Human trafficking: The other global pandemic

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Human Trafficking: The “Other” Global Pandemic

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Objectives

• Definition
• Our Role
• Facts and Statistics
• Who Are the Victims?
• Who Are the Traffickers
• Identification
• Questions to Ask
• Taking Action
What is Human Trafficking?

• **Human Trafficking (HT):** The act of recruiting, harboring, moving, or obtaining a person by force, fraud, or coercion, for the purpose of involuntary servitude, debt bondage, or sexual exploitation.

• **Human Trafficking of Minors:** All children under the age of 18 who perform commercial sex acts are victims of trafficking, even if they were not coerced into those sex acts.

• **Labor Trafficking (LT):** A form of human trafficking in which individuals perform labor or services. Labor trafficking includes situations of debt bondage, forced labor, and involuntary child labor.
Our Role inCombatting
Human Trafficking
People subjected to sex and labor trafficking often experience mental and physical health problems and emerging evidence demonstrates that many people access health care while they are still in a trafficking situation.

Health care professionals, like law enforcement professionals, encounter these people in the course of their work and serve as first responders.

It is therefore our job to recognize patients at risk for trafficking, treat their health problems, and provide them appropriate resources and referrals.
Key Facts and Statistics

• Human trafficking is the 2nd fastest growing criminal enterprise.
• Human trafficking makes more money than Google, Starbucks, Nike, and the NFL combined.
• The Superbowl is commonly known as the single largest human trafficking incident in the U.S.
• 80% of victims are women and girls.
• 50% of trafficked victims are underage.
• 12-year-old boys are the most sought after.
• 88% of victims seeking healthcare go undetected.
• The average life span of a HT victim is only 7 years.
Where Does Trafficking Occur?

World Wide Human Trafficking Statistics

- 12% Misc.
- 10% Ag.
- 5% Factories
- 46% Prostitution
- 27% Domestic Servitude

14,500 - 17,500 Estimated number of people trafficked in the United States each year.

50% of people trafficked into the United States each year are children.

800,000 people are trafficked worldwide each year.

The East Asia/Pacific region accounts for the greatest number of trafficked persons into the United States.

Victims can be ANYONE from ANYWHERE
Who are the Most Vulnerable

- Immigrants
- Displaced by War
- Homelessness
- Mental Health
- Substance Abuse
- Domestic Violence
- Child Sexual Abuse
- LGBTQ
- Doesn’t “Fit In”
Who is Doing the Work?
Who are the Traffickers?

- These are people who *exploit others for profit*.
- Any demographic, individuals, and groups.
- Male or female.
- Foreign nationals or U.S. citizens, family members, partners, acquaintances, and strangers.
- Can act alone or as part of an organized criminal enterprise.
- Pimps, gang members, diplomats, business owners, labor brokers, and farm, factory, and company owners.
Trafficker Tactics

- Food
- Housing
- Love
- Money
- Drugs
FORCE
- Physical harm
- Beatings
- Sexual assault
- Physical restraint
- Confinement
- Isolation

FRAUD
False promises of:
- Employment
- Working conditions
- Wages
- A better life
- Relationship

COERCION
- Psychological Abuse
- Threats against victim or another person
- Manipulation
- Physical and Psychological Isolation
- Threat to report victim to immigration authorities or law enforcement
- Document confiscation
- Blackmail
How Traffickers Reach Our Children
Routes of Sex Trafficking
Identification
Human Trafficking

1. Clinical presentation and oral history don’t match up
2. Oral history is scripted, memorized or mechanical
3. Someone with the patient exerts an unusual amount of control over the visit
4. Patient appears fearful, anxious, depressed, submissive, hyper-vigilant or paranoid
5. Patient is concerned about being arrested or jailed
6. Patient is concerned for his/her family’s safety
7. Evidence that care has been lacking for prior or existing conditions
8. Tattoos or insignia’s indicative of ownership
9. Occupational-type injuries or physical ailments linked to their work
10. Sexually transmitted infections

10 Red Flags that Your Patient Could be a Victim

Hospitals Against Violence

Resource adapted from materials developed by Catholic Health Initiatives.
Examples of Tattoos

