What if the victim isn't physically hurt?
  - Force, fraud, and coercion don't have to be physical at all. Psychological coercion is enough.



What if the victim can leave?

 Just because the victim can technically leave doesn't mean they are staying by choice. A small gap in freedom doesn't mean trafficking never happened.



- What if the victim took the job voluntarily?
  - Many victims of trafficking take a job or consent to be smuggled only to later discover the true nature and conditions of the work.

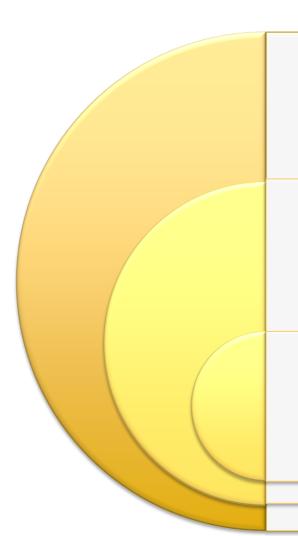


- What if the victim doesn't identify their experience as trafficking?
  - Many victims do not recognize that what is happening is exploitation – whether due to trauma, mental illness, or other reasons.



# Trafficking Vulnerabilities & Consequences

# **Vulnerabilities to Human Trafficking**



# Community

- Community-level violence
- Limited educational opportunities
- · Limited economic opportunities

# Relationship

- History of abuse and/or neglect
- Being in foster care or child protective services

# Individual

- Recent migration/relocation
- Sexual or gender minority youth
- Unstable housing Runaway/homeless youth
- Substance use

# **Cumulative, Complex Trauma**

- Many cases only include psychological coercion; however, violent victimizations can occur.
- Research shows that human trafficking victims experience extensive violent victimizations across their lifetimes:
  - 6 in 10 have been threatened with a weapon
  - 7 in 10 have been physically assaulted
  - 6 in 10 have been raped or sexually abused
  - 5 in 10 reported physical injury due to violence
  - 7 in 10 reported having freedom of movement restricted

(Farley et al., 2003; Zimmerman et al., 2008)



# Reframing our mindset: Public health approach

Primary Prevention

An intervention before a problem begins

E.g., education on healthy relationships and exploitation

Secondary Prevention An immediate response to a problem

E.g., responding to identified survivor needs (advocacy, healthcare, housing, job skills)

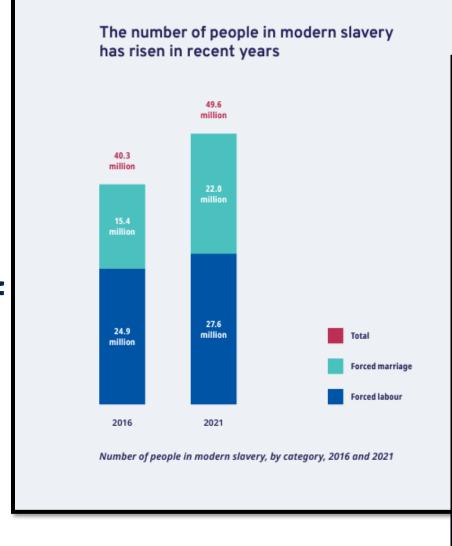
Tertiary Prevention A long-term response focused on rehabilitation

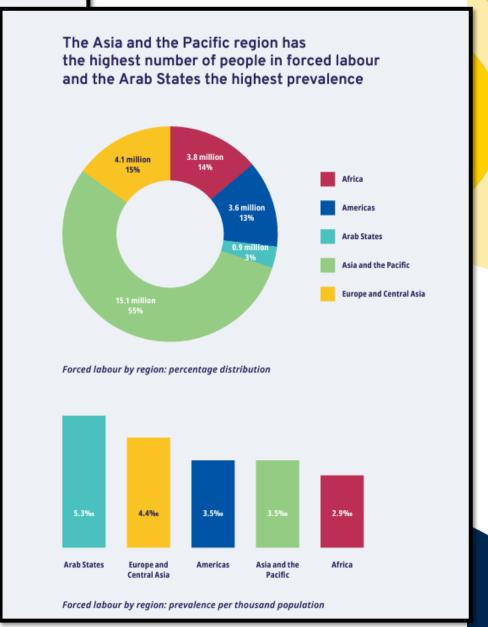
E.g., long-term counseling or peer support groups





# Global Prevalence of Human Trafficking







# **Trafficking in the United States: 2021 Key Points**

The top forms of force, fraud, and coercion are emotional abuse, economic abuse, threats, isolation, and withholding needs.

