

Identification of Human Trafficking Victims in a Clinical Setting

Course Description:	The purpose of this course is to raise awareness among clinicians of the pervasiveness of the human trafficking industry. Identifying potential victims during triage can assist with patient communication and data collection to assist law enforcement.
Target Audience:	Clinicians triaging patients in retail, ambulatory and volunteer clinics and health system emergency departments.
Course Objectives:	Upon completion of this course, participants will be able to: <ul style="list-style-type: none"> • Discuss the sex industry and how individuals become victims of human trafficking. • Identify signs of a potential sex trafficking victim in a person seeking medical care. • Describe interventions to include in the treatment and discharge plans.

Course Agenda

Module	Topics
Human Trafficking Industry Overview	Definition of Sex Trafficking Supply Demand
Clinical Triage and Treatment	Care Settings and Triage Treatment Interventions Trauma Informed
Supporting Sex Industry Counter Measures	Reasonable Expectations of Yourself Documentation Trauma Bond Syndrome Health Information Exchange Data Collection Technology
Test your Knowledge	Evaluation
Appendix	Additional Resources
Glossary	Glossary of Terms

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Human Trafficking Industry Overview

“ Human trafficking” is a broad term that encompasses recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or commercial sex acts through the use of force, fraud, or coercion. Sex trafficking disproportionately affects women and minors. Sex trafficking has devastating consequences for victims, including long-lasting physical and psychological trauma, disease (including HIV/AIDS), drug addiction, unwanted pregnancy, malnutrition, social ostracism, and even death¹. Sex trafficking is a criminal activity requiring prosecution of perpetrators and protection of victims. The commercial sex trade is pervasive and lucrative worldwide, despite being illegal in the U.S. and in most countries around the world. Cases of human trafficking are found in all fifty (50) states².

Human trafficking and prostitution are not the same. Both trades are similar in that they are exploitative. The main distinction between the two is that in sex trafficking the individual is forced, coerced, deceived and does not consent to commercial sexual exploitation. The following table provides examples to define Force, Fraud and Coercion.

Table 1: Examples of Force, Fraud and Coercion

Force	Fraud	Coercion
Involves physical restraint or serious physical harm, such as: rape, beatings, kidnap, torture, threat with a weapon, forced use of drugs, forced abortion, denial of medical care and physical confinement as a means to control the victim	Offers a better life by promising jobs in the modeling industry, nanny or service industry, yet forced into prostitution Misrepresents working conditions, falsifies documents, promises money and/or fakes a romantic relationship	Threatens serious bodily harm to self or family, photographs them in an illegal situation, abuses them verbally or psychologically, controls victim’s money, punishes them for misbehavior, and/or restrains them physically

A brief summary of the differences between victim’s exploited by prostitution and by sex trafficking are:

Table 2 Differences Between Prostitution and Sex Trafficking³

Prostitution	Sex Trafficking
Individual is generally aware of the type of work in which she will participate.	Individual is generally unaware of the type of work she will be doing. Involuntary

¹ U.S. State Department Trafficking Persons Report 2014

² United Nations Office of Drugs and Crime (UNODC)

³ Human Trafficking: The Role of the Health Care Provider by Tiffany Dovydaitis, RN and J. Midwife Women’s Health 2010; 55(5): 462-467

Prostitution	Sex Trafficking
(voluntary involvement)	involvement)
Individuals often work with a pimp.	Individuals ALWAYS have a trafficker or pimp.
Individuals commonly work in the same geographic location.	The trafficker commonly moves around victims to different locations.
Individuals are paid.	Individuals are generally not paid.
This activity maybe legal or illegal, depending on the jurisdiction.	This activity is ALWAYS illegal.
This activity does not involve force, fraud, or coercion.	This activity ALWAYS involves force, fraud, or coercion.

This course focuses on the identification of victims of human trafficking in the United States. Sex trafficking in the U.S. is a \$32 billion dollar industry annually. On average, a trafficker can make \$150,000 - \$300,000 annually, in cash, for one victim. Typically, a trafficker has more than one victim and the victims are not financially compensated. Victims can be male or female and of all ethnicities, but are typically female adults and minors. Children under eighteen (18) years of age constitute the largest group of trafficking victims in the United States⁴. Minors are preferred by both traffickers and customers, because they are viewed as innocent, easily controlled, manipulated, and less likely to have diseases. There are 293,000 U.S. youth annually at risk for commercial sexual exploitation⁵. American minors are referred to as domestic minors in sex trafficking (DMST).

Eighty percent (80%) of the cases the U.S. Department of Justice investigates involve U.S. citizens, not foreign nationals.⁶ However, 50,000 international women and children are transported into the U.S. from forty-eight (48) countries annually for sex trafficking. The foreign nationals are brought to the U.S. due to the profit margin of the American sex trade. A girl from Africa or Asia profits the trafficker \$10,000 in a non-industrial country and \$67,000 in an industrial country⁷. The profit margin is due to a variety of factors:

- The U.S. is the number one destination for child pornography⁸.
- The U.S. is second to Germany in the illegal sexual exploitation of women and children.
- Foreign woman and children are marketable due to their exotic attraction.
- There are brothels in the U.S. that serve language specific ethnic men⁹.

