

TOPIC: IN SUPPORT OF SCREENING TOOLS AND INTERAGENCY COOPERATION TO HELP NURSES IDENTIFY HUMAN TRAFFICKING VICTIMS

SUBMITTED BY: California Nursing Students' Association (CNSA)

AUTHORS: Primary Authors, Melissa Byrne and Jane De Lay

WHEREAS, in 2010 and again in 2014, the National Students' Nursing Association's House of Delegates, recognized the need to increase awareness of human trafficking and to reaffirm the nurse's role in providing aid to this vulnerable population. In two separate resolutions, the NSNA advocated for increased education to enable healthcare providers to uphold basic human rights and methods for reporting violations and taking action to prevent it from happening again (NSNA, 2010 #5; NSNA, 2014, #10; and ANA, 2010); and

WHEREAS, the efforts to provide needed services remain uncoordinated and a major obstacle to providing services is the lack of a reliable tool to identify them (Simich, 2014, p. 2); and,

WHEREAS, it is becoming apparent that combating human trafficking is greater than the capabilities of law enforcement and healthcare alone; it requires interagency cooperation and the use of a validated victim identifying tool that can significantly improve recognition efforts in many settings, including hospitals, clinics, youth shelters, and domestic violence service agencies (Simich, 2014, p.5); and,

WHEREAS, an estimated 27 million individuals are victimized by human trafficking, and approximately 30%, or 8.1 million victims, seek medical care during their time of servitude, with the majority of them leaving unidentified as victims needing special assistance (Perkins, 2015, p. 37); and,

WHEREAS, nurses often establish a unique trust with their patients, enabling them to elicit vital information. Therefore, it is essential for nurses to have the screening tools necessary to identify victims of trafficking (Perkins, 2015, p. 39); and

WHEREAS, the Vera Institute of Justice has created, field tested, and validated a screening tool that reliably identifies "adult and minor victims of sex and labor trafficking both U.S. and foreign-born" (Simich, 2014, p. 1); and,

WHEREAS, recent research has identified that increased education among health care providers about human trafficking improves the level of knowledge by over 50%, increases utilization of available reporting resources from 26% to 99%, and doubles the suspected trafficking victim identification (Grace, 2014, pp. 856-861); therefore be it

RESOLVED, that the National Student Nurses Association (NSNA) support increased awareness of the nurse's role in identifying victims of human trafficking by encouraging more interagency cooperation and by advocating for improved nursing education in community, clinical, and academic environments regarding the use of a validated screening tool, victim hotlines, risk factor identification, and other appropriate resources; and be it further

RESOLVED, that NSNA increase awareness and advocacy about the need for increased inter-agency cooperation and the use of a consistent and validated screening tool to identify victims of human trafficking, through articles in the *Imprint* newsletter, website information dissemination, appropriate NSNA committee action, and information at the annual NSNA convention; and be it further

RESOLVED, that the NSNA encourage its constituents (i.e., state and local chapters and individual members) to support legislation, which will call for health care practitioners to support mandated reporting to combat human trafficking. By working with law enforcement and expanding the scope of mandated reporters, health care professionals (particularly nurses) can have a greater impact in the fight against human trafficking, and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the National Federation of Nurses, the American Association of Colleges of Nursing, the International Council of Nurses, the Emergency Nurses Association, the American Hospital Association, the American Medical Association, the American Public Health Association, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: **IN SUPPORT OF SCREENING TOOLS AND INTERAGENCY COOPERATION TO HELP NURSES IDENTIFY HUMAN TRAFFICKING VICTIMS**

SUBMITTED BY: California Nursing Students' Association (CNSA)

AUTHORS: Melissa Byrne and Jane De Lay

This resolution promotes interagency cooperation and the use of a validated screening tool to assist nurses in identifying victims of human trafficking. In a variety of health care settings, nurses encounter human trafficking victims without realizing it. Unfortunately, a validated screening tool has been a major obstacle to successfully identifying sex and labor victims. The situation is further complicated by a lack of cooperation amongst health care providers, law enforcement, social services, and immigration authorities.

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2016 Human Trafficking Resolution presented by the CNSA

Convention or Mid-year Conference Speaker (transportation, housing, meals)	\$ 1,000.00
Article in Imprint: No cost to association.	\$ -
Staff time for email messages to listed organizations. No additional costs.	\$ -
Total Cost	\$ 1,000.00

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TOPIC: IN SUPPORT OF HOSPITALS ADOPTING ESTABLISHED POLICIES AND PROCEDURES FOR PATIENTS THAT HAVE BEEN SUBJECTED TO HUMAN TRAFFICKING

SUBMITTED BY: Georgia Association of Nursing Students

WHEREAS, the 2010 National Student Nurses' Association (NSNA) House of Delegates adopted a resolution titled "In support of increasing awareness of human trafficking" submitted by the Oregon Student Nurses' Association Board of Directors; and

WHEREAS, in 2012, the United States Department of State estimated 27 million people were enslaved to human trafficking around the world; and

WHEREAS, in 2013, the National Center for State Courts reported Atlanta, Chicago, Detroit, Las Vegas, Miami, Minneapolis, New York, San Diego, San Francisco, St. Louis, Tampa, and Washington, D.C. to have the highest trafficking of youth with more than 90% of incidence of prosecuted sex trafficking cases; and

