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Florida: Human Trafficking for PTs and PTAs

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Contact hours: 2

Price: \$19

FPTA Approval Number: CE23-853803

Course Summary

Human trafficking (human slavery) is seen across the world including in Florida. Healthcare professionals may be the only people victims have access to who can help them escape their captors and move from being a victim to being a survivor. This course helps meet the challenge that all health agencies have to train staff how to proceed when trafficking is suspected. It provides information about relevant Florida statutes, presents risk factors for becoming a victim, ways to identify victims and traffickers, and offers screening, assessment, and reporting information.

Course Objectives

Upon completing this course, you will be able to:

1. Describe the problem of human trafficking in Florida, the nation, and the world today.
2. Distinguish between 2 sets of terms: human trafficking/human smuggling and sex trafficking/labor trafficking.
3. State at least 3 factors that place a person at risk of becoming a victim of human trafficking.
4. List 4 barriers to identifying victims along with ways to address them.
5. Identify 2 types of signs that may help to identify victims of human trafficking.
6. Outline legal and reporting requirements for healthcare professionals in Florida.

1. Human Slavery Today

Its victims are bound to toil for little or no pay, are forced to engage in exploitative sex work, are married against their will. Its cost is individual freedom and economic stagnation. Its impact is global and no country is immune.

Andrew Forrest, Perth, Australia, Minderoo Foundation, 2019

Human slavery and human trafficking are global issues that have affected, and continue to affect, people of all ages, races, genders, and cultures in every country in the world.

Human trafficking is extremely profitable; after drug dealing it is tied with illegal arms trading as the second largest criminal enterprise in the world (USDOJ, 2016). Because human trafficking is often hidden and because of lack of identification with the victims, the general public has shown little interest in advocating for an end to these criminal activities. Healthcare providers, with the proper tools and training, can act as a critical resource in identifying victims and helping them to implement escape from their abusers.

Because these topics are frequently in the news and often confusing, it is important from the outset to understand that human trafficking is not the same as human smuggling. Human **smuggling**, although also illegal, is consensual whereas **trafficking** is done against a person's will (OTIP, 2017).

Human Trafficking vs. Human Smuggling	
Victims are forced, defrauded, or coerced into trafficking. Even if victims initially offer consent, that consent is rendered meaningless by the actions of the traffickers to exploit them for labor, services, or commercial sex.	Individuals consent to being smuggled. The transaction is mutual and ends upon arrival at desired destination.
Human trafficking is a crime committed against an individual.	Smuggling is a crime committed against a country.
Trafficking does not need to involve the physical movement of a person. Trafficking victimization can be transnational or domestic.	Smuggling involves the illegal transport of an individual across a national border. Smuggling is always transnational.

Source: OTIP, 2017.

The International Labor Organization (an agency of the United Nations) estimates that, in 2016, 40.3 million people worldwide were victims of modern slavery. The ILO statistics focus on forced labor and forced marriage where **forced labor** encompasses forced labor in the private economy, forced sexual exploitation of adults, sexual exploitation of children, and state-imposed forced labor. These labor categories represent 24.9 million people, including an estimated **403,000 total victims in the United States**. Overall, modern slavery disproportionately affects women and girls who make up 71% of victims, and children represent 1 in 4 victims (ILO, 2017; Minderoo, 2018).*

*Editor's note: Don't be lulled into apathy by the brightly colored images in this course. They are meant for memory devices but were designed as eye-catching public posters and not for healthcare professionals.

WHAT IS HUMAN TRAFFICKING?



BLUE CAMPAIGN
One Voice. One Mission. End Human Trafficking.®

HUMAN TRAFFICKING IS

modern day slavery.

exploiting a person through force, fraud, or coercion.

sex trafficking, forced labor, and domestic servitude.

happening everywhere, even in the United States, and victims can be U.S. Citizens or of any nationality, age, socioeconomic status, or gender.

any person under the age of 18 involved in a commercial sex act.



Source: USDHS, n.d.-a.

Human Trafficking in the United States

The **Trafficking Victims Protection Act of 2000**, as amended (**TVPA**), defines “severe forms of trafficking in persons” as:

- 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; or
- 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 the definition, as can be seen in the figure below (USDS, 2019).

Understanding TVPA, and many state laws, is aided by considering the **Action-Means-Purpose (AMP) Model** in which a perpetrator (trafficker, abuser, pimp) takes an *action*, then employs a *means* of force, fraud, or coercion, for the *purpose* of compelling the victim

to provide commercial sex acts, labor, or services. One element from each category is required to identify a potential trafficking situation.

The A-M-P Model

Action	Means*	Purpose
Induce Recruits Harbors Transports Provides or Obtains	Force Fraud or Coercion	Commercial Sex (Sex Trafficking) or Labor/Services (Labor Trafficking)

*Minors induced into commercial sex are human trafficking victims, regardless if force, fraud, or coercion is present.

Source: NHTH, 2020b; Polaris, 2020a; USDS, 2019; OTIP, 2017.

Human trafficking takes place between countries as well as between and within areas of a single country, and in-country activity is the most prevalent. Human trafficking has been reported in all fifty states and the District of Columbia and includes both U.S. citizens and foreign nationals; however, the type of human trafficking can vary from community to community (NHTH, 2020, 2020b; USDS, 2019).

Victims can be any age, gender, race, or culture, and they come from every socioeconomic group. Abusers prey on the weak and vulnerable, leveraging those vulnerabilities to make victims dependent on them. However, while victims can come from any group, some people are more vulnerable than others. Important risk factors include:

- Recent migration or relocation
- Substance use
- Mental health concerns
- Involvement with the child welfare system
- Being a runaway or homeless youth (NHTH, 2020b)

During 2018 the National Human Trafficking Hotline (NHTH) in the United States received 41,088 contacts that included phone calls, texts, webchats, webforms, and emails. These contacts represented 23,078 identified survivors, 10,949 cases, 5,859 potential traffickers, and 1,905 suspicious businesses—a 25% jump in cases of human trafficking from 2017 (NHTH, 2020).

In 2018 Florida accounted for 1,885 of the contacts and 767 of the case reports made to the NHTH, reflecting a steady rise since 2015 and the third highest call volume in the country. While men and children were victims, the majority of cases involved women and adults. Of

the 767 cases reported, 68% were related to sex trafficking, 17.5% to labor trafficking, 7.5% to both, and 7.5% did not specify a type. Top venues/industries can vary from year to year, and in 2018 in Florida top venues/industries for:

- **Sex trafficking**—illicit massage/spa businesses, hotel/motel based and residence-based commercial sex, escort services, and pornography
- **Labor trafficking**—agriculture, domestic work, traveling sales crews, construction, and hospitality (NHTH, 2020a)

Human Trafficking and Healthcare

Human trafficking is an urgent and growing concern for hospitals and other healthcare-related facilities. Many states now require training for staff in identifying possible victims of trafficking. This training is important not only for doctors and nurses but also for most support staff, including clerical, lab, ambulatory care, and radiology, as well as case managers and security personnel (NHTH, 2016). It is critical that training also include recognizing when it is safe to communicate with possible victims in order to keep both staff and victims safe from retaliation, and a thorough awareness of the resources available to help victims.

Human trafficking will continue as long as there is demand for its victims. It is possible a healthcare provider is the only other human contact a victim may experience in months or years, depending on their situation. Proper staff training can lead to potential identification and intervention and the ability to assess victims and provide resources to assist. Victims who are in a clinic or emergency department (ED) may rely on the healthcare professional to ask the right questions at the right time.

With the abuser pretending to act protective and caring, it can be easy to overlook a victim if staff are not trained in what to look for, or if the abuser does not allow adequate time or conversation with the victim. Healthcare providers must be sensitive and methodical in approaching a victim if they suspect something is “off” about the situation. Having a screening tool, or training on appropriate questions to ask, can open dialogue and uncover possible victimization.

Protecting victims from increased harm is the top priority. Human traffickers are known to be manipulative and many use violence to control their victims. Keeping victims safe and, if possible, assisting them in escaping their abusers are important goals. This can be challenging and often requires finesse and skill. The American Hospital Association and other hospital organizations have developed a variety of materials to assist with training and to support facility-based initiatives that support healthcare professionals who may encounter human trafficking (Stempniak, 2017; AHA, 2020, 2019).



Source: USDHS, n.d.-a.