⁴ Shared Hope

⁵ US Department of Justice USDOJ.gov July, 2010 and FBI

⁶ Demand Abolition, Spring/Summer 2013 page 3 Huffington Post Impact July 5, 2014

⁷ Citizens for Community Values, Human Trafficking

⁸ U.S. State Department, 2009

⁹ Violence Against Women

Supply

Victim Profile

Traffickers recruit victims locally by targeting high-risk groups, such as runaways, homeless, physically and mentally disabled persons. Traffickers contact victims through:

- Internet-telephone chat lines, social media
- Schools, malls, bus stations, local streets, parties, clubs
- HIV/AIDS prevention outreach centers, hospital clinics
- Child welfare systems, juvenile and criminal justice system
- Churches, housing shelters, social service and ethnic and cultural community centers¹⁰

Fifty-five percent (55%) of victims were from foster care and eighty-two percent (82%) ran away from home multiple times.¹¹ Lesbian, gay, bisexual, transgendered and queer (LGBTQ) are especially vulnerable to being trafficked, because they comprise twenty (20%) to forty percent (40%) of the homeless population¹². Thirty-eight percent (38%) of minors identified sexual abuse as the reason for leaving home¹³. One out of three runaway teens will be lured into the sex industry within forty-eight (48) hours of being on the street. To survive on the streets, the minor may engage in survival sex, yet does not view this act as prostitution. She or he is only doing what is necessary to survive¹⁴.

“Commercial Sex Exploitation of Children.” (CSEC) is another term used to identify the victim is a minor. Teen prostitute implies that there was a choice to become a prostitute; they were not a victim who was recruited into the industry.

Idea in Brief

Traffickers target vulnerable women and youth: runaways, (LGBTQ), homeless, foster homes, physically and mentally disabled, sexually abused as child, and unstable family life.

The average age of girls entering the commercial sex industry is eleven (11) to fourteen (14).¹⁵ Eighty (80%) to ninety percent (90%) of these victims experienced previous sexual assault as a child. According to national statistics, children who are sexually assaulted early in life are four (4) times more likely than their peers to be targeted for a second assault. Nationally, ninety-five percent (95%) of teen prostitutes were victims of earlier child sexual abuse¹⁶. The average entry age for a boy into the commercial sex industry is eleven (11) to thirteen (13) years of

age. The ratio of girls to boys forced into the commercial sex industry is 1,356 girls to thirteen (13) boys (1,356 girls: 13 boys)¹⁷. Boys are victims of trafficking, yet they are an invisible population because women and girls are the focus of most anti-trafficking movements¹⁸. Generally, boys are not closely screened for trafficking by law enforcement or health care professionals, because males are viewed as perpetrators and

¹⁰ Shared Hope

¹¹ Darkness to Light

¹² www.state.gov June, 2014 Trafficking Persons' Report

¹³ Center for Family Justice www.cwfefc.org

¹⁴ Isaac, Solak and Girando

¹⁵ Shared Hope and FBI.gov

¹⁶ www.Missey.org

¹⁷ Shared Hope

¹⁸ John Jay College of Criminal Justice JJIE.org

females viewed as victims. Boys who are trafficked are viewed to be gay, yet most are heterosexual involved in survival sex. The John Jay College of Criminal Justice study of 2008 reported fifty percent (50%) of trafficking victims in New York were boys who were U.S. citizens

Characteristics of Sex Trafficked Minor

Identifying characteristics of a domestic minor of sex trafficking are:

- Poor school attendance
- Under eighteen (18) years old and dating older men
- Multiple people living in a house
- Possess false identification and lie about actual age
- Possess a hotel key and large amounts of cash, jewelry and new clothes or may have no cash

Minors are vulnerable and easily exploited. The trafficker meets the minor's physical and emotional needs. Often, the predator trafficker is patient and invests a great deal of time listening to the child's problems and become a trusted resource. The trafficker assumes the parenting role. The child seeks the trafficker's advice. The trafficker promotes intra-familial rifts alienating the child from their family. They isolate the minor from their friends. They declare their love for the minor and create an emotional dependence and infatuation simultaneously. They break down their victim's natural resistance by buying them gifts, providing a safe place to stay, and most importantly, promise a loving relationship before revealing their true intention. The trafficker will introduce the idea of prostitution as a way the minor can contribute to this new relationship. Traffickers ensure loyalty and obedience through praise and abuse to cause the child to work for his affection¹⁹.

I was 14 years old and the way the pimp came at me was that first I didn't even know that he was a pimp. He came at me like a boyfriend. Yes, he was an older boyfriend but he cared about me...6 months later he told me 'Let's run away together. We can have a beautiful house and family.' And I did believe him, and we ran away and then the story changed and I met the other girls that he had in his stable. And I had to go out every night and work the streets—the alternative was to be gang raped by a group of pimps while everyone watched. — Domestic Minor Sex Trafficking Survivor, February 2006 Shared Hope

The trafficker seasons the minor by normalizing sexual behavior. They often expose them to pornography to desensitize them to sexual behavior. They will beat, torture or starve the child to force obedience. Minors are left in basements for days or in the trunks of cars to break them down to obey the trafficker. Some traffickers force alcohol and drugs on the minor to control them. The trafficker will rename the girl to a street name to aid in the loss of her identity. The trafficker keeps the victim isolated from family and friends and limits their contact with outsiders, in order to establish her only value is as a sex worker. The child truly believes the trafficker loves and cares for her. Through the experience of violence, threats, isolation, beatings and drug addiction, the

¹⁹ Commercial Sexual Exploitation of Children Fact Sheet

women or children feel trapped and powerless. The victim is unable to build a social network and is dependent on the trafficker. The victim is groomed to distrust everyone. They have a blind loyalty to the trafficker. The victim fears law enforcement and authority. They do not view themselves as being commercially sexually exploited. They do not view themselves as a victim or ask for help. Our job as health professionals is to identify a victim. However, to set reasonable expectations for yourself as a healthcare worker, even though a victim is identified by a health professional and participates in their rescue, the victim often returns to life with trafficker.