WHEREAS, victims face psychological harms such as disassociated ego states, shame, grief, self-hatred, insomnia, posttraumatic stress disorder, traumatic bonding (a form of coercive control in which the perpetrator instills fear in the victim, as well as gratitude for being allowed to live) and physical risks including broken bones, vaginal/anal tearing, sexually transmitted diseases, sterility, and miscarriages; and

WHEREAS, as frontline responders, nurses are often the first health care professionals to interact with human trafficking victims because of the brutal nature of the business and are the link between victims and other service providers; and

WHEREAS, nurses need to be skilled in identifying victims, providing appropriate interventions, and working collaboratively with other agencies to protect victims from further harm; and

WHEREAS, procedures for nurses on human trafficking should include training of staff to recognize the signs of human trafficking, provide safety for the patient and staff, differentiate victims of trafficking from patients who have experienced other forms of child abuse or intimate partner violence, refer for follow-up, and report to authorities; and

WHEREAS, nurses can play a role in identifying, intervening, and advocating for victims of human trafficking as they currently do for patients who are the victims of other types of violent crimes; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support health care providers, hospitals, and emergency departments in adopting established policies and procedures on human trafficking; and be it further

RESOLVED, that the NSNA support education on human trafficking by hosting sessions at the Annual Convention and encourage nursing curriculum education on human trafficking policy and procedures by dispersing information through publishing *Imprint* articles, fact sheets, and resources on how to identify and educate at-risk youth, if feasible; and be it further

RESOLVED,

that the NSNA encourage its constituents to advocate for vulnerable populations, at-risk youth, and those currently controlled by human trafficking by developing collaborative projects to support organizations currently in place to end human trafficking in the United States, if feasible; and be it further

RESOLVED,

that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Medical Association, Sigma Theta Tau International, the American Academy of Nursing, the Emergency Nurses Association, the National Association of Pediatric Nurse Associates and Practitioners, the Society of Pediatric Nurses, the Nursing Alliance for Quality Care, the American Hospital Association, the Institute for Healthcare Improvement, the International Council of Nurses, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASING AWARENESS OF HUMAN TRAFFICKING

SUBMITTED BY: Oregon Student Nurses' Association Board of Directors

WHEREAS, human trafficking is defined 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; or sex trafficking in which a commercial sex is induced by force, fraud or coercion or in which the person induced to perform such act has not attained 18 years of age , and is considered a violation of human rights; and

WHEREAS, the U.S. Department of State estimates 600,000-800,0000 people are trafficked across international borders annually, of which 14,500-17,500 people are trafficked into the United States; and

WHEREAS, vulnerable or disadvantaged populations are at increased risk for entrapment into human trafficking, and

WHEREAS, human trafficking results in complex health and social consequences and a significant risk for violence; and

WHEREAS, according to the American Nurses Association 2008 Human Trafficking Resolution, registered nurses represent an important role in identifying trafficking victims, and serve at the forefront of public health; and

WHEREAS, the *Rescue and Restore Victims of Human Trafficking* campaign is a collaborative multidisciplinary program of the U.S. Department of Health and Human Services Administration for Children and Families working to raise awareness of human trafficking; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) demonstrate its commitment to increased human trafficking awareness by supporting the efforts of the *Rescue and Restore* Program, if feasible; and be it further

RESOLVED, that the NSNA publish an article on this topic in *Imprint* magazine, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to advocate for the inclusion of awareness of human trafficking into current nursing curricula; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the National Federation of Nurses, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the International Council of Nurses, the Emergency Nurses Association, the American Hospital Association, the American Medical Association, the American Public Health Association, and any others deemed appropriate by the NSNA Board of Directors.

Out of the Shadows:

A Tool for the Identification of Victims of Human Trafficking

Laura Simich

RESEARCH SUMMARY • JUNE 2014

FROM THE CENTER DIRECTOR

The Vera Institute of Justice is deeply committed to improving justice systems for foreign and U.S.-born victims of human trafficking, yet a major obstacle to providing them with services and support is the lack of a reliable screening tool to identify them.

Vera has worked with victim service providers since 2006 to solve this fundamental problem, and as this publication describes, Vera has now validated the first-ever screening tool that can reliably identify sex and labor trafficking victims in the United States.

This brief summarizes the research's essential findings and policy implications and presents ideas for putting the screening tool into practice. This tool will give legal, health care and social service providers, law enforcement, and other professionals the ability to bring trafficking victims out of the shadows and improve their legal and social outcomes.



Oren Root, Director
Center on Immigration and Justice

OVERVIEW

A Mexican-born agricultural worker trapped by smugglers, physically threatened and forced to work to pay off ever-mounting extortionary debts of thousands of dollars to his “employer.” An African woman arriving in the U.S. in hopes of attending school, only to be abused and held captive while working long days without pay for a diplomat’s family. An Asian or European woman recruited to work in a legitimate business—or a U.S.-born child who has run away from abuse at home and is searching for safety—who is instead raped and prostituted in a massage parlor, brothel, or on the street.¹

Human trafficking, often called “modern-day slavery,” occurs on a massive scale, trapping thousands of victims in lives of incredible suffering with seemingly no way to escape. It does not necessarily involve transporting people across borders, but it does involve victimization and serious crimes committed within the U.S. Responding to this scourge requires knowing who and where victims are. To this end, the Vera Institute of Justice (Vera) completed a two-year study, *Improving Trafficking Victim Identification*. The study created, field tested, and validated the first-ever screening tool that can reliably identify adult and minor victims of sex and labor trafficking, both U.S.- and foreign-born.²

The tool is a statistically validated 30-topic questionnaire designed to elicit evidence of trafficking victimization. Vera also researched the best way to conduct interviews with potential victims in order to facilitate trust between interviewers and respondents. With national dissemination, this screening tool should lead to better identification of trafficking victims and improved responses to victims by law enforcement, other legal professionals, and service providers in various types of agencies and settings. A full technical report on the study is available on Vera’s website at www.vera.org/out-of-the-shadows.