2. Types of Human Trafficking

From sex trafficking within escort services to labor trafficking of farmworkers, the ways humans are exploited differ greatly. Each type has unique strategies for recruiting and controlling victims and concealing the crime.

To eradicate human trafficking networks and help survivors, we must be able to identify and disrupt the manifestations of trafficking in our communities.

Polaris, 2017

From a global perspective there are two general categories of human trafficking: **sex trafficking** and **labor trafficking**. However, different entities may break these down with variations that reflect the complexity of the problem and differing experiences in specific areas.

In the United States the Department of Health and Human Services (HHS) Blue Campaign materials identify sex trafficking, forced labor, and domestic servitude as represented in the image below. Numbers for 2018 from the NHTH (Polaris Project) identify the top three types of trafficking cases as sex trafficking, labor trafficking, and sex-and-labor trafficking. Each of these categories is reflected in the kinds of businesses in which the trafficking takes place (NHTH, 2020).

In a recent report, the Polaris Project examined 32,000 documented human trafficking cases in the US from December 2007 to December 2016, and from this data identified 25 distinct business models for human trafficking.

Businesses That May Be Involved in Human Trafficking

- Escort Services
- Illicit Massage, Health, & Beauty
- Outdoor Solicitation
- Residential
- Domestic Work
- Bars, Strip Clubs, & Cantinas
- Pornography
- Traveling Sales Crews
- Restaurants & Food Service
- Peddling & Begging
- Agriculture & Animal Husbandry
- Personal Sexual Servitude
- Health & Beauty Services

- Construction
- Hotels & Hospitality
- Landscaping
- Illicit Activities
- Arts & Entertainment
- Commercial Cleaning Services
- Factories & Manufacturing
- Remote Interactive Sexual Acts
- Carnivals
- Forestry & Logging
- Health Care
- Recreational Facilities

Source: Polaris, 2017.

An important consideration here is that, while some of these business categories are clearly illegal, most also have entirely legitimate functions in our economy and the ability to spot possible indicators of human trafficking requires being observant, asking good questions, and being willing to “see” what might not seem obvious (Polaris, 2020).



Source: USDHS, n.d.-a.

Sex Trafficking

Sex trafficking is the crime of using force, fraud, or coercion to induce another individual to sell sex (Polaris, 2020b), and it is the most prevalent form of human trafficking in the United States. Sex trafficking is a high-profit and low-risk business where the commodity—the human being's body—can be sold repeatedly (Roe-Sepowitz et al., 2015). And, the highest profits per victim are in developed economies (Kelly, 2019). As noted earlier,

common types of sex trafficking include escort services, pornography, illicit massage businesses, brothels, and outdoor solicitation (Polaris, 2020b).

Any child or teenager is at risk for any of these kinds of sex trafficking and if a victim is younger than 18 years of age then it does not matter if there is force, fraud, or coercion—simply inducing them to perform a commercial sex act is considered trafficking (USDOJ, 2017; NHTH, 2016a). The internet has fueled an explosion in child pornography and more of this form of sex trafficking (USDOJ, 2017a).

Recruiting and Grooming

Traffickers (abusers, pimps) recruit men, women, and children by identifying exploitable vulnerabilities.

Vulnerabilities

- Lack of money
- Homelessness
- Substance abuse
- Severe loneliness
- Mental health challenges

Recruitment of child victims in the United States happens at malls, schools, bus and train stations, and group homes, among other locations—anywhere that children congregate. Traffickers are also recruiting through Facebook and other internet sites. Traffickers also use peers or classmates to befriend targets and slowly groom them to join the life (NCSSLE, 2020).

Grooming, a psychological and physical process aimed at transitioning a victim to a dependent role, is an integral part of the recruitment process. After targeting a potential victim, the abuser works to gain information about the victim and establish trust. Once the abuser discovers a need in the victim's life that they can fill—usually using manipulation, false promises, substance abuse, and violence—they have begun a process that leads to isolation of the victim and the beginning of abuse, often in the form of requirements for sex as payment for services. The abuser then maintains control of the victim, frequently by means of threats, violence, fear, or blackmail (Long, 2014).

Among **pimps** (someone who manages trafficking victims in order to commodify their bodies) a distinction is sometimes made between **finesse pimps** and **guerilla pimps**. Finesse pimping (more common with child victims) is accomplished by manipulative practices, aimed at convincing victims they love or care about them, but once seduced, control is maintained with physical and psychological torture. These tactics lead to a loss of autonomy for the victim and complete obedience to the pimp. Finesse pimps are skillful at identifying specific vulnerable children and exploiting their weaknesses, often using the “glamour” of the pimp/ho culture along with cultural acceptance of the demand for child victims as a means to maintain control (Williamson, 2015).

Guerilla pimps use violence and intimidation to manage victims and are more common among those trafficking adults.

BASIC STAGES OF GROOMING for sexual exploitation

END SLAVERY NOW 

(v) to prepare or train someone for a particular purpose or activity



TARGETING A VICTIM

Traffickers target victims who have some noticeable vulnerability: emotional neediness, low self-confidence or economic stress.



GAINING TRUST & INFORMATION

Obtaining information about the victim is key. This can be done through casual conversations with the victim or with parents. Traffickers often mix well with other adults.

FILLING A NEED

The information gained allows the trafficker to fill a need in the victim's life, making the victim dependant on them in some way: buying gifts, being a friend, beginning a love relationship or buying soft drugs and alcohol.

“Up until this point they had never tried to touch me, they had not made me ever feel uncomfortable or ever feel unsafe or that they could harm me.”



ISOLATION

The trafficker creates times to be alone with the victim. The trafficker will also begin to have a major role in the victim's life and attempt to distance the victim from friends and family.

ABUSE BEGINS

The trafficker begins claiming that a service must be repaid whether money spent on cigarettes or drugs, car rides or mobile phones. In most cases, the trafficker demands sex as payment for such services.

“I trusted them, they were my friends as I saw it, until one night my main perpetrator raped me, quite brutally as well, in front of a number of people.”

MAINTAIN CONTROL

“Well if I didn't go out and see them they are going to get my mum and are going to rape her.”

In many cases, the trafficker maintains control of the victim through threats, violence, fear or blackmail.

Source: <http://www.bbc.com/news/uk-28949188>,
http://www.mcaso.org/_mcaseWeb/wp-content/uploads/2012/03/Behaviors-of-Sexual-Predators-Grooming.pdf,
<http://www.stockjournal.com.au/news/world/general/rotherham-child-abuse-scandal-jessicas-story/2710229.aspx?storypage=0>

Labor Trafficking

Labor trafficking is another major type of human trafficking and may be divided into forced labor and domestic servitude (see image above). In the United States, the Trafficking Victims Protection Act of 2000 (TVPA) defines **labor trafficking** as “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.”

Peonage is a status or condition of involuntary servitude based on real or alleged indebtedness. **Debt bondage** includes a pledge of services by a debtor (or someone under their control) to pay down known or unknown charges. The length and nature of the services are not limited or defined and the debtor is trapped in a cycle they can never escape (OTIP, 2017).

Labor trafficking includes people forced to work in homes as domestic servants, farmworkers coerced with violence while harvesting crops, or factory workers operating in inhumane conditions with little to no pay. A very large number of consumer and food products purchased in the United States are made with at least some elements of forced labor, and this includes items produced inside and outside the country (NHTH, 2020d).

Most female trafficking victims of labor exploitation are in domestic work and hospitality but most male victims are found in agriculture and construction. In manufacturing, the gender of victims is roughly equal (IOM, 2018).

Children are frequent victims of labor trafficking. They (and adults) are often threatened with exposure if they are not legal immigrants, or their passports and paperwork are held by their employer, or members of their family are threatened with injury or death. Labor trafficking does not seem to receive the attention that sex trafficking does in terms of investigation and exposure. This can happen for a variety of reasons including that, for minors, unlike with sex trafficking the use of force, fraud, or coercion is required to be present in order to move it from labor exploitation to labor trafficking (Miller, 2018).

Trafficking in Children

As noted above, children are frequent victims of both sex trafficking and labor trafficking, accounting for 21% of all identified victims (IOM, 2018). Almost half of identified cases of child trafficking begin with some family member involvement. Family involvement is up to four times higher with children than with adults, where about 9% of adult cases involve family members (IOM, 2017).