Trafficker Profile

Traffickers are identified as U.S. citizens²⁰. Recruiters are family members, relatives, boy friends, friends at school, gang members, organized crime and anyone who wants to exploit another for profit. Data collected from NCMEC indicated that parents, neighbors, friends, babysitters, or relatives exploited sixty-nine percent (69%) of child pornography victims²¹. There are two styles of traffickers: the Romeo and the Gorilla approach to grooming a victim. The Romeo trafficker plays the role of a boyfriend initially then demands the victim engage in prostitution. The Gorilla approach uses intimidation, violence, gang raping, forced viewing of pornography and ingestion of drugs or alcohol in order to control the victim. The "bottom bitch" is the female who is trusted by the trafficker. She has been with the pimp a long time and has earned his trust. She will collect the money and keep the victims in line and not let them return to shelter until quotas are met. She will inform the trafficker of unacceptable behavior by victims and he will execute consequences to the victim, which is often beatings and rape.

The U.S. highway system allows the trafficker to move the victim around the country, enabling the trafficker to bring fresh girls to a new location every few weeks. A trafficker can travel from Chicago to Milwaukee in less than two hours or travel from Chicago to Detroit in four hours. Often the victim is unaware of her location and has a lost sense of time. Insignificant details, such as the victim's unawareness of her location, can alert the nurse to ask for additional details during the history.

"When I started prostitution in Las Vegas at 14, we (pimp and victim) didn't stay in Vegas. We went to Washington, Illinois, Texas, Louisiana, Miami and we went to London. I was getting tired." Sex trafficking survivor March 2006 (Shared Hope)

Demand

John Profile

High demand enables traffickers to engage and remain in the lucrative business of sex trafficking. Johns are the term used for the customers of commercially sexually exploited women and children. Johns are the people in our communities. The customers are predominantly:

- Caucasian, middle class males

²⁰ www.houston.rr.org

²¹ Contemporary Pediatrics March 1, 2014 NCMEC: Missing Kids Come Home Feb 28, 2014

- Sixty percent (60%) are married or in long term relationships
- Employed full-time
- Appear to be a nice guy
- Respected member of society
- Educated
- Fathers

In addition to the common characteristics of johns, there is a category of johns who are pedophiles preying on children. Frequently, johns engage in sexual tourism and spread HIV/AIDS to young children. Men's attitude perpetuates the commercial exploitation of women and children. Men commonly view purchasing sex as a victimless crime. Men falsely perceive it as a service they pay for from women who choose this job of being raped over and over again.

Typically, women and minors are arrested for prostitution yet johns are not targeted and arrested by law enforcement. To stop the commercial exploitation of women and children, we need to enforce consequences for the johns. Our culture tends to inadvertently protect johns because of the following.

- There is no stigma for purchasing sex.
- Pimps are glamorized in popular culture.
- Pornography is pervasive and is a huge U.S. industry.
 - There is an eighty-five percent (85%) correlation between viewing child pornography and participating in actual sexual relations with children.²²
 - There is a correlation that pornography induces violence against women and children.
 - Violent and sadistic pornographic nature of sexual encounters has increased 432% from 2005-2009.²³
 - The exploitation of toddlers and infants is increasing online.
 - In 2006, world pornography revenue was \$97 billion dollars, more than the combined revenue of Microsoft, Google, Amazon, eBay, Yahoo, Apple and Netflix.
 - Pornography addiction creates changes in the brain that result in cerebral dysfunction collectively labeled Hypo Frontal Syndrome. Addiction to pornography damages the "braking system" of the brain resulting in impulsivity, compulsivity, emotional lability, aggression, poor judgment of future consequences and inability to inhibit inappropriate responses.²⁴
 - Anonymity of the Internet makes it easy to indulge in pornography and solicit women and children.

Access Points

Technology is the single most important facilitator driving the commercial exploitation of women and children in all countries. Technology increases ease of both distribution and

²² Bourke and Hernandez, ncbi.nlm.nih.gov, Hilton and Watts, Surgical International

²³ NCMEC

²⁴ Ncbi.nlm.nih.gov

access to pornography. Pornography is the primary gateway to purchasing commercial sex.

Women and children are trafficked and made available to consumers in:

- Strip clubs and cantina bars
- Escort services
- Pornography industry
- Massage parlors
- Hotels
- Residences
- Truck stops
- Street prostitution

Clinical Triage and Treatment

Care Settings and Triage

All medical, mental health professionals, law enforcement, personnel in the justice system, social service and needle exchange programs need to be trained to identify victims in the commercial sex trade. This is critical so law enforcement can begin trending and tracking perpetrators. Health care providers are often the only professionals to interact with trafficking victim while still in captivity. Emergency medicine residents, emergency department (ED) physicians and nurses and hospital social worker reported that only four point eight percent (4.8%) felt some degree of confidence in their ability to identify and treat a victim of sex trafficking²⁵. Victims can be encountered in many settings including:²⁶

- Hospitals and clinics
- HIV/AIDS prevention and outreach
- Child welfare system
- Juvenile justice system
- Schools
- Criminal justice system
- Churches
- Housing shelters
- All social services
- Ethnic and cultural community centers

However, the most common encounter with victims is when they present for medical care. The most common care settings are listed in the following table.