SCOPE OF THE PROBLEM

The landmark Trafficking Victims Protection Act (TVPA) first made trafficking in persons a federal crime in 2000,³ but reliable screening tools and procedures have not been available for victim identification and systematic data collection. While every state has enacted anti-trafficking legislation, only a small fraction of trafficking victims have been identified because victims are commonly hidden

and living in fear. Even when trafficking victims come into contact with law enforcement, they may be re-victimized by being treated like criminals instead of victims and denied much-needed support and services. This inability to properly identify victims does law enforcement a disservice as well, as the victims of trafficking can serve as valuable resources in police investigations and as witnesses against their traffickers.

A major obstacle in forming an accurate estimate of the number of human trafficking victims is that the numbers are unreliable and can vary wildly. For example, figures often cited suggest that anywhere from 14,500 to 50,000 people are trafficked into the United States annually⁴ while more recent estimates place the number of currently enslaved or trafficked people⁵ in the United States at 57,000 to 63,000.⁶ The U.S. Department of State estimated in 2010 that less than 1 percent of current trafficking victims in the U.S. have been identified.⁷ Resolving the controversy over the true scope of human trafficking has been a challenge because of the dearth of standardized screening protocols. This study provides a means to address this fundamental issue in the U.S.

FEDERAL DEFINITION OF HUMAN TRAFFICKING FROM THE TRAFFICKING VICTIMS PROTECTION ACT (2000):

“Severe forms of human trafficking” are:

- > Sex trafficking [i.e., the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act] in which a commercial sex act is induced by force, fraud or coercion;
- > Sex trafficking in which the person induced to perform such act has not attained 18 years of age;
- > The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

“The way we are put in the situation, we don’t have a choice—like a prison—we don’t have a life. What you know is what [the traffickers] tell you.”

—A survivor of domestic servitude from Lesotho

A NEW APPROACH TO IDENTIFYING VICTIMS

Vera has been working since 2006 to research and develop reliable and effective trafficking victim identification practices, and that work was rewarded when its screening tool was validated by statistical analyses after testing by victim service providers. They asked potential trafficking victims questions about migration, work, and working/living conditions to elicit evidence of trafficking victimization experiences, namely, abusive labor practices, physical harm or violence, sexual exploitation, isolation, and force, fraud, and coercion. Statistical analyses also demonstrated which questions best predicted trafficking outcomes.

The screening tool may be used in either its full form or in a 16-question version, each of which offers different advantages depending on the user and the situation. The two versions may also be used in succession at separate times. For example, service providers who are mandatory reporters or working in a crisis situation may wish to use the short version of the tool for initial screening without recording details of a victim's story, while other interviewers may find the long version more useful for subsequent in-depth information gathering. A longer interview is best conducted once a potential victim feels safe, stable, and ready to talk about sensitive issues. Agencies with various mandates that use the trafficking victim screening tool will likely combine it with additional intake questions tailored to their specific client groups.

HOW THE RESEARCH WAS DONE

Vera collaborated with 11 experienced victim service organizations in California, Colorado, New York, Texas, and Washington State to test the screening tool. Data were gathered through structured interviews using the full screening tool with a diverse sample of 180 potential trafficking victims, case file reviews, and focus groups with service providers. Subsequent interviews were conducted with victims who had already been screened, service providers, and law enforcement with experience in human trafficking.⁸

From speaking to victims, Vera found that asking them about experiences of forced sex, and defining terms like “force” or “coercion,” sometimes proved difficult. Understanding cultural nuances and the impact of a sense of shame on some victims' responses during screening was also critical to increasing the effectiveness of screening and ultimately helping victims overcome the impact of the trafficking experience. In addition, speaking to law enforcement experts allowed Vera to understand the current methods law enforcement uses to identify human trafficking victims, how victims' fear and distrust of law enforcement can act as a barrier to victim identification, and how an effective screening tool could be useful for collecting evidence against traffickers.

Data analysis determined how well the screening tool worked, both in its ability to distinguish trafficking victims from victims of other crimes, and to differentiate between victims of sex and labor trafficking. More than half of the 180 interviewees (53 percent) were found to be trafficking victims. Of those, 40 percent were sex trafficking victims and 60 percent were labor trafficking victims.

The tool's validity and reliability in predicting sex and labor trafficking outcomes were tested and confirmed by several statistical methods.⁹ The majority of questions were shown by statistical analyses to be significant predictors of trafficking after controlling for group differences based on gender, age, place of origin, English proficiency, and years of education.