In human trafficking of children, the sources of recruitment are:

- Family / Relative 41%
- Intimate Partner 14%
- Friends 11%
- Other 34%

The main sectors of forced labor are:

- Begging 19%
- Domestic work 18%
- Hospitality 8%
- Illicit activities 6%

And the main methods of control are:

- Psychological 24%
- Physical 16%
- Sexual 10%
- Psychoactive substances 9%

About 71% of identified victims of human trafficking are women and 66% of child recruits are female, with 31% of children trafficked for forced labor and 58% for sexual exploitation (IOM, 2018, 2017).

About one-third of females are recruited by family members and over one-quarter by an intimate partner, while almost half of male victims are recruited by an acquaintance (IOM, 2018).

3. Recognizing Possible Victims and Traffickers

There is no such thing as a *willing* child prostitute.

Roe-Sepowitz, et al., 2015

Those at highest risk of any form of human trafficking are the vulnerable populations such as those with low socioeconomic status or children who experience abuse at home. While these are the most common, human trafficking does not discriminate.

Abuse can be emotional, physical, or sexual, and it can arise from emotional neglect, physical neglect, and family violence. All are prevalent among trafficked youths. Sexual abuse is the strongest predictor of human trafficking for both boys and girls. Those who have experienced sexual abuse in the home may be looking for a way to escape to a better life, only to find themselves manipulated into a trafficking situation.

Lack of caregiver protection from abuse in the home increases the likelihood of a child's seeking protection from someone outside the home. Exposure to family violence is also an increased risk for human trafficking. Abusers will cultivate relationships with these young children or teens and they soon become victims. Trafficking of boys more commonly relies on emotional and sexual abuse (Reid et al., 2017).

Runaway and homeless youths—male, female, and transgender—are at particularly high risk for becoming victims. Research suggests that lesbian, gay, bisexual, or transgender (LGBTQ) youths can be up to 5 times more likely than heterosexual youths to be victims of trafficking; their increased susceptibility comes from the feelings of rejection and alienation often felt by LGBTQ youth (NCSSLE, 2020a).

The National Center on Safe Supportive Learning Environments offers this list of possible risk factors associated with child trafficking:

- Lack of personal safety
- Isolation
- Emotional distress
- Homelessness
- Poverty
- Family dysfunction
- Substance abuse
- Mental illness
- Learning disabilities
- Developmental delay
- Childhood sexual abuse

- Promotion of sexual exploitation by family members or peers
- Lack of social support (NCSSLE, 2020a)

Traffickers will specifically target runaway or “throwaway” teens who are having trouble at home. They are seen as easy targets because they are looking for shelter yet may not be old enough to legally get a job by which to earn money. It is common for these teens to trade sex so as to meet basic survival needs of food, shelter, and clothes (Roe-Sepowitz et al, 2015).

Those at risk for labor trafficking often come from unstable and economically devastated locales, including areas that have recently experienced hurricanes, floods, or earthquakes. Traffickers frequently prey on vulnerable populations characterized by oppression, high rates of illiteracy, little social mobility, and few economic opportunities (USDS, 2019).



Source: USDHS, n.d.-a.

Barriers to Identifying Victims

Nurses play an important role in keeping children safe from traffickers. Traffickers often identify themselves as a loving family member, boyfriend, or employer who is just trying to help, and their victims may be fearful of police or authority figures, which makes it difficult to intervene. Victims may be using drugs as a coping mechanism and worried they will be charged as a criminal for drug usage or possession. They may also be worried that their families will be put at risk by their abuser if they try to escape (Eccleston, 2013).

Many victims develop **traumatic bonding**, or “Stockholm syndrome,” which is a cognitive distortion wherein positive feelings develop between captors and their hostages. This bond is a survival mechanism and helps the victim cope with captivity (OTIP, 2012). Identification of victims is made more difficult by the fact that there is no single profile that identifies a trafficker.

Misidentification is an ongoing barrier to protecting these victims. The control exerted over children is rarely visible as the young victims appear to be independent. Even child sex trafficking victims who are controlled by violence and fear may appear to be acting on their own (Shared Hope International, 2017).

Identifying Traffickers

Traffickers and pimps may be identified by healthcare workers by the following behaviors: traffickers may be jealous, controlling, and violent; significantly older than female companions; promising things too good to be true; and encouraging victims to engage in

illegal activities to achieve their dreams. They will buy expensive gifts or own expensive items and act vague about their source. The pimp will be pushy or demanding about sex and encourage inappropriate sexual behavior from the victim. Traffickers are usually open about financial matters but make victims feel responsible for their own financial stability (Shared Hope International, 2017).

These are all behaviors clinicians can recognize if the abuser is with the victim during a medical visit. It is crucial to understand that these behaviors indicate the level of control traffickers exert over victims.

Traffickers elude detection. The hidden nature of human trafficking requires law enforcement to be innovative and adaptive with investigative techniques. A person convicted of sex trafficking a minor faces serious federal penalties that include a mandatory minimum sentence of 10 years' imprisonment. Law officers might decide to charge juvenile victims with delinquency in order to keep the child safe; however, this detention does not offer specialized services for the children and may not be safe. Many times, children return to the abuser when released because of the unique bonding that occurs between victims and their traffickers (OTIP, 2012).

Buyers

Even though demand is the root cause of the commercial exploitation of children, law enforcement frequently overlooks buyers in the crime of child sex trafficking (Shared Hope International, 2017). Keeping victims isolated is a tactic abusers use to keep them from getting help. Abusers will restrict activities and watch, escort, or guard the victims. When victims do come into contact with medical professionals or others, traffickers may give them scripted answers or a cover story (OTIP, 2012).

Sex trafficking Case: Molly (National Human Trafficking Resource Center, 2016)

Molly comes to a clinic for an HIV screening. Her intake paperwork says she is 19 but the nurse mentions that she seems far younger. Molly explains to the nurse she is "mature for my age" and "very experienced." She has a tattoo of the name Li'l G on one arm. During the exam she constantly receives texts on her cell phone. She answers a phone call and says "Daddy, don't worry, I'll be done soon."

Molly tells the nurse that it was her boyfriend, who is worried about her. The nurse continues to believe that Molly is younger than she says due to her immature physical development and the discrepancy between her reported age and education level.

Why do you think a patient would lie about her age?

Her trafficker, presenting as her boyfriend, may have given her a scripted story to protect him from liability. Many victims try to protect themselves due to fear of their trafficker and lie to avoid triggering mandatory reporting to the state.

Note: Virtually all states mandate reporting by healthcare professionals (and many others) of instances of sex trafficking of minors as sex trafficking is considered a form of child abuse.

4. Assessment

Healthcare providers are one of the few groups of professionals who interact with victims while they are still under the control of their abuser or the person profiting from their abuse.

Roe-Sepowitz et al, 2015

Effective training for all healthcare personnel is necessary for the protection and identification of human trafficking victims. Without fully trained healthcare providers, many victims will fall through the cracks even as they are being seen by medical professionals. Victims are often reluctant to seek help at all because they have been taught by their abuser that if they attempt to escape or find help, no one will believe them or they will be treated like a criminal or prostitute (Roe-Sepowitz et al., 2015). However, one study showed 87.8% of trafficking survivors reported accessing healthcare services during their trafficking situation (68.3% in EDs), which suggests that there may be many opportunities to “see” trafficking victims and possibly do something to help them (NHTH, 2016a).

Many similarities are seen between domestic partner violence and sex trafficking. Victims may feel shame, self-blame, and feelings of unworthiness. Or they may not see themselves as a victim at all (Roe-Sepowitz et al., 2015). Effective communication is imperative when screening to identify possible trafficking victims. Because victims are fearful, providers must try to cultivate trust and a feeling of safety to encourage them to open up about their situation.

Employ a victim-centered approach that strives to:

- Meet basic needs
- Reassure the potential victim
- Build trust and rapport
- Be conscious of language
- Remain sensitive to power dynamics
- Avoid re-traumatization (NHTH, 2016a)

Screening

Medical professionals are on the front lines for human trafficking victims. Prioritize the prompt and private screening done away from the abuser or “family member.” Safety of the staff, facility, and victim is essential before intervention can begin. When encountering a potential victim, also keep in mind that victims may not be comfortable coming forward and that their accompanying person may be dangerous, even armed.