The recruiters or traffickers are often known to the victim/survivor and exploit a personal relationship.

Online recruitment as well as family/partner recruitment showed a significant increase during the time of the COVID-19 pandemic.





#### Where do survivors seek services?

- Community Mental Health for mental health care
- Emergency Room/Urgent Care for emergent issues such as injuries
- OB/GYN for prenatal care, gynecological care
- Substance Use Treatment Facility for addiction treatment
- Family Practice for routine checkups or pre-existing conditions
- Health Department for immunizations, routine healthcare
- Dentist for injuries, tooth pain
- Social worker/Psychologists for mental health services
- Pharmacy for prescriptions, medical supplies



### **General Indicators**

- Scripted or inconsistent history
- Unwilling or hesitant to answer questions about injury or illness
- Accompanied by individual that does not allow the patient to speak, refuses patient privacy
- Resistant to assistance
- Unable to provide address (moves frequently)
- Unaware of location, current date, or time
- Not in control of their own money
- Not being paid or wages withheld



# **Red Flags: Sex Trafficking**

- Persistent or untreated STIs or UTIs
- Trauma to vagina or rectum
- Problems with jaw or neck
- Repeated abortions or miscarriages
- Presence of cotton or debris in vagina
- Pelvic pain
- Bruises, scars, burns marks, missing or broken teeth



# **Red Flags: Labor Trafficking**

- Dehydration
- Water and sanitation related illness
- Heat stress/stroke
- Air quality or respiratory problems
- Musculoskeletal and ergonomic injuries
- Untreated skin infections/irritations
- Pesticide or chemical exposure
- Sleep deprivation



# **Red Flags: Mental Health**

- Depression
- Suicidal ideation
- Self-harming behaviors
- Anxiety
- Post-traumatic Stress Disorder
- Nightmares, flashbacks

- Lack of emotional responsiveness
- Feelings of shame or guilt
- Depersonalization
- Hostility



# **Human Trafficking Survivor Stories**





# **Screening for Human Trafficking among Minors**

- A recent literature review identified a number of screening instruments that have been created for human trafficking.
- Limitations included:
  - Attempt to focus on both adults and children
  - Not comprehensive (e.g., focus only on labor or sex trafficking, not both)
  - None have been developed for individuals younger than 10 years old

# **Validated Screening Tools**

- There is currently no general validated screening tool for the health care setting
- The Vera Institute has validated a 16-item (short form) and 32-item (long form) Trafficking Victim Identification Tool (TVIT) for use in social service agencies (Vera Institute, 2014)
- The PEARR Tool provides a useful framework for a traumainformed assessment to human trafficking (Dignity Health, 2019)





#### **PEARR Tool**

STEPS	PEARR
Step One	Provide privacy
Step Two	Educate
Step Three	<b>A</b> sk
Step Four	Respect & Respond



# **Screening for Human Trafficking**

- What type of work do you do?
- Are you being paid?
- Can you leave your job if you want to?
- What are your working and living conditions like?
- Are there locks on the doors or windows so that you can't get out?
- Do you have to ask permission to eat/sleep/go to the bathroom?
- Has your identification or documentation been taken from you?