Vera found that the shortened version of the tool is capable of predicting trafficking victimization with only a small loss in predictive power. The shortened tool was designed by combining the questions from the full version of the tool that were found to be the strongest predictors of all types of trafficking.

“[Trafficking victims] are terrified...they think we're not going to take care of them, we're just going to throw them in jail...they'd rather be with the monster they know than with the monster they don't know, which is us.”

—Local law enforcement official

“In ten years, when I look back, I won’t know where to put away this memory.”

—A survivor of sex trafficking from China

WHAT IS ASKED IN THE 16-QUESTION TOOL?

Some questions were good predictors of trafficking in general, such as questions about owing money for help in traveling to the U.S. and being pressured to pay it back. Once evidence of trafficking was apparent, interviewers found the following questions particularly strong predictors of sex and labor trafficking after controlling for demographics:

Labor Trafficking

- > Have you ever worked without getting the payment you thought you would get?
- > Have you ever worked in a place where the work was different from what you were promised or told it would be?
- > Did anyone at your workplace make you feel scared or unsafe?
- > Did anyone at your workplace ever harm or threaten to harm you?
- > Have you ever felt you could not leave the place where you worked or lived?

Sex Trafficking

- > Did anyone you worked for or lived with trick or force you into doing anything you did not want to do?
- > Did anyone ever pressure you to touch another person or have any unwanted physical or sexual contact with another person?
- > Did you ever have sex for things of value (for example money, housing, food, gifts, or favors)?

The research was not without possible limitations, however. In particular, the study sample is not intended to be representative of all trafficking victims residing in the U.S. and a majority of the sample was adult and foreign-born. Circumstances and pathways into trafficking may differ among U.S. and foreign-born victims but trafficking crimes and experiences are similar in many ways, suggesting that the tool will be reliable for both populations. While this study sheds light on the experiences of under-served and under-studied immigrant groups, further evaluation of the tool’s use with U.S.-born minors would be beneficial. To mitigate this potential sampling limitation, we also note that the same screening tool questions were validated with a large sample of U.S.-born youth residing in the Covenant House shelter in New York, and those results have been published elsewhere.¹⁰

BUILDING TRUST IS STEP ONE

Having the right questions to ask potential trafficking victims is only part of what is needed for identification. The effectiveness of the tool hinges on its appropriate use, and that means building trust between screeners and potential victims. Screeners need to take a victim-centered approach and be sensitive to the trauma and fear that victims have generally endured before attempting to gather facts about trafficking crimes or a victim's long-term needs. Service providers participating in the study suggested several strategies for developing trust with trafficking victims that were incorporated into user guidelines. Chief among these strategies was offering victims a sense of safety and meeting their material and psychological needs by providing shelter in the near term and legal assistance and case management in the longer term.

This contextual knowledge is crucial to working sensitively with trafficking victims who have many support needs and often experience long-lasting mental distress as a result of traumatic experiences. In anticipation of promoting good trafficking victim identification methods on a wider scale, Vera also determined how the tool might be used in the anti-trafficking efforts of law enforcement, which plays a critical role in routine victim identification.

The importance of fostering trust does not stop at interacting with potential victims. **Inter-agency cooperation is also imperative to helping trafficking victims, yet Vera's research found that tensions often arise between victim service providers and law enforcement because they conceive of trafficking victims differently and take different approaches to working with them. For both, a lack of resources, such as time and specialized housing and mental health care for meeting victims' needs, makes stabilizing and working with trafficking victims difficult. Maintaining confidentiality and managing the different goals of attorneys, therapists, and law enforcement also exacerbate challenges in victim identification. For many foreign-born victims, immigration issues and lack of knowledge of victims' rights are especially problematic.**

POLICY AND PRACTICE IMPLICATIONS

Anti-trafficking efforts in the U.S. have been accelerating steadily, **but difficulties in identifying victims have limited their impact. Findings from this study have important implications, particularly for crime victim services, health and social services, and for law enforcement. Use of a validated trafficking victim identification tool can significantly improve victim identification practices and anti-trafficking efforts in many settings, including hospitals and clinics, youth shelters, and domestic violence service agencies** in the following ways:

- > Help victims receive appropriate referrals to programs for which they are eligible, including specialized victim services programs, legal assistance, victim advocacy, shelter programs, and some public assistance programs.
- > Help law enforcement initiate proactive investigations of sex trafficking and labor trafficking crimes, and gather facts to help secure convictions.
- > Help service providers understand elements of sex trafficking and labor trafficking by teaching them how to identify whether force, fraud, or coercion was used to hold an individual in a trafficking situation.

“It’s becoming painfully obvious that law enforcement can’t do it alone...it’s just kind of opening up communication, accepting that everybody has a role in [victim identification]—and a very important role—and then working together.”

—Local law enforcement official

“If everyone in the world were asking these questions, which I think would increase identification numbers a lot, even if the person says no the first time, I think it’s powerful to be asked...to get the mind running...like, ‘what is happening to me is not right, or maybe somebody can help me, or maybe I do have rights’...that is very important.”

—A trafficking victim service provider

- > Help standardize the way victims are screened within a specific jurisdiction—leading to a more coordinated response to human trafficking within a community.
- > Help inform community-wide training, public awareness, and outreach efforts to identify more sex and labor trafficking victims within a community.