- Barcodes
- Crown
- Property
- Serial number
- Money
- Identifier

Sex Trade
- Pimps often tattoo their slaves to mark them as property.
- Tattoos often affiliated with sex trafficking include Crowns, Money, Barcodes, and even the pimp's name.
### Physical Health Indicators
- Signs of physical abuse or unexplained injuries
  - Bruising
  - Burns
  - Cuts or wounds
  - Blunt force trauma
  - Fractures
  - Broken teeth
  - Signs of torture
- Neurological conditions
  - Traumatic brain injury
  - Headaches or migraines
  - Unexplained memory loss
  - Vertigo of unknown etiology
  - Insomnia
  - Difficulty concentrating
- Cardiovascular/respiratory conditions that appear to be caused or worsened by stress, such as:
  - Arrhythmia
  - High blood pressure
  - Acute Respiratory Distress
- Gastrointestinal conditions that appear to be caused or worsened by stress, such as:
  - Constipation
  - Irritable bowel syndrome
- Dietary health issues
  - Severe weight loss
  - Malnutrition
  - Loss of appetite
- Reproductive issues
  - Sexually-transmitted infections
  - Genitourinary issues
  - Repeated unwanted pregnancies
  - Forcible or pressured abortions
  - Gential trauma
  - Sexual dysfunction
  - Retained foreign body
- Substance use disorders
- Other health issues
  - Effects of prolonged exposure to extreme temperatures
  - Effects of prolonged exposure to industrial or agricultural chemicals
  - Somatic complaints

### Mental Health Indicators
- Depression
- Suicidal ideation
- Self-harming behaviors
- Anxiety
- Post-traumatic stress disorder
- Nightmares
- Flashbacks
- Lack of emotional responsiveness
- Feelings of shame or guilt
- Hyper-vigilance
- Hostility
- Attachment disorders
  - Lack of or difficulty in engaging in social interactions
  - Signs of withdrawal, fear, sadness, or irritability
- Depersonalization or derealization
  - Feeling like an outside observer of themselves, as if watching themselves in a movie
  - Emotional or physical numbness of senses
  - Feeling alienated from or unfamiliar with their surroundings
  - Distortions in perception of time
- Dissociation disorders
  - Memory loss
  - A sense of being detached from themselves
  - A lack of a sense of self-identity, or switching between alternate identities
  - A perception of the people and things around them as distant or unreal

### Social or Developmental Indicators
- Increased engagement in high risk behaviors, such as running away or early sexual initiation if a minor
- Trauma bonding with trafficker or other victims (e.g. Stockholm syndrome)
- Difficulty establishing or maintaining healthy relationships
- Delayed physical or cognitive development
- Impaired social skills

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Remember, these people have been TRAUMATIZED!

They may react in unexpected ways

**Use a Trauma Informed Care Approach**
Connecting With Our Patients

What to Ask?

How to Say It?

Why is it Important?
How to get the patient alone to ask the questions?

Be Creative!

- Billing questions
- Urine Specimens
- X-ray or Other Diagnostics

If You Need Law Enforcement

Just Do It!
The “Blue Dot” System: A Discreet Process
How Patients Can Notify AAH Team Members That They Need Our Help

Situation
Patients who are being human trafficked or in other violent situations may have difficulty expressing their need for help if they are with the individual who is either their “handler” or their abuser.

Background
The “Blue Dot” system is a great way for patients to ask for help non-verbally. The patient can put a blue dot onto their urine cup, or they can simply hand a blue dot to an AAH team member.

Assessment
The AAH System Human Trafficking Steering Team is working to get the following clinical areas (at a minimum) to utilize the “blue dot” system in patient washrooms:
- Emergency Departments
- Urgent and Immediate Cares
- Labor and Delivery
- Testing Centers: Radiology, Lab, and other Diagnostics

Recommendation
What to do when you are given a “blue dot”.
Clinical team members should immediately escort the patient to a DIFFERENT room for safety if the patient has someone who accompanied them to their visit in that treatment room.
Non-clinical team members should tell the patient to wait in the washroom for a moment until they can immediately alert the RN, Technologist, et al to take the patient to a different room for their safety.
All discussions with the patient MUST be done in private. If the person who accompanied the patient is causing a disturbance of any kind or there is a need to have them escorted out, contact Public Safety or your local Police Agency for immediate assistance.

Examples of Washroom Displays
Are you safe?
Have you ever been tricked/trapped in an unwanted job or situation?
- Yes
- No
- Declined to answer
- Don't know

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. Have you ever experienced this, or are you in a situation where you think this could happen?

Have you ever been forced to do something to repay a personal debt?
- Yes
- No
- Declined to answer
- Don't know

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 have difficulty paying because of the debt. Have you ever experienced this, or are you in a situation where you think this could happen?