Warning Signs for Human Trafficking

The National Human Trafficking Resource Center (NHTH, 2016) provides “Red Flags and Indicators” to watch for concerning trafficking in general and for labor and sex trafficking more specifically. It is important to remember that any individual indicator may not equate with human trafficking just as there will be victims who do not exhibit these signs.

General indicators of human trafficking can include:

- Shares a scripted or inconsistent history
- Is unwilling or hesitant to answer questions about the injury or illness
- Is accompanied by an individual who does not let the patient speak for themselves, refuses to let the patient have privacy, or who interprets for them
- Evidence of controlling or dominating relationships (excessive concerns about pleasing a family member, romantic partner, or employer)
- Demonstrates fearful or nervous behavior or avoids eye contact

- Is resistant to assistance or demonstrates hostile behavior
- Is unable to provide his/her address
- Is not aware of his/her location, the current date, or time
- Is not in possession of his/her identification documents
- Is not in control of his or her own money
- Is not being paid or wages are withheld

Indicators for labor trafficking include:

- Has been abused at work or threatened with harm by an employer or supervisor
- Is not allowed to take adequate breaks, food, or water while at work
- Is not provided with adequate personal protective equipment for hazardous work
- Was recruited for different work than he/she is currently doing
- Is required to live in housing provided by employer
- Has a debt to employer or recruiter that he/she cannot resolve

Indicators for sex trafficking include:

- Patient is under the age of 18 and is involved in the commercial sex industry
- Has tattoos or other forms of branding, such as tattoos that say, "Daddy," "Property of...," "For sale," etc.
- Reports an unusually high numbers of sexual partners
- Does not have appropriate clothing for the weather or venue
- Uses language common in the commercial sex industry (NHTH, 2016).

The most common healthcare areas that attract trafficking victims are EDs, urgent care or primary care clinics, obstetrician/gynecologist clinics, school nurses' offices, community health centers, mobile clinics, planned parenthood clinics, and dental clinics (Roe-Sepowitz et al., 2015).

Indicators and Consequences of Human Trafficking

Signs of Physical and Sexual Abuse

In a medical clinic you may be confronted with multiple signs of sexual and physical abuse. These include but are not limited to evidence of sexual trauma, fractures, cigarette burns, bruises or contusions, tattoos on the body that may serve as a "brand" of their trafficker, respiratory infections, dental issues, drug-related issues (hepatitis, skin infections), malnutrition, dehydration, unexplained scars, injuries to head and mouth, temporal mandibular joint (TMJ) problems from oral sex, bite marks, stab or gunshot wounds, hearing loss from head trauma, bald patches from having hair pulled, tension headaches, traumatic brain injury, bladder damage, other injury or infection (Roe-Sepowitz et al., 2015, NHTH, 2016).

Physical abuse of those in labor trafficking can include: musculoskeletal and ergonomic injuries, malnutrition/dehydration, lack of routine screening and preventative care, poor dental hygiene, untreated skin infections/inflammations, injuries or illness from exposure to harmful chemicals/unsafe water, ophthalmology issues or vision complaints, somatization (NHTH, 2016a).

Behavioral Characteristics

When assessing a patient in a medical setting, look for behavioral characteristics such as inconsistent medical history; no eye contact; an unwillingness to share answers; resistance to gynecologic exams; being accompanied by an individual who does not let the patient speak; inability to provide an address or unaware of location or date/time. Victims can often

act fearful and nervous, especially if the abuser is present. Other mental health indicators can include depression, suicide attempts, anxiety, hostility, and numerous others. Social and developmental indicators might include trauma bonding with trafficker or other victims, delayed development, and impaired social skills (Roe-Sepowitz et al., 2015; NHTH, 2016).

Behavioral indicators of labor trafficking can include: anxiety/panic attacks (e.g., shortness of breath, chest pains), unexplained/conflicting stories, overly vigilant or paranoid behavior, inability/aversion to make decisions independent of employer, inability/aversion to speak without an interpreter, affect dysregulation/irritability (NHTH, 2016a).

Building Trust

Trafficking victims seldom disclose their situation in clinical settings. Healthcare practitioners need to be thoughtful about how they approach engagement, understand trauma-informed practices, and create a space in which the patient feels comfortable discussing human trafficking. The practitioner must assess the safety situation for everyone. For example, is the patient's abuser sitting in the waiting room and likely to react violently if the person does not return? Accept that the goal is not disclosure or rescue but to create a safe place to identify indicators of trafficking and assist the patient (NHTH, 2016).

When performing an assessment keep the following in mind:

- Allow the patient to decide if they are more comfortable speaking with a male or female
- If interpretation is needed, always use professionals not related to the patient or situation.
- Find a way to meet with the patient privately without anyone who may have accompanied them.
- Build rapport with the victim or find another staff member who can do that.
- Ensure patient clearly understands confidentiality policies and practices, including mandatory reporting laws.
- Employ multidisciplinary resources whenever possible (e.g., social workers).
- Utilize existing institutional protocols for victims of abuse/sexual abuse.
- Utilize your institution's protocols for assessments or reach out for assistance in doing so .(NHTH, 2016)

Asking Questions

Questions should be as neutral as possible and never accusatory. Rather than asking questions such as "What's wrong with you?" or "Why are you doing this?" reframe it as "What has happened to you?" Questions should reduce the blame and shame that can come from feeling labeled. Questions that show interest in connecting the past to the present can lead to a future with healing and recovery (Roe-Sepowitz et al., 2015; NHTH, 2016, 2016a).

Case: Maya

(National Human Trafficking Resource Center, 2016)

Maya, a young woman, comes to the ED with severe abdominal pain. A man identifies himself as her father-in-law and offers to translate for her. He explains she has had stomach problems recently, but she has not been to a doctor because she doesn't have insurance. The patient does not make eye contact with staff or her father-in-law.

A nurse explains to the father-in-law that she needs to examine each patient privately, and the father-in-law says something harsh to the patient, speaking in Spanish. A professional hospital interpreter is present and the patient informs the nurse she helps clean her father-

in-law's house and provides child care for various family members. While she loves the children, she states she is very stressed because she works over 12 hours every day. Her father-in-law monitors all of her phone calls and conversations.

A physician diagnoses the patient with a stomach ulcer and gives her a prescription. Maya is visibly troubled. She tells the nurse she has been to another ED and given the same diagnosis. She stopped taking the medicine because she did not have enough money saved to pay for it and she cannot go to a pharmacy unless her father-in-law drives her there.

What questions could be asked to determine if this is a human trafficking situation? Consider the following.

- Maya, stress can make stomach ulcers worse and you seem to work a lot of hours. Do you have days off or get out of the house to do something for yourself? Why, or why not?
- Do you get adequate breaks during the day, eat all your meals or get enough sleep every day when you are working for your family?
- If you wanted to stop working for your father-in-law to get a different job, would you be able to leave?
- Is there someone else who can help you with your healthcare when needed?
- Your father-in-law seemed to speak harshly to you earlier. Does he speak to you like that often? Has he ever harmed or threatened to harm you?

5. Resources and Assessment Tools

Resources for Healthcare Professionals

Victims need to know about potential resources, and once they are able to escape their abusers, survivors need a great deal of support, beginning with basic needs. Nurses are one of the few professional groups that interact with victims while they are still under control of their abuser (Roe-Sepowitz et al., 2015). A proactive facility approach with a staff trained in appropriate interventions and can provide the most help to victims. The more you know, the more you may be able to help someone.

Studies estimate that between 30% and 88% of trafficked persons seek medical services at some point during their capture (Schwarz et al., 2016). When you suspect a patient may be the victim of trafficking, having staff properly trained with an assessment tool has the potential to rescue lives.

Numerous universities and community organizations have developed and begun implementing human trafficking assessment tools for their facilities. Because small community hospitals don't have the same needs or resources as large urban ones, each assessment tool needs to be customized for the organization and its local resources, breaking it down and reconstructing it to fit the needs of the community.

Organizations need to focus on a **victim-centered approach**. Safety and proper support can help transform the victim into a survivor. When you identify a potential victim, you may be overwhelmed with emotion, but proper training will help you to remain professional and stay focused. The first task is to keep everyone safe. If the abuser is present, take care to avoid a confrontation that could turn violent or, at the very least, result in the abuser taking the patient away.

Simply asking patients if they are trafficking victims is fruitless, especially if the abuser is present. Further, many victims do not think of themselves as victims. During the process of grooming, victims are led to believe they are making a good choice for themselves—but as time passes, they come to believe there is no way out (Egyud & Whiteman, 2016).