CONCLUSION

One of the biggest obstacles to providing human trafficking victims with the services and support they need is the lack of an effective tool to identify them. Vera’s screening questionnaire fills that void, providing service providers and law enforcement with a valuable resource in the fight against human trafficking.

ENDNOTES

- 1 These examples are drawn from real experiences from trafficking victims interviewed for this study.
- 2 The study was funded by the National Institute of Justice Award No 2011-MU-MU-0066.
- 3 The TVPA has been reauthorized by Congress four times since 2000—in 2003, 2005, 2008 and 2013.
- 4 Josh Archambault and Birgit Waidmann, *Enhancing Counter-Trafficking Efforts: Diagnosing the Labor and Sex Trafficking Nexus* (Boston: Harvard Kennedy School, 2010); Heather J. Clawson et al., *Identifying Victims of Human Trafficking: Inherent Challenges and Promising Strategies from the Field* (Washington, DC: U.S. Department of Health and Human Services, 2008).
- 5 Enslavement is defined as “the possession and control of a person in such a way as to significantly deprive that person of his or her individual liberty, with the intent of exploiting that person through their use, management, profit, transfer or disposal. Usually this exercise will be achieved through means such as violence or threats of violence, deception and/or coercion.” Walk Free Foundation, “The Global Slavery Index 2013,” <http://www.globallslaveryindex.org> (accessed April 16, 2014).
- 6 These figures were reported in the Global Slavery Index and came from two reports: Free the Slaves & Human Rights Center, University of California, Berkeley, *Hidden Slaves: Forced Labor in the United States* (September 2004), <http://www.freetheslaves.net/document.doc?id=17> (accessed April 16, 2014) and U.S. Department of State, *Trafficking in Persons Report 2010*, <http://www.state.gov/j/tip/rls/tiprpt/2010/> (accessed April 16, 2014).
- 7 U.S. Department of State (USDOS), *Trafficking in Persons Report 2010* (Washington, DC: USDOS, 2010).
- 8 The 180 participants in this study, including trafficking and non-trafficking victims, were quite diverse. Seventy percent of the study sample was female and the median age was 33. Approximately 25 percent of study participants were under the age of 25 at the time of the screening interview, and 10 percent were under 18. Interviews were conducted in several languages, the most common of which were Spanish (43.3 percent), English (41 percent), and Chinese (12.9 percent). More than 40 countries of origin were represented.
- 9 The following is a brief overview of tests of validity and reliability performed on the screening tool. The screening tool’s construct validity was tested by separating its questions into dimensions, or “factors,” of trafficking using exploratory factor analysis, which were then used to construct scales. Correlations were run on questions within each scale to test for convergent validity and between each scale to test for discriminant validity. The scale’s internal consistency was tested for the entire tool, and for each of the scales using Chronbach’s Alpha. In their post-interview assessments, service providers were asked to assess each respondent’s likelihood of trafficking victimization on a scale from one (certainly not a trafficking victim) to five (certainly a trafficking victim) based on prior knowledge of the victim’s circumstances, and on their expert analysis of the answers given by each victim to questions in the screening tool. Criterion validity was tested by having two Vera researchers independently assess the victimization likelihood of 50 percent of the potential victims who took part in the study based on their survey responses, and comparing their assessments to the post-interview assessments given by the service providers. The two researcher’s assessments were also compared to one another to test for inter-rater reliability. The tool’s predictive ability was measured using a series of logistic regression models that tested how well each question and scale could predict trafficking on its own, and how well they could predict in combination with each other while controlling for a variety of factors. Finally, the tool’s sensitivity and specificity were tested using a series of receiver operating characteristic analyses.
- 10 Jayne Bigleson and Stefanie Vuotto, *Homelessness, Survival Sex and Human Trafficking: As Experienced by the Youth of Covenant House* (New York: Covenant House, 2013).

For More Information

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The Vera Institute of Justice combines expertise in research, demonstration projects, and technical assistance to help leaders in government and civil society improve the systems people rely on for justice and safety.

For more information on the Center on Immigration Justice, please contact its director, Oren Root, at (212) 376-3106 or oroot@vera.org. This research summary can be accessed at www.vera.org/out-of-the-shadows-summary.

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Feature: CE Connection

The truth about human trafficking

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The author and planners have disclosed no potential conflicts of interest, financial or otherwise.

Abstract

Does it surprise you that 27 million people are enslaved throughout the world today? It's known as human trafficking—the control and exploitation of individuals for money. Learn how to recognize the signs.

Human trafficking is an extremely lucrative business with an estimated net worth of \$32 billion—making it the second most profitable criminal enterprise in the world. It's hard to combat this problem because victims are often afraid to go to authorities for assistance. One of the reasons that human trafficking is so profitable is that people are a reusable resource, meaning that they can be repeatedly employed with little money spent on clothing, food, healthcare, and shelter. Human trafficking is often thought of as a problem that exists outside of the United States; however, it does occur within U.S. borders.



In this article, you'll learn about human trafficking, including sex and labor trafficking; how to identify a potential victim; how traffickers control their victims; health complications associated with human trafficking; and how you can help.

Two types

Human trafficking is defined under a federal law called the Trafficking Victims Protection Act (TVPA). The TVPA provides definitions for both sex trafficking and labor trafficking. With sex trafficking, an individual is utilized for commercial sex acts; with labor trafficking, an individual is utilized for labor or services. Although the two types of trafficking are differentiated, it's important to note that in some cases labor trafficking victims may also be sexually abused or assaulted.