Table 3 Where Victims Receive Healthcare

Care Setting	Percentage of Frequency
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²⁵ Chisolm, Straker 2012

²⁶ Rescue and Restore www.dhs.state.il.us

Care Setting	Percentage of Frequency
Any contact with health care professional	87.8%
Hospital Emergency Department	63.3%
Clinics	51.1%
Planned Parenthood	29.6%
Community physician	22.5%
Urgent Care Clinic	21.4%
Community Clinic	19.4%
Women's Health Clinic	19.4%
Other	13.3%
Onsite physician	5.1%

Victims of human trafficking are not easily identified visually. Certain indicators, including injuries, history of substance abuse, non-verbal communication (fearful, anxious, intimidated, silent), signal a possible victim of human trafficking. Frequently, a trafficked victim is misclassified as a domestic violence victim. A person who appears to be their boyfriend/husband, when he is actually their trafficker accompanies the victim. It can be challenging to visually discern between the following:

- High-end escorts/prostitutes who may have a luxury hotel key, jewelry and fine clothes, so they do not appear like a sex worker
- College student rape victims
- Domestic violence victims
- Human trafficking victims

One or more potential similarities between the various types of victims are:

- Accompanied by a companion. Often a date rape victim is with a friend
Commercial sex trafficked victim is accompanied by a trafficker to keep control of the female
- Seeking the morning after pill
- Tattoos (trafficked victim type of tattoo differs)
- Medical history of an STD
- Medical history of an abortion
- Physical injuries due to the incident

Subtle characteristics that differentiate human trafficking victims from other types of sexual assault victims are:

- Location of tattoo on a sex trafficking victim: neck, chest, inner mouth, vulva, or lower back, as well as other places. Often, the trafficker's initials are tattooed on her identifying he owns and controls her.
- Date rape victim maybe bruised; trafficking victim have poly-trauma: old scars, lacerations, fractures, broken teeth, bald spots on the head from being dragged, strangle marks, cigarette burns and memory loss from head injuries.
- Poor hygiene and inadequate nutrition. Seventy-four percent (71.4%) of trafficking victims have an eating disorder.
- Medical history of multiple and recurring STDs
- Medical history of multiple abortions

- Emotionally unstable, high levels of fear and anxiety
- Greater mental health needs than victims of other crimes
- The clinical needs of one trafficking victim can take a nurse's time equivalent to twenty (20) domestic violence victims.

Treatment Interventions

As you prepare to care for the victim of the commercial sex industry, be aware that this patient will require a significant amount of time. Listen attentively and show kindness to them, because they do not experience genuine care. Be aware of your non-verbal body language, so you do not communicate judgment, disdain or disgust by what they share with you. The more open and non-judgmental the victim perceives you to be, the higher the chances of their honest disclosure. Getting the victim to communicate honestly during the history and physical will decrease the obstacles to help them. Ask questions and keep them engaged in talking. You want to establish a trusting relationship with the victim. Victims are pre-disposed to be distrustful, based on their experiences. Family, traffickers, service systems and others have betrayed them. Yet, make an effort to build trust, because they may return in the future.

Separate the victim from their belongings because a tracking device may be on their belongings. If you have any inkling that the victim has a tracking device on their person, interview them in an X-ray room. Provide a gown, which will enable the doctor to do a thorough physical exam. Interview them alone. When talking about sexual history, distinguish between consensual and non-consensual sex.

Most victims do not see themselves as commercially exploited individuals, so avoid asking them if they are a victim of sex trafficking. The screening questions will help identify a trafficked victim. Use age-appropriate language. When they use language that is not age-appropriate or references to "the life" of prostitution, document it. Samples of the vocabulary common to the industry are included in the following table.

Table 4 Vocabulary of a Victim

Terminology	Definition
The Life	The life of prostitution
Daddy	Refers to the trafficker
Family, stable or folk	Individuals under the trafficker's control
Caught a case	Victim or trafficker charged with a crime
Bottom bitch	Female trusted by trafficker who is supervising the victims
Choosing up	A different pimp takes ownership of the victim
Squaring up	Attempt to escape prostitution

When a victim is brought into a health care facility, traffickers will insist they remain with the victim throughout the clinic or hospital stay. The trafficker will attempt to speak for the victim. The trafficker wants to protect their investment and financial livelihood by not giving the victim a chance to report her situation or escape. The trafficker only allows medical treatment as a last resort for the victim, so the patient is usually an extreme case. The traffickers' presence in the room will silence the patient. Do not interview the victim in sight of the trafficker. Do not be surprised when you uncover inconsistencies with the physical evidence and the victim's story. She may not be able

to explain some of her injuries or the story may change. Due to grooming, fear, and intimidation, she will remain loyal to her trafficker and not disclose information that may place him in a questionable light. It will make it more difficult for you to establish a trusting relationship and acquire a detailed history with the trafficker in the room. The Romeo trafficker will manipulate and sweet-talk you in order to remain with the victim. The Gorilla trafficker will try to intimate and threaten you to remain with the victim. The bottom bitch will say she is her mother, aunt, sister or friend in order to stay with the victim. If they do not abide by hospital rules, be prepared to call security.

Screening questions that will be helpful in identifying a victim of human trafficking included²⁷:

- What type of work do you do?
- Are you being paid?
- Can you leave your job?
- Can you come and go as you please?
- Have you or your family been threatened?
- What is your working and living condition like?
- Where do you sleep and eat?
- Do you have to ask permission to eat/sleep/go to the bathroom?
- Are there locks on your doors/windows that you cannot unlock?
- Has your identification or documentation been taken from you?