#### **Clinical Pearls**

- Use a formal medical interpreter service (in-person, over the phone, or via a tablet)
- Always screen alone
- You should document findings in the confidential medical record (this can be useful for future legal proceedings)
  - Record patient's account of how injuries occurred (quotes preferred here)
  - Avoid judgmental words (e.g., "alleged" assault).
  - Document clinical observations: record size, location, appearance, color of injuries and/or marks
  - Document the patient's report of pain
  - Use body map or photo documentation if available (written consent is necessary for photo documentation)
  - Record contact with SANEs, police, courts, and other agencies



# What is a healthcare provider to do?

- Trust your gut
- Trauma-informed care
- Patient/victim-centered care
- Become familiar with resources in your area to provide comprehensive care







### Victims and the Law

• Victims of human trafficking may be at risk of either arrest and/or deportation if they encounter law enforcement.

• Plan ahead with local authorities for these types of cases to increase the likelihood of a victim-centered approach.



# **Federal Law: Immigration Relief**

Foreign national victims of human trafficking may have access to immigration relief because of their exploitation. This relief may include:

- Continued Presence
- T Visa
  - Victim of severe trafficking (federal law)
  - In the United States on account of trafficking
  - Comply with any reasonable request from a law enforcement agency for assistance in the investigation or prosecution of human trafficking (or you are under the age of 18, or you are unable to cooperate due to physical or psychological trauma)
  - Suffer extreme hardship involving unusual and severe harm if you were removed from the United States



# Federal Law: Public Benefits for Foreign Nationals

A certified adult or eligible minor has access to:

- Case management through network of contractors Trafficking Victim Assistance Project (TVAP)
- Food stamps
- Cash Assistance
- Medicaid
- Federal Financial Aid
- Public Housing
- English as a Second Language (ESL)
- Federal Foster Care (minors)



# **State Law Mandatory Reporting**

- Mandatory reporting laws apply in human trafficking cases when a victim is a minor.
- Special attention is required in cases involving 16- and 17-yearold who are participating in the commercial sex industry.
- These minors may be arrested for prostitution rather than treated as victims.



## **Minors: State Safe Harbor Laws**

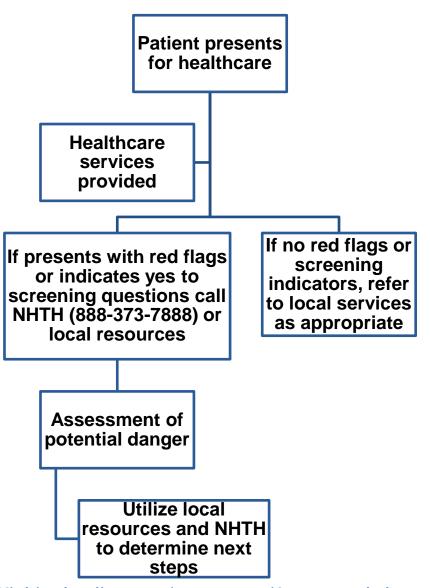
- A combination of criminal and child protection laws
- Individuals under 16 years of age cannot be arrested for prostitution and rather are children in need of protection by the state [MCL 750.448-750.450]
- Individuals that are 16 and 17 years of age are presumed to be victims [MCL 750.451(6)]
- A prosecutor can overcome the presumption and charge a 16 or 17 year old with prostitution [MCL 750.451(6)]
- A 16 or 17 year old "who fails to substantially comply with court-ordered services" is not eligible for the presumption [SCIMPLEST 50.451(6)]

## **Response Protocols**

- Put a team together before a case happens.
- Build off of existing child abuse and domestic violence protocols. Make sure your team is aware of dependency process for minors.
- Consult with your own lawyer about conflict between mandatory reporting obligations and risk of arrest.
- Have the hard conversations in advance will a victim be arrested?
- For foreign national cases be aware of the need for a lawyer and the special role of federal law enforcement.



### **Protocol Framework**





# Michigan Facility Survey - Methods

- Cross-sectional survey conducted between May – June, 2019
- Sampled three types of health facilities
  - Federally qualified health centers (FQHCs)
  - Health departments
  - Hospitals
- We recruited 4 health facilities of each type per region for a total of 120 health facilities (Munro-Kramer et al., 2022)





# **Michigan Facility Survey - Results**

- 42 respondents (and 43 unique sites) were included in the final sample.
  - 13 health departments
  - 7 Federally Qualified Health Centers
  - 22 hospitals
- We received responses from all prosperity regions; however, the highest response rate was from the Detroit metropolitan region.