Traffickers control their victims through the use of:

force—controlling an individual through physical violence and/or physical confinement

fraud—misleading an individual with false promises, such as job offers

coercion—instilling fear in an individual so that he or she will comply with orders; for example, the threat of physical abuse for noncompliance.

Legally, force, fraud, and/or coercion must be present for a case to be labeled as human trafficking. The only exception to this rule is minors (those under age 18). Minors are unable to legally consent and, as a result, force, fraud, and/or coercion don't need to be present for a case to be considered human trafficking.

Sex trafficking

Clues that a patient may be involved in sex trafficking include:

* record of being arrested for prostitution

* evidence of sexual trauma

* being a minor involved in the sex industry (Keep in mind that minors can't consent; therefore, any participation of a minor in the sex industry is considered trafficking.)

* appearance doesn't match stated age (The patient states that he or she is 21, but appears to be approximately 14.)

* branding tattoos, such as with an individual's name

- * being underage in a relationship with an older individual.
- * streets
- * escort services
- * hotels and motels
- * bars

Examples of sex trafficking venues include:

- * massage parlors
- * residential brothels
- * truck stops
- * pornography (online [individuals are also advertised and sold online for escort services and brothels], in videos/movies, or in print).

In many cases, sex trafficking victims will be assigned a nightly quota and must meet that quota to avoid harm. For example, victims being kept in residential brothels may be required to have sex with 25 clients per day, every day of the week. This adds up to a staggering 9,125 unwanted sexual encounters per year. The victim may not be able to choose whether the client uses protection during the sexual encounter. Often, the trafficker will take all of the victim's earnings, leaving him or her dependent on the trafficker for everything.

Labor trafficking

Clues that a patient may be involved in labor trafficking include:

- * dehydration
- * exposure to chemicals and pesticides
- * sleep deprivation

- * illnesses related to heat exposure, such as heat stress or heat stroke
- * musculoskeletal injuries
- * illnesses related to poor water quality and/or sanitation
- * untreated infections.

Examples of labor trafficking venues include:

- * domestic servitude, such as nannies or maids
- * forestry
- * construction
- * factories
- * restaurants
- * pornography
- * agriculture
- * fishing
- * peddling and begging rings
- * hotels
- * small businesses
- * exotic dancing.

Labor trafficking victims may be forced to work 12 to 20 hours per day with little to no pay. In some cases, victims may be required to go for days without sleep. They may be physically abused, sexually assaulted, isolated, and confined.

A look at the perpetrators

Human traffickers are skilled at recognizing vulnerabilities and manipulating people. According to the Polaris Project, a nonprofit organization that works to combat and prevent human trafficking, "human traffickers recruit, transport, harbor, obtain, and exploit victims—often using force, threats, lies, or other psychological coercion." Victims of human trafficking often make initial contact with the trafficker voluntarily because of false promises about jobs, stability, educational opportunities, and loving relationships. Although many victims are tricked into willingly meeting with human traffickers, there are instances in which victims are obtained through kidnapping and violence. Traffickers may work alone or be part of an extensive network.

- * large factory owners.
- * pimp
- * gang members
- * family members
- * labor brokers
- * employers of domestic servants
- * small business owners

Human traffickers don't fit into any one mold; however, they do have one thing in common: a willingness to exploit others in the pursuit of money.

Traffickers utilize Maslow's hierarchy of needs to find, recruit, manipulate, and control their victims. As nurses, we're familiar with Maslow's hierarchy, which includes the following:

* **love and belonging**—companionship, satisfactory relationships, identification within a group

- * **physiologic/basic needs**—food, water, air, sleep, sex
- * **safety and security**—avoiding harm, physical safety, freedom from fear

- * **self-esteem**—self-respect, respect of others, success in work
- * **self-actualization**—feeling of self-fulfillment, realization of highest potential.

As the name implies, humans must meet their most basic needs, such as food, water, and safety, before they can meet higher-level needs, such as self-esteem and self-actualization.

The following personal account, as cited by the Polaris Project, provides an example of human traffickers using Maslow's hierarchy of needs to control a human trafficking victim: "You will do anything to feel like his everything. And he promises you everything. And the things he convinces you to do, they don't seem that bad if afterwards he shows you how much he loves you...and as long as your profits meet expectations, you will have what you've wanted your whole life: love."

* exploit the individual for financial gains.

The following is a quote from the leader of a prostitution ring, as cited by the Polaris Project, "Always make them need and depend on you so you have power over them. Power is control." Traffickers typically control their victims by building up trust and then breaking them down emotionally. Much like domestic abuse situations, there's often a complex bond with the trafficker, making it challenging for the victim to leave the situation. Additionally, human traffickers may make victims fearful of authority figures by telling them that they'll be arrested and/or deported if they speak up and ask for help.

Who's at risk?

It's important to remember that victims of human trafficking don't fall into any one category. They can be men, women, or children; U.S. citizens or foreign nationals; well educated or poorly educated; and from wealthy, middle class, or poor families. The one thing that victims have in common is vulnerability.

- * domestic violence
- * child abuse/neglect
- * social discrimination
- * financial difficulties.