Did You Know. . .

Traffickers are usually very “protective” of their victims because they allow the abuser to live lavishly; traffickers can earn \$150,000 to \$200,000 per year with only 4 to 6 victims in captivity!

National Human Trafficking Hotline

The National Human Trafficking Hotline (NHTH)* maintains a database of service providers who deal with human trafficking throughout the United States, including private, state, and faith-based providers. The Hotline can assist victims directly or help healthcare and other facilities connect with existing resources in their area as they begin developing a response protocol for victims of human trafficking. The Hotline has a referral network for anti-trafficking organizations, legal service providers, shelters, law enforcement, and local social service agencies to assist victims of human trafficking. Facilities can also turn to the NHTH for training materials on a variety of topics related to trafficking.

*Formerly the National Human Trafficking Resource Center (NHTRC).

In addition, the Hotline offers confidential 24-hour access to anyone who wants to report tips, seek services, or just ask for help or information. Access is provided in more than two hundred languages through a tele-interpreting service. All communications with the Hotline are strictly confidential to the extent permitted by law.

If your agency has a possible trafficking victim and is unsure what to do, call the **Hotline** at **800 373 7888** for assistance to conduct an assessment. The Hotline provides an assessment tool on its website to assist potential victims of trafficking (see previous section).

A detailed narrated presentation about what to expect when calling the Hotline is available on the Hotline website. It explains the process followed on a Hotline call, the assistance that can be provided immediately and as follow-up, to whom information may be reported and the process by which decisions to report are made, and finally what is done with the data collected by the Hotline (NHTH, 2015).

Human Trafficking Assessment Tool for DVP

The following is from the NHTH Human Trafficking Assessment Tool for Domestic Violence Programs and can be used to evaluate a potential trafficking situation and determine danger and when to contact the National Human Trafficking Hotline (NHTH, 2011).

Trafficking Indicators

Sex Trafficking may include persons who are:

- Forced by a partner or family member to provide sexual favors or commercial sex to others through informal arrangements, online advertisements, escort services and/or street prostitution.
- In the commercial sex industry and have a controller (boyfriend, pimp, manager, or “daddy”) or mentions having to meet a nightly monetary quota.
- Under 18 years of age and providing commercial sex acts.

- Exhibit poor health and/or have multiple untreated sexually transmitted diseases/infections.
- Terminated multiple pregnancies over a short period of time. If pregnant, hesitates to answer who the father may be or seems unsure of who the father is.
- Exhibit signs of branding such as tattoos with the controller's name, and/or burn marks.

Labor Trafficking may include persons who (are):

- Forced by a partner/family member to work inside the home in a situation of domestic servitude or outside the home and experiences wage confiscation.
- Unable to access earnings and is not allowed access to any family finances.
- Work excessively long hours outside of the home or within the home for little or no compensation.
- Not allowed to take breaks from domestic work and not allowed to eat unless permitted by the controller.
- Owe a debt to a partner/family member that they are unable to pay off.
- Have unexplained injuries or signs of untreated illness or disease.
- Living in a location where they are monitored or confined by the partner/family

First Response

Discuss involving law enforcement or calling NHTH, then notify. Be vigilant of immediate environment: who is watching, listening, calling, etc. You can ask the hotline to assist in assessing level of danger.

Assessment of Potential Danger

Consider asking the potential victim the following questions:

- Does someone control/supervise, or look over what you do?
- Is your communication (calls, emails, conversations) ever restricted or monitored?
- Do you have access to all your identification/personal documents?
- What would happen if you left this person/situation or if you didn't do what this person told you to do?
- How much time can you spend at the current location?
- Do you believe that you or a family member is in danger?
- Do you want assistance in leaving your situation?

Perceived Danger

The Hotline can assist in determining the next steps. You may need to involve law enforcement for victim safety. The Hotline can assist in determining appropriate, sensitive law enforcement contacts.

Call the National Human Trafficking Hotline: **888 373 7888**, which is available 24/7 and has access to 170 languages. Ask for assistance with assessment questions, resources, and next steps. Be prepared to indicate which questions you used from the steps above. The Hotline can help determine appropriate next assessment of potential danger.

No Perceived Danger

Consider asking the potential victim the following questions:

- Have you ever been forced to do work you didn't want to do?
- Have you ever been forced to have sex to pay off a debt?

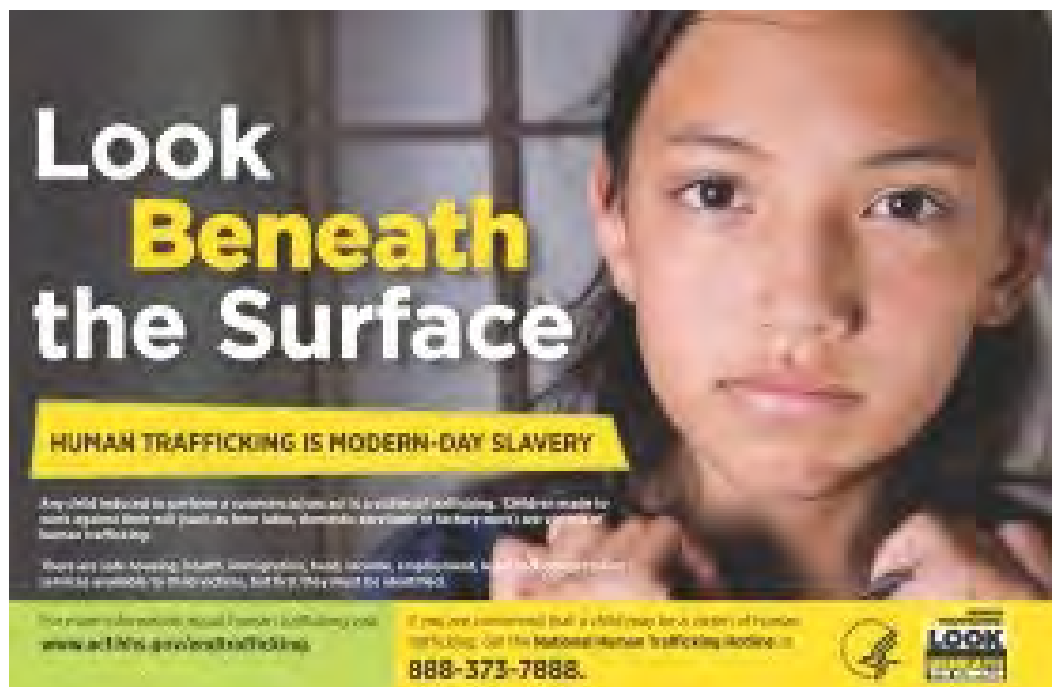
- Does anyone hold your identity documents (driver's license/passport) for you? Why?
- Have physical abuse or threats from your boyfriend/controller made you fearful to leave your situation?
- Has anyone lied to you about the type of work you would be doing?
- Were you ever threatened with deportation or jail if you tried to leave your situation?

Then call the Hotline (**888 373 7888**) or text HELP or INFO to **BeFree (233733)**.

Health and Human Services (HHS)

Another valuable resource is the U.S. Department of Health and Human Services, Office on Trafficking in Persons (OTIP). The OTIP [website](#) lists multiple resources, including legal rights information.

The OTIP campaign “Look Beneath the Surface” emphasizes the idea that most people would not recognize a trafficking victim because they may not look any different than anyone else they see every day (OTIP, 2019).



Source: OTIP, 2019a.

The OTIP operates a number of programs and services including the National Human Trafficking Training and Technical Assistance Center (NHTTAC), which delivers training and technical assistance to enhance the public health response to human trafficking by reducing the risk of trafficking, increasing victim identification, improving access to trauma-informed services, and strengthening outcomes for trafficking survivors. Services include the SOAR to Health and Wellness Training for healthcare and social service providers on how to identify, treat, and respond appropriately to human trafficking and professional development opportunities for survivors. NHTTAC also provides support for the National Advisory Committee on the Sex Trafficking of Children and Youth in the United States (OTIP, 2019b).

Clinicians or the general public can view the NHTTAC [website](#) or contact NHTTAC by email (info@nhttac.org) or by calling **844 648 8822**. OTIP suggests that those wanting to report a tip or get connected with trafficking contacts in their area email or call the National Human Trafficking Hotline at help@humantraffickinghotline.org or 888 373 7888 (see above).