In one study, fifty-seven percent (57%) of trafficked victims had twelve (12) or more concurrent health symptoms at the time of discovery²⁸.

Table 5 Concurrent Health Symptoms in Victims

Symptom	Percentage of Occurrence in Victims
Any physical health problem	99.1%
Neurological	91.7%
General health	86%
Injuries	69.2%
Cardiovascular/Respiratory	68.5%
Gastrointestinal	62%
Dental	54.3%

During the exam, you may observe signs of prolonged abuse on the victim’s body: bruises at different stage of healing, marks from beatings, burn marks, evidence of old fractures, head injuries and scars from being tortured. You may find evidence of prolong infection that could easily be treated with antibiotics. A victim will often pack her vaginal canal to block the flow of menstruation to avoid the john knowing she is menstruating, which results in infections²⁹. The patient may have urinary difficulties, pelvic pain, pelvic

²⁷ Rescue and Restore, HHS, “Look Beneath the Surface,” question card: U.S. Department of Health and Human Services website, 2006

²⁸ IPATH

²⁹ Isaac, Solak, Giarnado

inflammatory disease, pregnancy and rectal trauma, caused by working in the sex industry.

Most victims use drugs or alcohol to numb themselves from the daily experience of rape. Victims are sold an average of ten to fifteen (10-15) times daily, six (6) days a week totaling between 9,360 and 14,040 sex acts annually. The victims generally receive none of the money³⁰. Many victims are forced to take drugs or alcohol enabling the trafficker to control them. Eighty-four (84%) percent of victims abuse substances³¹.

Table 6. Substance Abuse in Victims

Substance Abuse	Percentage of Victims
Alcohol	59.8%
Marijuana	53.4%
Cocaine	50.5%
Crack Cocaine	44.7%
Heroin	22.3%
PCP	9.7%

When determining if a patient is a victim of commercial sexual exploitation, domestic violence, or a rape victim, discern using your clinical experience, intuition and objective facts to determine if they are a sex trafficked victim. Consult with other health professionals on your clinical findings and impression to determine if they are a victim. After addressing medical concerns, determine if law enforcement or social service should be contacted.

There are systems developed to help the health professional to engage a victim of sex trafficking. The two highlighted in this course are HEAR and TEAMSTAT³².

Table 7 System to Interview a Victim – HEAR

Letter	Action
H	Human Trafficking and Health Professionals
E	Examine, History, Examine Body, Examine Emotions
A	Ask Specific Questions <ul style="list-style-type: none"> • Is anyone forcing you to do anything you do not want to do? • Distinguish between consensual and non-consensual sex partners. • Can you leave your job or situation if you want? • Have you or your family been threatened if you try to leave?
R	Review options, Refer, Report

TEAMSTAT is another program that can assist the interview process. Approach the patient in a conversational tone in efforts to make them comfortable and build relationship. Ask questions to meet your immediate needs in order to treat them. Use language the victim understands. Before you begin the interview process:

³⁰ Polaris Project

³¹ IPATH

³² Isaac, Solik, Griando page 26

Table 8 System to Interview a Victim – TEAMSTAT

Letter	Action
T	Tell them your agenda.
E	Express concern.
A	Assure normalcy of feelings.
M	Discuss medical issues.
S	Explore safety concerns (e.g., family history, support, runaway tendencies).
T	Test and treat (e.g., STDs, pregnancy, prophylaxis, birth control).
A	Access appropriate psychological and legal assistance.
T	Provide timely follow-up: injuries, birth control, drug/alcohol use, and psychological issues.

After obtaining the history and prior to performing the physical exam, reduce their anxiety by giving the patient some control. Allow them to look at the instruments or touch the cotton tip of the applicator. Ask if they would like an advocate in the room with them. Tell the victim you will explain everything before it happens. Move quickly and gently through the physical exam. Be familiar with examination positions. Raise the head of the table, so they can see you and you can see them to gauge their reactions and anxiety level. Follow all exam protocol for victims of sexual abuse or assault with a rape kit. Gather evidence that will corroborate the victim’s story, if they are reporting an assault. Check for visible injuries and take pictures. Test for STDs, infections and pregnancy. Do not let them leave with anyone you suspect to be a trafficker. If you suspect the victim is a minor, call protective child services. After you perform the examination, let them change into their clothes before discussing results. Assist the patient in understanding the results of the tests. Make an appointment for follow-up³³.

When conducting your history and physical:

- Treat the patient in a room alone.
- Put a gown on the patient to enable a comprehensive exam.
- Treat the immediate medical needs.
- Treat STDs: gonorrhea, chlamydia and trichomoniasis.
- Treat bacterial/yeast infections.
- Diagnose and treat urinary tract infections.
- If possible, have a women perform the history and exam.
- Keep the number of staff interacting with the patient to the minimum.
- Ensure the environment is safe for you and the patient.

When interacting with a victim:

Table 9 Tips for Communicating with a Victim

Do	Don’t Say
We will do everything we can to keep you safe.	You are safe now.
We are not working with the individual who hurt	No one will hurt you.

³³ Nova.edu

Do	Don't Say
and took advantage of you.	
We are here because we want to do our best to help and protect you and your family.	Coming to us and working with us will help you.
The people who did this to you are criminals. You are mistreated and your rights are violated.	You are a victim, not a criminal.
Do not say this. Show them you are trustworthy.	You can trust me.
This comment inflicts blame.	We want to be sure this does not happen to anyone else.