# Michigan Facility Survey – Screening & Response Protocols (%/n)

Screening Policy/Response Protocol	Has Screening Policy (n=41)	Has Response Protocol (n=40)
Child Maltreatment	78.0% (32)	95.0% (38)
Intimate Partner Violence	80.5% (33)	92.5% (37)
Human Trafficking	39.0% (16)	62.5% (25)
Includes sex trafficking	81.3% (13/15)	76.0% (19/22)
Includes labor trafficking	62.5% (10/15)	56.0% (14/22)



What is needed for a public health approach to human trafficking?

#### **Societal-Level:**

Increased public awareness, funding, & data for human trafficking

#### **Community-Level:**

Multi-disciplinary resources & response teams

# Health Facility Level:

Screening policies & response procedures

#### **Individual-Level:**

Healthcare provider training



## **Knowledge Self-Reflection**

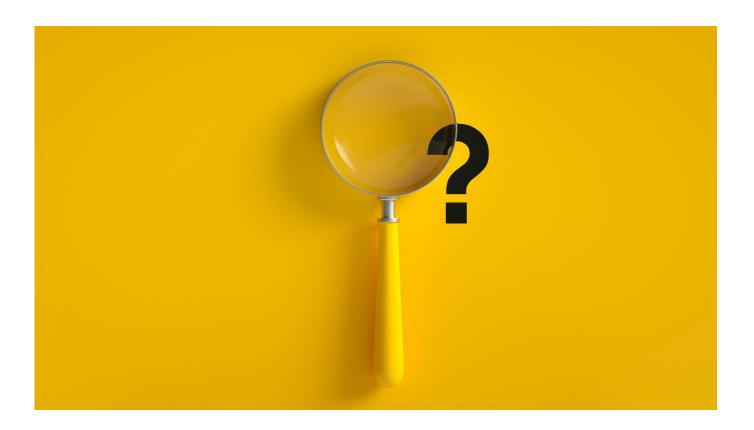
We started the talk with some true and false questions aimed to challenge the myths and misconceptions surrounding human trafficking. As we end, I want you to think about the big questions:

- 1. How will you change your practice/personal behavior to consider the primary prevention of human trafficking?
- 2. What will you do to educate someone else (a youth, colleague, family member, or friend) about human trafficking?



## **Thank You**

Contact Information: <a href="mailto:mlmunro@umich.edu">mlmunro@umich.edu</a>





## **AVAILABLE NOW!**

**UM Human Trafficking Collaborative** 

Website: humantrafficking.umich.edu

Email: <u>HumanTrafficking@umich.edu</u>





## Resources

Name	Description	Contact Information
National Human Trafficking Hotline (NHTH)	To report an incident or locate local services	888-373-7888  Text HELP or INFO to BeFree (233733)  https://humantraffickinghotline.org/en
Polaris	Global leader in fighting to end human trafficking	http://www.polarisproject.org
Walk Free	Walk Free is an international human rights group focused on the eradication of modern slavery, in all its forms, in our lifetime.	https://www.walkfree.org/
International Labor Organization	The International Labor Organization is a United Nations agency whose mandate is to advance social and economic justice by setting international labor standards.	https://www.ilo.org/global/topics/forced-labour/publications/WCMS_854733/langen/index.htm