The SOAR to Health and Wellness Training program is directed at healthcare providers, social workers, and behavioral and public health professionals. After completion, you should be able to:

- **Stop:** Describe the scope of human trafficking in the United States.
- **Observe:** Recognize the verbal and non-verbal indicators of human trafficking.
- **Ask:** Identify and interact with individuals who have experienced trafficking using a victim-centered and trauma-informed approach.
- **Respond:** Respond effectively to potential human trafficking in your community by identifying needs and available resources to provide critical support and assistance.

The SOAR program uses a public health approach to build the ability of communities to identify and respond to the complex needs of victims and survivors of human trafficking. The program helps trainees to understand the root causes that make individuals, families, and communities vulnerable to trafficking.

The program's website details the program, its intended audiences, and links to SOAR online training (OTIP, 2019c).

While not yet validated, the NHTTAC has recently produced a screening toolkit for use by healthcare providers, social workers, and behavioral and public health professionals for screening adults suspected of being victims or human trafficking. The **Adult Human Trafficking Screening Tool and Guide** can be found on the NHTTAC website.

The executive summary notes that

the prevailing framework to screen for adult human trafficking has historically been rooted in a criminal justice...mostly screening for victims intersecting with law enforcement institutions. A public health approach recognizes that victims of trafficking intersect with multiple systems of care, including health and human services, educational settings, and community and faith-based organizations that can provide assistance to victims and their families. A public health approach also emphasizes screening to prevent potential trafficking victimization or re-victimization, especially for individuals who are at disproportionate risk of human trafficking. (OTIP, 2018a,b)

DHS Blue Campaign

The U.S. Department of Homeland Security offers a website resource under its Blue Campaign to work toward ending human trafficking (DHS, 2017). The website recognizes the key indicators of victims of human trafficking as the first step in identifying victims. This site contains general information for the public as well as tips and resources for contacting law enforcement and obtaining assistance if there is a suspected victim of human trafficking.

To report suspected human trafficking to Federal law enforcement [US Immigration and Customs Enforcement (ICE) Homeland Security Investigations (HSI)]:

866 347 2423

Note: There are other reporting lines that may be more appropriate and/or preferred by your facility or agency, such as the National Human Trafficking Hotline listed above.

**WHAT YOU CAN DO
TO STOP HUMAN TRAFFICKING**

JOIN THE DHS BLUE CAMPAIGN

- Visit the Blue Campaign website: dhs.gov/blue-campaign
- Learn more about the signs and indicators of human trafficking: dhs.gov/blue-campaign/awareness-training
- Spread the word—download and share anti-human trafficking materials: dhs.gov/blue-campaign/resource-catalog
- View and share our Public Service Announcement: dhs.gov/gallery/blue-campaign-video
- Follow us on Facebook: facebook.com/bluecampaign

Source: USDHS, n.d.-a.

The Trafficking Victim Identification Tool

The Trafficking Victim Identification Tool (TVIT) provides a guideline and interview questions that have been proven to identify victims of human trafficking. These questions should be asked by a trained healthcare professional and in a secure environment.

The manual, *Screening for Human Trafficking: Guidelines for Administering the Trafficking Victim Identification Tool (TVIT)*, is based on research conducted by the Vera Institute of Justice and was found to be highly reliable in predicting both sex and labor trafficking victims. The screening tool offers both long and short versions, with the short 16-question version as reliable as the long version.



*Making justice systems fairer and more effective
through research and innovation*

The tool should be used to guide the interview process with potential victims. Effectiveness of the tool will be based on the rapport built between the victim and the clinician and the willingness of the victim to answer honestly and freely. Consent must always be obtained from the patient prior to calling the hotline or beginning the interview process. We need to be honest with the patient about the purpose of the screening and describe the victim's rights, the interview process, and the roles of everyone involved (TVIT, 2014).

Beginning the TVIT Assessment

Traffickers often use the fear of immigration officials to control their victims. Many victims may be afraid to reveal immigration status to law enforcement because they do not know enough about the protections regarding trafficking. If law enforcement is present during the interview, they need to keep tactical gear, weapons, and badges hidden and convey a caring attitude (TVIT, 2014).

The interviewer can use phrases such as "We are here to help you," or "Your safety is our priority," and "You have the right to live without being abused" (TVIT, 2014). These words can help put the victim at ease during the interview process. The discussion and questioning about immigration must be handled carefully so as to not frighten the victim or worry them about legal consequences.

The interviewer should always ask the victim about their country of birth to determine if the migration section of the screening tool will be needed. The screening tool offers the language for the screener to use for foreign-born victims:

Now I am going to ask you some questions about your country of origin. I am not asking you this to find out about your immigration status. I am only trying to understand what your circumstances are so that we can refer you for the right help, if necessary. The questions ask about your emigration to the United States, who was involved, and how it was arranged. (TVIT, 2014)

For children, it can be stated:

We would like you to tell us about what happened to you when you traveled to the United States. (TVIT, 2014)

For best results, the screening tool should not be used until there is trust between the victim and the interviewer; also, it is best to keep the number of people to a minimum when working with these patients to avoid overwhelming them.

During the interview process it is important to take the time to get the full story. Pay attention to the words the victim uses throughout the conversation. The TVIT inquiries about "work or other activities" performed during the capture. This is to solicit information about sexual services and other types of informal work (TVIT, 2014). Victims may not think of rape, forced prostitution, forced shoplifting, or forced drug smuggling as "work" (TVIT, 2014). Screeners should use the same terminology as the victim.

Note: Currently the tool has not been validated for persons with disabilities or LGBTQ victims so interviewers working with these groups will need to tailor the tool as appropriate for those groups (TVIT, 2014).

Since every trafficking case is unique, there is no single way to use the screening tool. Victims may have come from anywhere in the world. Many victims may be trafficked to certain areas for specific events. For example, the Super Bowl is the single biggest occasion for human trafficking (Hazan, 2014; Niethammer, 2020).

Identification, protection, and safety are the top priorities when working with potential victims. Overall findings during the interview will determine how the facility and law enforcement can proceed. There is not a defined yes or no answer to the assessment tool, but a comprehensive result as to whether the victim has been trafficked based on the victim's answers and the training and experience of the screening professional.

The TVIT screening tool is best utilized by social workers or other healthcare workers who have received adequate training. Human trafficking is everyone's issue. The more resources we can provide for victims the more we can assist in their safety and—hopefully—prosecute their captives.

The TVIT, both long and short versions, is available online from several sources: Vera Institute of Justice (Vera, 2014), National Human Trafficking Hotline, and the National Institute of Justice (see references). The document includes a Post Interview Assessment that is to be filled out by the interviewer.

Hospital and Agency-based Programs

Many healthcare organizations are also beginning to collaborate with outside resources to assist in recovery and healing for human trafficking survivors. Hospital organizations can form partnerships with resources in their area such as police departments, schools, shelters, and clinics (Stempniak, 2017; AHA, 2020, 2019). Each facility that begins to build local resources can play a positive and reliable role in facilitating a new life for the survivors.

Hospital social workers and case managers can initiate identifying the patients' physical, emotional, and spiritual needs, but there will be a need for ongoing assessment and support. It is mandatory under both state and federal laws to report the sexual exploitation of children (Roe-Sepowitz et al., 2015). You may also need to contact the local law enforcement and/or Child Protective Services. Child protective workers, therapists, victim advocates, school counselors, and juvenile justice professionals can be early points of contact as they can conduct assessments for maltreated youth (Reid et al., 2017).

Hospitals should have trained staff to speak with possible victims as well as designated trauma interviewers. Many facilities are still at the beginning stages of training this specialized resource; however, a **sexual assault nurse examiner (SANE)** will provide adequate support. SANE-trained professionals are taught to look for red flags for sexual violence, domestic violence, and human trafficking (Schwarz et al., 2016).

Physical needs and medical attention are the first concerns; however, the survivors often suffer from depression, anxiety, insomnia, alienation, substance abuse, posttraumatic stress disorder, hostility, suicidal thoughts, or self-harm (Hodge, 2014). Mental health challenges may continue to occur throughout the healing process. Some of these wounds may never completely heal.