- * runaway youth
- * homelessness/lack of stable housing
- * sexual assault
- * war or conflict
- * substance abuse

In some instances, individuals may become indebted to human traffickers posing as labor recruiters. For example, the trafficker brings an individual to the United States, paying his or her travel expenses and possibly adding on recruitment fees. After the individual arrives in the United States, the human trafficker takes possession of his or her documentation and forces him or her to "work off" the debt. In reality, the victim will never be able to work off the debt because the trafficker continues to add on living expenses, such as food and shelter. After a human trafficker has an individual's documentation, he or she is essentially trapped.

Individuals who've been brought to a different part of the world are at risk because they have no nearby support systems; they don't know where they are; they're often moved around frequently to avoid detection and make escape more difficult; they don't know the laws or their rights; and they may speak a different language, making it difficult to ask for help.

Health complications

Human trafficking victims may have a myriad of associated health complications, including:

- * **substance abuse**—individuals who are addicted to a substance(s) are more vulnerable to human trafficking
- * **exhaustion**—victims are exhausted after minimal hours of sleep and countless hours of work; some may be required to go without sleep for days
- * **posttraumatic stress disorder**—individuals may have flashbacks of traumatic event(s), nightmares, and debilitating anxiety when thinking about the event(s)
- * **trauma bonding/Stockholm syndrome**—victims may develop empathy for and an emotional bond with the trafficker(s); when trauma bonding occurs, it can be more difficult for victims to leave
- * **depression/suicide attempts/suicide**—many victims become depressed and, in some cases, may attempt or commit suicide
- * **sexually transmitted infections (STIs)/ sexual dysfunction**—in many cases, STIs remain untreated for long periods of time and may cause long-term complications, such as infertility or sexual dysfunction
- * **difficulty attaining and maintaining healthy relationships**—victims often have difficulty in this area as a result of the broken relationships that they developed while being trafficked.

How can you help?

It has been estimated that up to 30% of all human trafficking victims will have contact with a healthcare provider during the period of time. The following quote from a human trafficking survivor, as cited by the Polaris Project, demonstrates the need for assistance by healthcare

that they're being victimized. Let's do a bit of math here: an estimated 27 million individuals are victims of human trafficking. If we take 30% of that figure around. Approximately 8.1 million victims will come into contact with a healthcare provider at some point during their human trafficking ordeal. The disappointing fact is that the majority of human trafficking victims that come into contact with healthcare professionals won't be identified and, therefore, won't receive the assistance they need.

- * evidence that the patient is unable to leave/quit his or her job
- * fear or depression
- * the patient has no documentation, such as a passport or driver's license
- * malnourishment
- * infrequent visits to healthcare providers despite medical issues

As a nurse, you can help by utilizing your assessment skills and following up when something feels wrong to you. Keep your eye out for red flags indicating possible human trafficking:

- * evidence that the patient is being controlled
- * evidence that the patient is unable to come and go as he or she chooses
- * signs of physical abuse, such as bruises or burns
- * the patient doesn't speak for him- or herself
- * paranoia, anxiety, and/or nervousness
- * numerous inconsistencies in the patient's story
- * medical issues that haven't been treated in a timely manner
- * no health insurance.

If you're caring for a patient and you suspect that he or she is a victim of human trafficking, ask follow-up questions. Be careful how you ask the questions and who's around when you ask. If another individual came to the healthcare setting with the patient, try your best to separate the patient. Always make sure that your environment is safe for both you and the patient. It's also important to ensure that you speak with the patient in a confidential location.

Don't ask the patient outright if he or she is a victim of human trafficking and don't ask about immigration status. Asking these two questions may scare the patient and stop him or her from talking. Additionally, it may be a good idea to ensure that female healthcare providers work with female victims of human trafficking. It may be more difficult for a female victim to open up to a male healthcare provider. When in doubt, ask the patient if she prefers to be cared for by a male or female caregiver.

- The following are sample questions you can ask when talking with a suspected human trafficking victim:
- * Who came in with you today? Can you tell me a little bit about them?
 - * What type of work do you do?
 - * Are you being paid for the work that you do?
 - * Could you quit your job if you wanted to?
 - * Have you or your family been threatened?
 - * What are your working conditions like?
 - * Where do you sleep and eat?
 - * Are there locks on your doors and windows so you can't get out?
 - * Has your identification or documentation been taken away?
 - * Are you able to come and go as you please?
 - * Have you ever felt pressure to do things that you didn't want to do?
 - * What are your living conditions like?
 - * Do you have to ask permission to carry out everyday tasks, such as eating, sleeping, or going to the bathroom?
 - * Are you sexually active? (Ask about consensual and nonconsensual sexual experiences.)

For more in-depth assessment tools for healthcare providers, visit www.polarisproject.org/tools-for-service-providers-and-law-enforcement.

Never be judgmental when caring for a human trafficking victim or patient. Ask about and assess the patient's safety. If he or she wishes to leave, you may need to assist by connecting the patient with appropriate resources. It's unwise to contact the authorities without permission because doing so can place the victim at risk. However, if the victim is a minor, it may be appropriate to contact law enforcement without permission.

When providing a human trafficking victim with information, give verbal information instead of written information. The patient may be searched if he or she goes back with the trafficker and providing written information can place him or her in danger. Be aware that, in some cases, victims may not want to leave immediately and may wait to leave or ask for assistance until they feel safe. Encourage the patient to contact the National Human Trafficking Resource Center at 1-888-373-7888 or send a text to BeFree (233733). If the patient isn't a U.S. citizen, he or she may be eligible for a special visa allowing him or her to remain in the United States under the TVPA.