Have you ever stayed in a dangerous situation to protect someone?
- Yes
- No
- Declined to answer
- Don't know

Sometimes people do unfair, unsafe, or even dangerous work or stay in dangerous situations because if they don’t, someone might hurt them or someone they love. Have you ever experienced this, or are you in a situation where you think this could happen?

Have you ever been denied possession of your own ID by someone else?
- Yes
- No
- Declined to answer
- Don't know

Sometimes people are not allowed to keep or hold on to their own identification or travel documents. Have you ever experienced this, or are you in a situation where you think this could happen?

Have you ever had someone prevent you from contacting family, friends, or traveling?
- Yes
- No
- Declined to answer
- Don't know

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. Have you ever experienced this, or are you in a situation where you think this could happen?

Have you ever been forced to live at work or somewhere dictated by a person in charge?
- Yes
- No
- Declined to answer
- Don't know

Sometimes people live where they work or where the person in charge tells them to live, and they’re not allowed to live elsewhere. Have you ever experienced this, or are you in a situation where you think this could happen?

Have you ever been forced to lie about the work you do?
- Yes
- No
- Declined to answer
- Don't know

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’re doing or will be doing?

Have you ever been forced or threatened to make money for someone else?
- Yes
- No
- Declined to answer
- Don't know

Sometimes people are hurt or threatened, or threats are made to their family or loved ones, or they are forced to do things they do not want to do in order to make money for someone else or to pay off a debt to them. Have you ever experienced this, or are you in a situation where you think this could happen?

Concern for Abuse/Neglect:
- New injuries
- Old injuries
- Inconsistent history
- Human Trafficking

Risk for Human Trafficking

If the client/patient answered YES to any of the questions, this may indicate a risk for current, former, or future trafficking. If you feel this individual is at risk, or is being trafficked, discuss referral options, including possibly reporting to the appropriate authorities trained on human trafficking. Ask, “do you want additional resources or information?” For assistance with referrals or other resources, please contact the National Human Trafficking Hotline: 1-888-373-7888, 24/7 (200 languages).
You think your patient might be trafficked
• Take a moment for yourself

• Keep your voice in low tones & volume

• Don’t call attention to the situation

• Ask for assistance
### Human Trafficking Victim – Initial Disclosure or First Suspected

**Emergency Department**

If a patient is suspected to be a victim of Human Trafficking, notify the charge nurse in charge of the department such as the Nursing Manager as the discovery is made.

All patients should be assessed using a trauma informed care approach privately and without anyone else in the room, utilizing the abuse/neglect screening tool that leads into the Human Trafficking screening questions and the (02) red flag warning signs. (see appendix)

Visitors, family members, or friends of the patient will not be allowed to be present in the room. This individual could potentially be the abuser, handler, or trafficker. The following tactics may not be utilized to separate them from the patient:

- Escort the patient to the restroom under the guise of obtaining a specimen to have the discussion and or assessment screening there
- Collaborate with the diagnostic imaging department using the guise of an x-ray, CT scan, or ultrasound to have discussion/assessment there
- Send the “friend or family” to speak with registration about billing questions

If there is an immediate safety concern for the patient or the staff, contact public safety for support and possible law enforcement involvement

The RNs will utilize an additional document to enter into the EMR so that the ED OR HP Handoff Document Tool will reflect the AB/Neg screens of these patients.

Interventions relaid to Social Work or Care Management have been entered.

Upon discovery, the RN or designee will direct registration to make the patient “Anonymous and Confidential” within the EMR to protect their privacy and ensure their physical safety.

The RNs will enter a Social Work or Care Management patient referral via the interventions listed in the Abuse/Neglect Assessment tool. Social Work or Care Management can be chosen based on hospital resource availability.

Multidisciplinary, a telephone call should be made to the Crisis Team, Social Work, Forensic Nurse, and Care Management to expedite notification and provide clear communication regarding the situation and the care required.

The Crisis Team, Social Work, Forensic Nurse, and Care Management, will use the REAMR (Privacy, Education, Assisting, Reconciling, and Responding) tool to consult a thorough interview of the patient and will document statements made by the patient in the EMR.

Determine the immediate medical needs of the patient and provide those interventions and treatments.