Once the basic physical needs are met and mental health treatment has been begun, victims will also benefit from family counseling and life and job skill training, which can be

offered by counselors, psychologists, and social workers. Occupational therapy (OT) is another valuable resource available in hospital facilities that is beginning to be recognized in assisting trafficking survivors. These practitioners offer therapy to assist the survivor in achieving wellness and improved quality of life (Gorman & Hatkevich, 2016).

Encouraging survivors to engage in meaningful occupations offers a distraction from negative thoughts and emotions and promotes feelings of confidence and control. Depending on the length of time survivors were trafficked, they may not have experienced feelings of control or confidence in many years (Gorman & Hatkevich, 2016).

Refer to existing institutional protocols for victims of abuse. Many anti-trafficking resources can be utilized by telephone or online and contact information can be posted in staff areas to assist in finding appropriate resources or to report a tip.

Resources for Victims

Human trafficking victims may need immediate assistance in getting away from a trafficker and receiving emergency food, clothing, and shelter. Once they have escaped they will likely need similar short-term services as well as healthcare and mental health services. Finally, they may need long-term assistance with these same needs as well as many others in order to reestablish their lives. Not every survivor needs the same kind of assistance and not all localities have the same resources.

The National Human Trafficking Hotline maintains a detailed database of over 3,200 agencies, with direct contact accessible only to Hotline staff. When a call is placed to the Hotline by or for a victim, staff members coordinate what is needed with what is available in the victim's location. NHTH staff can put victims in contact by various means, with live transfer being the preferred method: while the victim is on the phone, the service is brought on the line, and then Hotline staff disconnects so the trafficking victim can work directly with the service provider (NHTH, 2015).

The Hotline also maintains a public online directory of services by locality that can be accessed by anyone at any time. These services fall into a number of categories:

- Crisis services and emergency housing
- Legal—immigration, civil, criminal
- Mental Health—in-patient, outpatient, supportive counseling
- Other—healthcare, addiction treatment or services, case management, childcare, education, job training, family reunification, interpreting and translating, long-term housing, repatriation, transitional housing, or other transitional assistance

Searches can specify age, nationality, gender, and type of trafficking, or special populations including LGBTQ, American Indians or Alaskan Natives, and people with disabilities (NHTH, n.d.).

The National Human Trafficking Hotline website also maintains an extensive Resource Library and collection of resources for Safety Planning. Tip sheets for many types of situations are provided including protecting oneself while traveling, online, in employment, in relationships, and for how to leave a trafficking situation and what to do after exiting. Everyone should be aware that there are safety apps for smartphones that can help someone communicate immediately with trusted contacts. Healthcare professionals can familiarize themselves with what resources are available and be prepared to share information and instructions with possible or known trafficking victims (NHTH, n.d.).

Particularly relevant for healthcare professionals are these tips for communicating with someone in a trafficking or dangerous situation:

- Recognize that the person in the situation knows their situation best, and it is necessary to honor their requests to ensure their safety.
- Maintain open and nonjudgmental communication, ensuring they know they can reach out at any time, and end the call when they need to.
- Try to speak in person if possible.
- If that is not possible, try to speak on the phone first (rather than via text or social media messaging) and ask if the person is alone, and then use yes/no questions until they indicate it is safe to communicate more freely.
- If they are alone, try to establish safety words: one word to indicate it is safe to talk/the person is alone [for future communications] and one to indicate it is no longer safe to talk and what the person in the situation would like done (cease communication immediately/contact law enforcement/etc.).
- Try to learn more about safety concerns.
- Try to learn more about their needs/wishes moving forward (reporting, shelter, counseling, legal services, etc.). (NHTH, n.d.)

6. Florida Reporting and Legal Requirements

Reporting Requirements

The Florida Attorney General's website lists the following places for reporting Human Trafficking in Florida:

National Human Trafficking Hotline 1 888 373 7888

US Department of Justice Hotline 1 888 428 7581

Florida Abuse Hotline 1 800 96-ABUSE (800 962 2873)

Local Authorities

Each of these may be appropriate in slightly different situations. As always, if someone's life is in imminent danger, call 911.

In Florida, any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare is a **mandatory reporter**. § 39.201(1)(a), Florida Statutes. Virtually all healthcare professionals are "professionally mandatory reporters" and required to give their names when making a child abuse report; however, that information is held confidential (§ 39.202, F.S. and 415.107, F.S.).

Sex trafficking of a child is by definition child abuse and must be reported (FDCF, 2013).

If you have information regarding suspected Human Trafficking of a child in Florida contact: Florida Abuse Hotline 1-800-96-ABUSE (1-800-962-2873). Details of reporting and the information you will need to provide is available [here](#) (FDCF, 2019a,b).

If you have information regarding suspected human trafficking of an adult anywhere in the United States, or of a child outside of Florida, please:

Call the National Human Trafficking Resource Center at 888 373 7888

Text HELP to 233733 (BEFREE)

or

Visit the National Human Trafficking Hotline online at

<https://humantraffickinghotline.org>

(FDCF, 2019a)

To report suspected instances of trafficking or worker exploitation, you can contact the FBI field office nearest you or contact the Trafficking in Persons and Worker Exploitation Task Force Complaint Line at 1-888-428-7581 (weekdays 9 AM - 5 PM EST). The TPWETF Complaint Line call is toll-free and offers foreign language translation services in most languages, as well as TTY. After business hours, the Complaint Line has a message service in English, Spanish, Russian, and Mandarin only (USDOJ, 2015).

FL Requirements for Florida Nurses

In 2017 the continuing education (CE) requirements for nurses in Florida were changed to require a 2-hour CE course on human trafficking, as defined in s.787.06(2). This course must be completed every biennium beginning January 1, 2019 (FBN, 2020).

FL Requirements for Other Healthcare Professionals

In 2019 Florida passed Human Trafficking, Chapter 2019-152, Laws of Florida, which establishes new profession requirements including newly required signs, CE/CME, and more for the following professions: Acupuncture, medicine, osteopathic medicine, chiropractic medicine, podiatric medicine, optometry, pharmacy, dentistry, nursing home administration, occupational therapy, dietetics and nutrition, respiratory care, massage therapy, and physical therapy (FBOM, 2019).

Signs

Each healthcare provider licensed by one of the named Boards must post a sign regarding human trafficking in a conspicuous place accessible to employees by January 1, 2021. The sign must be at least 11 x 15 inches and in at least 32-point type. The sign must contain statutorily required language and be posted in English and Spanish. Signs that when printed at the listed size will meet the statutory requirements are available on the Florida Department of Health website. The Department has also provided Mandarin and Creole translations of these signs for use in offices where those languages are spoken (FDH, 2020).

Continuing Education

Each healthcare provider licensed by one of the named Boards must complete a one-hour continuing education (CE) course on human trafficking that has been specifically approved by their Board for this purpose. The course must be completed by January 1, 2021 and will count towards the required CE for renewal. The bill does not require that this course be taken again for future renewal cycles (FDH, 2020).

Other Requirements

Massage therapy establishments have additional requirements they must meet:

- Establish a Designated Establishment Manager (DEM) who “must be a licensed Massage Therapist with a clear and active license without restriction, practice at the establishment, and be responsible for the operation of the establishment in accordance with the laws and rules” (FDH, 2020, 2020a).
- Implement a procedure for reporting suspected human trafficking and post a sign accessible to employees that outlines that procedure.

More information on details and deadlines is available on the Florida Board of Massage Therapy website.

7. Conclusion

Human trafficking *does* occur in the United States. It is a global problem that does not discriminate against any age, gender, or race. Healthcare providers are important figures in this battle as advocates for victims.

Training for all healthcare workers on signs of trafficking is imperative to change these victims into survivors with a chance for recovery. The fight doesn't end when they are removed from their abuser. Support will need to continue as they begin the healing process. Healthcare providers at all levels can make a positive impact as they help in the recovery process and re-acclimate the survivors to a new and healthy life.

Setbacks are common as many suffer from posttraumatic stress issues, anxiety, and depression. Physical or mental scars must be addressed once they are free from their captives. Support and encouragement from healthcare professionals may be all the assistance a victim has. Even when no physical abuse is evident, mental abuse can be hidden and even more damaging. Survivors likely will have to deal with the memories and trauma for the remainder of their life.

A public health approach to target anti-trafficking efforts can help to reduce the risk of the most vulnerable populations. Local organizations should work collaboratively to provide the best possible resources for the victims of human trafficking.