In summary, characteristics of the patient's mental state and behavior to be attentive to are³⁴:

- Depression
- Dissociative reaction
- Unusual interest or disinterest in topics of a sexual nature
- Suicidal attempts/Ideation or cutting
- Anxiety/hyper alert
- Panic attacks
- Shame/Guilt
- Post-Traumatic Stress Disorder (PTSD)
- Hostility/Irritability
- Inability to state her location
- Lost sense of time
- No eye contact
- Interest in older men
- Accompanied by someone
- Substance abuse

Trauma Informed

Trauma informed means you are aware of the impact experiencing or witnessing trauma (violence) has on the brain, body and psyche of a victim. Sixty percent (60%) of survivors of sex trafficking suffer from PTSD. Brain studies of individuals with PTSD demonstrate measureable changes in the three areas of the brain: the hippocampus, amygdala, prefrontal cortex and dysregulation of the neurochemical system impacting the release of norepinephrine and cortisol.

An individual's brain has not completed its growth until the twenties. Young victims who have experience rape as a child and enter the commercial sex industry at eleven to thirteen are repeatedly raped, have poor nutrition, hormonal influence, lack of sleep and the complicating factors of illicit drugs and alcohol abuse on brain development. You may be evaluating them as they are withdrawing from an illegal drug. Hostility, a flat affect, or appearing unconcerned are survival strategies.

³⁴ DeChesnay Behavioral Symptoms

Case Study

An 18-year-old female presented to the ED with a vague complaint of back pain for several days. She arrived with an “older” man who appeared to be her boyfriend. She was wearing a tank top and a short skirt. She had several tattoos.

While she gave her HPI, the man she was with often interjected and answered for her. It was explained that she had had this back pain before and it felt like her normal pain. When the patient did speak, her speech was pressured and she appeared to be in a hurry. She asked for a shot of pain meds and Percocet for home.

Her physical exam was performed while she was in her clothes. There was no evidence of neurological deficit. The medical record confirmed she had been there before with back pain. The man was in the room for the entire history and exam. The patient was given pain medication and sent home. She had no PCP; she was given the referral line.

Two days later, the “boyfriend” drove an SUV up to the ambulance bay, pushed the patient out of the car and drove away. The patient appeared blue and was minimally responsive. Resuscitative efforts were performed, but she was unable to be resuscitated.

On coroner exam she was noted to have several bruises to her low back, upper thighs and chest wall. She had a retained “makeup sponge” in her vagina with a large amount of pus present. She had a man’s name tattooed across her lower left breast. There were various sites of what appeared to be cigarette burns to her abdomen and inner wrists.

www.acoep.org

Yellow Flags:

- Older boyfriend, tank top and short shirt, and tattoos.
- Man answered questions asked of her. Her hurried answers might reflect anxiety and fear.
- Just wants pain medication not resolution of previous and present pain.

What health care provider will do differently?

- Examine her alone. Ask the boyfriend to leave the room. Inform the boyfriend you want the patient to answer the questions.
- Examine her in a gown. He would have seen tattoo marks with male name on it; cigarette burns to abdomen and inner wrists.
- What was the previous diagnosis? What were her previous symptoms?
- What was other clinician’s impression of her last visit?

While a victim is in captivity they have an average of nine encounters with a health care provider. They are rarely identified as a DMST. They are believed to be a victim of intimate partner abuse. Personnel in two emergency departments were surveyed: twenty-eight (28) attending's, thirty-four (34) residents, six (6) PA's and twenty-three (23) nurses. Seventy-six (76%) knew about it, and twenty-nine percent (29%) thought it was a problem in their Emergency Department. www.acoep.org, Chisolm, Stike, and Richardson, 2007. Twenty-two (22%) were confident in their ability to treat a victim. Six (6%) had knowingly treated a victim in their emergency department. Thirteen percent (13%) felt confident they could identify a victim. Only three (3%) had ever received training on recognizing the crime. www.acoep.org

Supporting Sex Industry Countermeasures

Reasonable Expectations of Yourself

Your safety is paramount. Traffickers are known to be violent. Do not underestimate a trafficker's ability to intimidate or create an unsafe setting for you. If they accompany the victim to a health care facility, do not approach the victim alone. Approach the victim and trafficker with another health care professional present. Your safety is the first concern. If for some reason you do not feel safe, trust your intuition and do not proceed with clinical care until security or law enforcement has secured the setting. During the interview or treatment process, if something alarms you regarding your safety, stop what you are doing and seek help.

- Keep yourself safe.
- Build a trusting relationship with the victim, as you are able.
- Be medically competent.
- Provide for immediate needs. (Clinical, food, drink)
- Is trauma informed to avoid re-victimizing victim.
- Be aware and prepared to provide a list of local resources.
- Provide resources to the victim if it does not place her at risk with the trafficker: National Human Trafficking Resource Center. 1-888-373-7888. Text: Be Free: 233733
- Expect they will return to the industry.

Documentation

Documentation of your encounter with the patient is very important. The victim may be rescued from the trafficker at a future time and your records maybe used in court to prosecute the trafficker. Considerations when documenting your report are:

- Document the time between when the abuse occurred and the time of the examination.
- Describe the patient's demure.
- Place quotation marks around what the patient says.

- Do not write, "Patient alleges."
- Do not refer to the perpetrator of the abuse with terms used by victim like "boyfriend."
- Victims often lie to protect their trafficker at their own expense. When the patient's story does not align with the injuries, document the reason for the difference in your clinical observation; i.e., the patient states that she fell down the stairs but the injuries are inconsistent with falling down the stairs. The injuries are consistent with an impact with an object and not a fall.