### Human Trafficking Victim – Initial Disclosure or First Suspected Continued...

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<tr>
<th>Emergency Department</th>
<th>Inpatient Nursing Units</th>
<th>Immediate &amp; Urgent Care Centers</th>
<th>Ambulatory, Outpatient, &amp; AMG OES Site</th>
<th>Ambulatory, Outpatient, &amp; AMG ON Hospital Campus</th>
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**The Patient ACCEPTS Referral to Treatment**

The Physician or RN calls the closest AAH ED MD or the ED Charge RN to provide a thorough patient handover report.

The Physician, RN, or other team member in charge, will contact the ED Charge RN to discuss the situation.

A warm handover referral will be completed by the multidisciplinary team member linking the patient directly with a Human Trafficking Agency service provider(s) through a personal introduction, creating a sense of safety for the patient so they may be willing to accept help with services such as transportation, housing, counseling, and legal services.

Transport the patient via ambulance or by police to the closest AAH Emergency Department for further medical treatment such as Sexual Assault, behavioral and or crisis intervention, and referral to a Human Trafficking Agency.

**The Patient REFUSES Referral to Treatment**

The team member who is discharging the patient (or a designee) will give the patient site specific community resources and human trafficking agencies. Many of these resources are included on the AAH site’s “she card” for the patient to discreetly keep the information inclusive of one or more below:

- National Human Trafficking Resource Center 888-373-7888 (See appendix)
- Selah Freedom 24/7 Hotline 888-8-E-FREE-ME (See appendix)
- Salvation Army Stop It (See appendix)

If the patient was Labor Trafficked, provide resources for the National Human Trafficking Resource Center (See appendix)
Site Specific Direction

Advocate Good Shepherd Hospital
Human Trafficking Algorithm

The patient is suspected to be or has divulged to be a victim of Human Trafficking.

If needed, refer to the "10" red flags of Human Trafficking.

If the patient is 18 years of age or older, the decision to report to Law Enforcement or not remains with the patient. The priority is SAFETY, and we need the consent of the individual.

Immediate notification of the PEO, Charge RN, Manager or the nursing supervisor.

Contact Care Management and / or Social Work.

Social work uses the PEAR Tool to conduct the assessment interview.

All patients MUST be assessed in PRIVATE regardless of age. No one else is to be present.

If the patient was sexually exploited.

Determine if the patient was labor Trafficked.

Follow Sexual Assault Policy and Procedures.

Provide resources such as, the National Human Trafficking Hotline 888-373-7888.

Discharge Planning Resources from Care Management and Social Work.

A Warm Handover referral will be completed by the multidisciplinary team member linking the patient directly with service providers (human trafficking agencies) through a personal introduction, creating a sense of safety for the patient in order for the patient to be willing to accept help with services such as transportation, housing, counseling, and behavioral health and legal services.

AAH Immediate and Urgent Care Centers
Human Trafficking Process Guide

The patient is suspected to be or has divulged to be a victim of Human Trafficking.

If needed, refer to the "10" red flags of Human Trafficking.

Decisional Adult 18 & older

If the patient is 18 years of age or older, the decision to report to Law Enforcement or not remains with the patient. The priority is SAFETY, and we need the consent of the individual.

Immediately notify the Coordinator or Manager of situation.

Mandated Reporter Situations to Contact Specific Agency or Law Enforcement.

Separate patient from accompanying "friend or family" member.


Escort patient to the washroom to obtain a urine specimen.

Send "friend or family" to speak with Registration about billing questions.

Escort patient to X-ray even if patient may not need this diagnostic.

Call Police PNR for support for disruptive behavior.

The patient does not return to original exam rooms. Place patient in different room or area to provide SAFETY.

A team member ALWAYS stays with the patient.

Accepts transport.

Transport patient to AAH Emergency Department for further medical TX such as Sexual Assault kit, Social Work intervention, and warm handover to a Human Trafficking Agency.

Refuses transport or help.

MD or RN calls local ED and gives patient report.

Police or EMS can transport to the ED.

MD or RN calls local ED and gives patient report.

If Social Work is available at the local hospital, try to connect patient and SW prior to patient discharge.

Try to connect patient by phone to a local Human Trafficking organization prior to patient discharge.

Provide resources such as resource card for local HT agencies and the National Human Trafficking Hotline 888-373-7888.
Practice makes perfect. After a long time of practicing, our work will become natural, skillful, swift, and steady.

You can’t get comfortable and confident unless you do something over and over
Simulation Lab
Proverbs 3:18
Speak Up for Those Who Cannot Speak for Themselves

- Use All of Your Senses
- Compassion and Understanding
- Ensure Safety
- Take Action