Looking ahead

In order to protect current and potential victims of human trafficking, it's our professional responsibility to educate ourselves about human trafficking, including on-the-job training, screening tools, and available resources for victims. As frontline healthcare providers, nurses are in a unique position to help stop human trafficking.

You may be wondering if you've ever come into contact with a victim of human trafficking and missed an opportunity to help a person in need. I know that I've wondered the same thing. You can't change the past or missed opportunities, but going forward you can be diligent to ensure that you don't miss any opportunities for assistance.

Remember that you may be the only outside person that the victim comes into contact with who's able and/or willing to help him or her attain safety and freedom.

Red flags

cheat sheet

* Evidence that the patient is being controlled



- * Evidence that the patient is unable to come and go as he or she chooses
- * Evidence that the patient is unable to leave/quit his or her job
- * Fear or depression
- * Signs of physical abuse, such as bruises or burns
- * The patient doesn't speak for him- or herself
- * The patient has no documentation, such as a passport or driver's license
- * Paranoia, anxiety, and/or nervousness
- * Numerous inconsistencies in the patient's story
- * Malnourishment
- * Medical issues that haven't been treated in a timely manner
- * Infrequent visits to healthcare providers despite medical issues
- * No health insurance

consider this

Male sex trafficking victims

Although thought of as mostly a problem affecting women, men are also victims of sex trafficking; in some parts of the world, they're victimized more often than women. It's estimated that 98% of sex trafficking victims are female and 2% are male. The common belief that men aren't subjected to sex trafficking has led to thousands of victims being ignored. It's also important to remember that it's believed that the actual number of male victims may be higher than estimated because of underreporting.



Monitor for male victims, as well as female victims. Keep in mind that identification may be difficult due to a lack of awareness on the part of healthcare providers and, in many cases, male victims may be hesitant to speak up due to shame or humiliation. Additionally, male victims may have a more difficult time accessing resources; the majority of services for sex trafficking victims are geared toward women and don't offer programs solely for men.

Sources: Chin YS. Trafficked boys overlooked. www.ijie.org/trafficked-boys-overlooked-underrepresented.
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 Lillie M. Invisible men: male victims of sex trafficking. <http://humantraffickingsearch.net/wp/invisible-men-male-victims-of-sex-trafficking/>.

key points

* There are an estimated 27 million human trafficking victims worldwide.



- * Approximately 8.1 million human trafficking victims will come into contact with healthcare providers.
- * Sex trafficking and labor trafficking affect both males and females.
- * Medical professionals, social workers, and law enforcement are in a unique position to assist victims of human trafficking.
- * Traffickers use force, fraud, and/or coercion to victimize others.
- * Don't forget to utilize the social workers in your facility—they can assist with identification, escape, and long-term treatment/care of victims.

* You can always call the National Human Trafficking Resource Center at 1-888-373-7888.

Questions to ask your patient if you suspect human trafficking

cheat sheet

* Who came in with you today? Can you tell me a little bit about them?



* What type of work do you do?

* Are you being paid for the work that you do?

* Could you quit your job if you wanted to?

* Are you able to come and go as you please?

* Have you or your family been threatened?

* Have you ever felt pressure to do things that you didn't want to do?

* What are your working conditions like?

* What are your living conditions like?

* Where do you sleep and eat?

* Do you have to ask permission to carry out everyday tasks, such as eating, sleeping, or going to the bathroom?

* Are there locks on your doors and windows so you can't get out?

* Has your identification or documentation been taken away?

* Are you sexually active? (Ask about consensual and nonconsensual sexual experiences.)

consider this

Female labor trafficking victims

Much like men are “invisible” in the sex trafficking industry, women are often overlooked victims of the labor trafficking industry. Although labor trafficking is thought to mostly affect men, it has been estimated that nearly half of all labor trafficking victims are female. As healthcare providers, we can't make the assumption that all labor trafficking victims are male because in doing so we miss opportunities to assist all individuals affected by labor trafficking. Monitor for female victims, as well as male victims.



Source: Freedom Network USA. Labor trafficking is a women's rights issue. http://freedomnetworkusa.org/wp-content/uploads/2012/05/Labor_Trafficking_is_a_Women_s_Rights_Issue_September_2010b.pdf.

on the web

* **CDC:** www.cdc.gov/violenceprevention/sexualviolence/trafficking.html



* **HumanTrafficking.org:** www.humantrafficking.org/

* **National Human Trafficking Resource Center:** <http://traffickingresourcecenter.org/>

* **Polaris Project:** www.polarisproject.org/human-trafficking/overview

* **United Nations Office on Drugs and Crime:** <https://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html>

* **U.S. Department of Justice Office for Victims of Crime:** <http://ovc.ncjrs.gov/humantrafficking/>

* **World Health Organization:** www.who.int/reproductivehealth/publications/violence/rhr12_42/en/

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U.S. Department of State. U.S. laws on trafficking in persons. www.state.gov/j/tip/laws/.

Vermont Center for Crime Victim Services. Vermont human trafficking task force. www.ccvv.state.vt.us/nomoreslaves.

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