Trauma Bond Syndrome

It is a challenge for the health care professional to understand when a victim of commercial sex exploitation is offered a way out of the industry yet chooses to stay with the trafficker. Understanding the victim's history prior to captivity helps us understand the trauma bond syndrome. Many of the victims come from a dysfunctional family system where they experienced intermittently abusive relationships with a parent. An intermittent abusive relationship becomes their normal model for future relationships³⁵. The trafficker is one of the first people who have shown affection to her. He initially treats her as a girlfriend then requires her to prostitute herself and if she does not cooperate he becomes violent and abuses her.

A trauma bond develops in abusive relationships that have unequal power dynamics and intermittent good and bad treatment delivered to the powerless partner³⁶. The abuser's goal is to have power and control over the victim. He convinces the victim she is not good, deserves the bad treatment and she cannot live without him. He isolates her from social supports that would tell her differently.

The victim idealizes the aggressor and dissociates when the trauma and terror occur; after the incident, the memories of the abuse are not remembered. During the terror, neurochemicals are released in the brain to assist in fighting, fleeing or freezing to deal with the traumatic event. The victim is in a constant state of fight, freeze or flight response, which becomes their new normal neurochemical state of the brain.

As noted previously, the victim often views the aggressor as her boyfriend and does not identify herself as a victim of sex trafficking. She is told law enforcement will arrest her and she trusts no one. The victim is physically, emotionally and financially dependent on the trafficker. Based on her early personal and family experience, the trafficker's "love" is all she knows.

The reality is you may be unable to assist in removing the victim from the commercial sex trade the first time you engage her. She may not be ready to leave the industry. You can treat her lacerations, infections and advise her to seek treatment and provide community resources. If the victim is able to leave the industry and receive aftercare, she is psychologically and neurologically wired to be drawn to patterns of experiencing

³⁵ Healing-Arts.org

³⁶ Dutton and Painter, 1993

intense feelings associated with terror followed by calm and peace making it difficult for her to form meaningful relationships. 37

If you are able to remove the victim from the trafficker, she will need a multi-team approach to begin her healing. Nationally, there is a lack of safe and appropriate housing for victims. Victims are usually placed in detention centers, where they are re-traumatized and incarcerated for being a victim, even if they were placed there for their own safety. Victims may be placed in homeless or domestic violence shelters where their specific needs may not be met. Partnership among agencies is essential in caring for the recovery of a commercially exploited victim. Recovery can be a life-long process of integrating her experience. Below is a list of her ongoing needs during recovery.

- Housing (emergency, short-term and long-term)
 - Safety planning
 - Medical treatment
 - Substance abuse treatment
 - Treatment for major trauma, depression, or post-Traumatic Stress Disorder
 - Education needs (basic education GED and vocational education)
 - Employment assistance (Job training, job placement, career coaching)
 - Individual and/or group mental health services
 - Linkage and referral to other social services
 - Legal services (Immigration attorney if not a U.S. citizen)
 - Assistance dealing with law enforcement
 - Assistance dealing with and testifying against pimps/traffickers
 - Services to develop healthy non-sexual relationships with adults
- Rescue and restore (www.dhs.state.il.us)

Health Information Exchange: Data Collection Technology

The victim may rotate between emergency departments and clinics throughout her time in the industry to get her emergent health care needs met. Health information exchange is the aggregation of clinical data between participating providers in a community, regional, state or national market.

Participation in health information exchange enables trending of diagnoses and visit history across participating providers. With health information exchange, authorized clinical and law enforcement organizations can use the data to track a victim's use of health care facilities, which in turn can help pinpoint sex trafficking rings in the area. Running analytics uncovers trends that can be used as countermeasures to human trafficking. Health information exchange relies on accurate data capture for modeling analytics. Data capture begins in the patient interview room during the history and physical with you.

- Just like at the airport, "If you see something, say something."
- How do you better inform case managers and discharge planners?

³⁷ Healing-Arts.org

There is no best practice for treating victims of sex trafficking. Trust your instincts. The research is evolving and the clinical research is non-existent though there are best practices to treating a variety of the conditions the victim will present with upon arrival into a health care setting.

In summary, triage and treat immediate complaints. Focus on what you can do for the victim. Collect data that will be used to create best practice for trafficked victims. Have realistic expectations, you will not likely rescue them from the industry, but you can help them. Support law enforcement enabling them to do their job. Be informed of this 21st century issue that is occurring worldwide.

Test Your Knowledge

The following questions evaluate your understanding of the content in each of the modules against the course objectives.

Table 10 Evaluations

#	Question	Answer
1.	<p>The difference between human trafficking and prostitution are:</p> <ol style="list-style-type: none"> 1. There is no difference between prostitution and human trafficking. 2. The presence of force, fraud or coercion is a factor in entry into commercial sex trade. 3. Force, fraud and coercion does not need to be proven with a minor. 4. Answer 2 and 3. 	<p>4. The presence of force, fraud and coercion is a factor in entry into commercial sex trade. Force, fraud and coercion do not need to be proven with a minor.</p>
2.	<p>How do traffickers recruit victims?</p> <ol style="list-style-type: none"> 1. A family member may recruit another family member or relative. 2. Through the internet. 3. Recruited locally from high schools, bus stations and malls. 4. All of the above 	<p>4. All of the above</p>
3.	<p>The average age of entry of a girl recruited into the commercial sex trade is 12-14 years of age. The average age boys are recruited is</p>	<p>True</p>