## References

- Chisolm-Straker, M., Baldwin, S., Gaïgbé-Togbé, B., Ndukwe, N., Johnson, P. N., & Richardson, L. D. (2016). Health care and human trafficking: we are seeing the unseen. *Journal of health care for the poor and underserved*, *27*(3), 1220-1233.
- Dignity Health. (2019). The PEARR Tool. Retrieved from <a href="https://www.dignityhealth.org/hello-humankindness/human-trafficking/victim-centered-and-trauma-informed/using-the-pearr-tool">humankindness/human-trafficking/victim-centered-and-trauma-informed/using-the-pearr-tool</a>
- Dovydaitis, T. (2010). Human trafficking: the role of the health care provider. *Journal of Midwifery & Women's Health*, 55(5), 462-467.
- Farley, M., Cotton, A., Lynne, J., Zumbeck, S., Spiwak, F., Reyes, M., et al. (2003). Prostitution and trafficking in nine countries. In M. Farley (Ed.), Prostitution, trafficking, and traumatic stress (pp. 33–74). Binghamton: Haworth.
- Greenbaum, J., Stoklosa, H., & Murphy, L. (2020). The public health impact of coronavirus disease on human trafficking. *Frontiers in Public Health*, 8, 685.
- International Labor Organization. (2022). Retrieved from: <a href="https://www.ilo.org/wcmsp5/groups/public/---ed\_norm/---">https://www.ilo.org/wcmsp5/groups/public/---ed\_norm/---</a> ipec/documents/publication/wcms\_854733.pdf



## References

- 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*, 23, 61-91.
- Munro-Kramer, M. L., Beck, D. C., Martin, K. E., & Carr, B. (2022). Understanding human trafficking from the health system perspective: A facility survey in Michigan. *Public Health Reports*, 137 (Supplement 1), 102S-110S. doi:10.1177/00333549211048785
- O'Brien, J. E. & Li, W. (2020). The role of the internet in the grooming, exploitation, and exit of United States domestic minor sex trafficking victims. *Journal of Children and Media*, 14(2), 187-203.
- Pardee, M., Munro-Kramer, M. L., Bigelow, A., & Dahlem, G. (2016). Domestic minor sex trafficking: Missed clinical opportunities. *Clinical Advisor*. Retrieved from <a href="http://www.clinicaladvisor.com/features/domestic-minor-sex-trafficking-missed-clinical-opportunities/article/495972/">http://www.clinicaladvisor.com/features/domestic-minor-sex-trafficking-missed-clinical-opportunities/article/495972/</a>
- Polaris. (2022). Retrieved from: <a href="https://polarisproject.org/wp-content/uploads/2020/07/Polaris-Analysis-of-2021-Data-from-the-National-Human-Trafficking-Hotline.pdf">https://polarisproject.org/wp-content/uploads/2020/07/Polaris-Analysis-of-2021-Data-from-the-National-Human-Trafficking-Hotline.pdf</a>



## References

- Todres, J., & Diaz, A. (2021). COVID-19 and human trafficking—the amplified impact on vulnerable populations. *JAMA pediatrics*, 175(2), 123-124. Vera Institute. (2014). *Screening for human trafficking*. Retrieved from <a href="https://www.vera.org/downloads/publications/human-trafficking-identification-tool-and-user-guidelines.pdf">https://www.vera.org/downloads/publications/human-trafficking-identification-tool-and-user-guidelines.pdf</a>
- Trafficking Victims Protection Act. (2000). BILLS-106hr3244enr.pdf (govinfo.gov)
- United Nations. (2015). Sustainable Development Goals. Retrieved from <a href="https://sdgs.un.org/goals">https://sdgs.un.org/goals</a>
- Valadez, C. A., Munro-Kramer, M., & Gibson-Scipio, W. (2022). Screening for Human Trafficking of Minors in Health Care: A Systematic Review. Journal of Human Trafficking, 1-22.
- Walk Free Foundation. (2018). Retrieved from <a href="http://www.datamotivate.com/a-case-study-walk-free/">http://www.datamotivate.com/a-case-study-walk-free/</a>
- Zimmerman, C., Hossain, M., Yun, K., Gajdadziev, V., Guzun, N., Tchomarova, M., ... & Motus, M. N. (2008). The health of trafficked women: A survey of women entering posttrafficking services in Europe. *American Journal of Public Health*, 98(1), 55-59.
- Zimmerman, C., Hossain, M., & Watts, C. (2011). Human trafficking and health: A conceptual model to inform policy, intervention and research. *Social Science & Medicine*, 73(2), 327-335.