Collaboration and training of all healthcare workers is only the beginning. A great deal of work must continue to support survivors. This work is not easy. To expose trafficking victims without a plan to address their complex situations can endanger them (Rothman et al., 2017). We must do our best to turn victims into survivors, directing them to the resources designed to give them back their life and freedom.

While many websites, organizations, and resources are available that provide basic knowledge for the public on reporting human trafficking and identifying possible victims, there is still a great deal of work to be done in the healthcare sector.

Human trafficking cannot be solved with one approach. Intervention and screening tools vary based on location and available resources and on training and knowledge of staff within the community. Human trafficking is complex and victims may experience multiple forms of trauma. Every case is different and every victim requires different resources and support.

Clinicians can support each other by collaborating with multidisciplinary teams to build screening and intervention tools for staff to give the victims with whom they work the best opportunity for escape and a better future.

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Quiz

A score of 80% or higher is required.

1. What is the key difference between human trafficking and human smuggling?

- a. Smuggling is consensual while trafficking is done against the will.
- b. Smuggling is about goods but trafficking is about people.
- c. Trafficking involves transporting while smuggling brings goods to the shores.
- d. Smuggling is virtually wiped out but trafficking is happening now.

2. The top priority when helping a suspected victim of human trafficking is:

- a. Determine if the person is hungry or thirsty.
- b. Protect the person from further harm.
- c. Interrogate the person immediately to preserve the truth.
- d. Call in law enforcement.

3. Which of the following is NOT human trafficking?

- a. The sex trade.
- b. Forced labor.
- c. Debtor forfeit.
- d. Domestic servitude.

4. Sex trafficking:

- a. Never involves children.
- b. Involves fewer victims than labor trafficking in the United States.
- c. Only involves children.
- d. Is the most prevalent form of human trafficking in the United States.

5. Labor trafficking:

- a. Can include people working in homes, agricultural settings, and factories.
- b. Doesn't have any role consumer and food products purchased in the US.
- c. Refers only to those forced to work in homes as domestic servants.
- d. Refers only to those forced to work on farms.

6. Those at highest risk of any form of human trafficking are:

- a. Older people from any socioeconomic status.
- b. Vulnerable populations, such as those with low socioeconomic status or children who have experienced abuse.
- c. Youths with a stable home life.
- d. Middle-aged women.

7. Traffickers will specifically target “throwaway teens.” They are seen as easy targets because:

- a. Their parents can't find them.
- b. Schools write them off if they are troublesome.
- c. While not old enough to hold a job legally they may need money and be willing to trade sex for basic necessities.
- d. They are eating out of dumpsters.

8. Stockholm syndrome is:

- a. A desire to return to Sweden over and over again.
- b. A desire to return to a monarchy.
- c. An obsession with Scandinavian writers.
- d. A survival mechanism to help a victim cope with captivity.

9. Which of the following is NOT a warning sign of trafficking?

- a. Being dressed conservatively and having identification.
- b. Sharing a scripted or inconsistent history.
- c. Having a tattoo that the person is reluctant to explain.
- d. Lying about or not being aware of their true age.

10. Trafficking victims:

- a. Usually want to talk a lot about their situation.
- b. Seldom disclose their situation in a clinical setting.
- c. Will usually blame their abuser for all problems.
- d. Should not be allowed to decide what help they need.

11. The best question to ask a possible victim would be:

- a. Do you want me to call your parents?
- b. Why are you doing this?
- c. What has happened to you?
- d. What's wrong with you?

12. Studies estimate that between 30% and 88% of trafficked persons seek medical services at some point during their capture:

- a. True
- b. False

13. In Florida the National Human Trafficking Hotline is.

- a. Only for use by victims.
- b. Only for use by healthcare professionals.
- c. Only open during business hours .
- d. For use by anyone and is open 24/7.

14. The Human Trafficking Assessment Tool from the NHTH:

- a. Is used to assess a situation to determine danger and evaluate when to contact the NHTH.
- b. Will allow you to determine definitively whether or not human trafficking is taking place.
- c. Is used only if sex trafficking is suspected.
- d. Eliminates the need to consider contacting law enforcement.

15. The Trafficking Victim Identification Tool (TVIT):

- a. Provides a guideline and interview questions not yet proven to identify victims of human trafficking.
- b. Provides a guideline and interview questions proven to identify victims of human trafficking.
- c. Is for use by anyone without any special training.
- d. Is validated for use with persons with disabilities.

16. All but ONE of the following are resources for healthcare professionals when they suspect their patient may be a trafficking victim:

- a. U.S. Department of Health and Human Services.
- b. National Human Trafficking Resource Center.
- c. Trafficker IDs Expose.
- d. Vera Institute of Justice.

17. The National Human Trafficking Hotline maintains a database accessible by staff that includes:

- a. Mainly law enforcement agencies.
- b. Resources for healthcare professionals only.
- c. Only few hundred private resources.
- d. Over 3,200 resources, public, private, and faith based that can assist trafficking victims in all phases of need.

18. Recent legislation in Florida made continuing education and signage requirements around human trafficking identical for nurses and all other healthcare providers.

- a. True
- b. False

Answer Sheet: Florida Human Trafficking for PTs and PTAs

Name (Please print) _____

Date _____

Passing score is 80%

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

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17. _____

18. _____

Course Evaluation

Please use this scale for your course evaluation. Items with asterisks * are required.

5 = Strongly agree 4 = Agree 3 = Neutral 2 = Disagree 1 = Strongly disagree

*Upon completion of the course, I was able to:

1. Describe the problem of human trafficking in Florida, the nation, and the world today. 5 4 3 2 1

2. Distinguish between 2 sets of terms: human trafficking/human smuggling and sex trafficking/labor trafficking. 5 4 3 2 1

3. State at least 3 factors that place a person at risk of becoming a victim of human trafficking. 5 4 3 2 1

4. List 4 barriers to identifying victims along with ways to address them. 5 4 3 2 1

5. Identify 2 types of signs that may help to identify victims of human trafficking. 5 4 3 2 1

6. Outline legal and reporting requirements for healthcare professionals in Florida. 5 4 3 2 1

*The author(s) are knowledgeable about the subject matter. 5 4 3 2 1

*The author(s) cited evidence that supported the material presented. 5 4 3 2 1

*Did this course contain discriminatory or prejudicial language? Yes No

*Was this course free of commercial bias and product promotion? Yes No

*As a result of what you have learned, do you intend to make any changes in your practice?
Yes No

If you answered Yes above, what changes do you intend to make? If you answered No, please explain why.

*Do you intend to return to ATrain for your ongoing CE needs?

_____ Yes, within the next 30 days.

_____ Yes, during my next renewal cycle.

_____ Maybe, not sure.

_____ No, I only needed this one course.

*Would you recommend ATrain Education to a friend, co-worker, or colleague?

_____Yes, definitely. _____Possibly. _____No, not at this time.

*What is your overall satisfaction with this learning activity? 5 4 3 2 1

*Navigating the ATrain Education website was:

_____Easy. _____Somewhat easy. _____Not at all easy.

*How long did it take you to complete this course, posttest, and course evaluation?

_____60 minutes (or more) per contact hour _____59 minutes per contact hour
_____40-49 minutes per contact hour _____30-39 minutes per contact hour
_____Less than 30 minutes per contact hour

I heard about ATrain Education from:

_____Government or Department of Health website.
_____State board or professional association.
_____Searching the Internet.
_____A friend.
_____An advertisement.
_____I am a returning customer.
_____My employer.
_____Other _____
_____Social Media (FB, Twitter, LinkedIn, etc)

Please let us know your age group to help us meet your professional needs.

_____18 to 30 _____31 to 45 _____46+

I completed this course on:

_____My own or a friend's computer. _____A computer at work.
_____A library computer. _____A tablet.
_____A cellphone. _____A paper copy of the course.

Please enter your comments or suggestions here:

Registration and Payment Form

Please answer all of the following questions (* required).

*Name: _____

*Email: _____

*Address: _____

*City and State: _____

*Zip: _____

*Country: _____

*Phone: _____

*Professional Credentials/Designations:

*License Number and State: _____

Payment Options

You may pay by credit card, check or money order.

Fill out this section only if you are paying by credit card.

2 contact hours: \$19

Credit card information

*Name: _____

Address (if different from above):

*City and State: _____

*Zip: _____

*Card type: Visa Master Card American Express Discover

*Card number: _____

*CVS#: _____ *Expiration date: _____