#	Question	Answer
	between 11-13 years old. True False	
4.	There are more foreign nationals trafficked than US citizens. True False	False There are 293,000 U.S. youth at risk for being commercially exploited.
5.	Factors identifying a commercially exploited victim. 1. Is regularly paid for prostitution. 2. Does not get paid for services. Is not free to come and go. Numerous absences or not attending school 3. Is free to come and go as she pleases. Is supported by friends and family. 4. Poly trauma; lacerations, burns, head injuries, fractures, STD's, pelvic problems, symptoms of PTSD. 5. 2 and 4	5 2 and 4: Does not get paid for services. Is not free to come and go. Numerous absences from school. Poly trauma: lacerations, burns, head injuries, fractures, STD's, pelvic problems, and symptoms of PTSD.
6.	Factors that place a youth for being at risk for being recruited into the commercial sex industry. 1. Runaway, homeless, LGBTQ. 2. Previous sexual assault or abuse. 3. Unstable family 4. Physically and mentally disabled. 5. All of the above.	5 All of the above: Runaway, homeless, LGBTQ. Previous sexual assault or abuse. Unstable family Physically and mentally disabled.
7.	Pornography is the gateway to prostitution. True False	True
8.	Key questions to ask a patient to screen for being commercial trafficked are:	5. All but answer 1.

#	Question	Answer
	<p>1. Are you being trafficked?</p> <p>2. What type of work do you do? Are you paid for your work? Can you leave your job if you wanted to? Have you or your family been threatened?</p> <p>3. Can I speak to the person who accompanied you to the health care facility?</p> <p>4. Where do you sleep and eat? Do you have to ask for permission to sleep and eat and go to the bathroom?</p> <p>5. All but answer 1.</p>	
2.	<p>Most often victims of commercial sex trade use these substances:</p> <ol style="list-style-type: none"> 1. Heroin 2. Crack/ Cocaine 3. Alcohol and Marijuana 4. PCP 	<ol style="list-style-type: none"> 3 Alcohol (59.8%) and 4 Marijuana 53.4%
3.	<p>Victims experience trauma bond syndrome resulting in them staying with the trafficker when offered a way out of the industry. What is trauma bond syndrome?</p> <ol style="list-style-type: none"> 1. The victims have poly trauma resulting in physical disabilities, which the trafficker will care for her. <ol style="list-style-type: none"> 1. Trauma bond develops with unequal power dynamics and intermittent good and bad treatment delivered to the victim. She believes he loves her and she deserves the bad treatment. 2. The victim idealizes the aggressor. She dissociates at the time of the violent incident 	<p>2 Trauma bond develops with unequal power dynamics and intermittent good and bad treatment delivered to the victim. She believes he loves her and she deserves the bad treatment.</p>

#	Question	Answer
	<p>and does not remember the trafficker's violence or terror to her.</p> <p>3. She is on drugs and is violent so the trafficker has to keep her safe and often requires violence from the trafficker because she initiates it.</p>	

Additional Resources

Additional information about human trafficking and resources to provide victim assistance can be referenced:

"The Making of a Girl" is Rachel Lloyd's story, which typifies many teens' stories of early traumatic experiences, which leave the minor vulnerable to traffickers and send them on a trajectory into the sex trade industry. Lloyd was raised in an alcoholic family, witnessed domestic violence and was sexually assaulted by her stepfather. She was able to exit the sex industry and founded Girl's Educational and Mentoring Service in New York. (GEMS) **Embed: the YouTube: *Making of a Girl***

"Boys come from a similar background of girls. Seventy percent of the trafficked boys experienced sexual abuse. They came from broken homes and had a history of neglect and abuse.GBTQ youth, who are more likely to be kicked out of their homes due to their sexual orientation or gender identity, may comprise about one-thirds of this population, according to the John Jay study. The other two-thirds are made up of non-gay youth and "gay for pay" victims, or young heterosexual men who have sex with other men, said Meredith Dank, Senior Research Associate at *The Urban Institute*, a Washington D.C.-based think tank."

According to the ECPAT-USA study, out of the forty (40) informants contacted, only four (4) out of twenty-five (25) shelters for commercially sexually exploited children serve boys, leaving them no choice but to return to their homes or the streets where they face potential re-exploitation. The absence of services tailored for male victims stem from the lack of general awareness about their experiences and victimization. Jjie.org. Most of the men who prostitute boys are white middle class heterosexual married man seeking a gay prostitute (Mayor Chris Meyers, October 2010.) (jjie.org)

Glossary

The following terminology is used to describe human trafficking, its victims and participants.

Table 11 Glossaries of Terms

Term	Definition
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Term	Definition
Bottom Bitch	Female trusted by trafficker who is supervising the victims
Caught a Case	Victim or trafficker charged with a crime
Choosing Up	A different pimp takes ownership of the victim
CSEC	Commercial sex exploitation of children
Daddy	Refers to the trafficker
DMST	Domestic minor of sex trafficking
Family, Stable or Folk	Individuals under the trafficker's control
HEAR	An approach to conducting a history and physical interview.
HIE	Health information exchange
Human Trafficking	" Human trafficking" is an umbrella term for the act of recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or commercial sex acts through the use of force, fraud, or coercion.
Johns	The users of commercially sexually exploited women and children
PTSD	Post-Traumatic Stress Disorder
Squaring Up	Attempt to escape prostitution
TEAMSTAT	An approach to conducting a history and physical interview
The Life	The life of prostitution

Human Trafficking Hotline Number, 24/7: 1-888-373-7888. Text: Be Free: 233733

Website:

www.traffickingresourcecenter.org

www.polarisproject.org

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