

HUMAN TRAFFICKING AND PUBLIC HEALTH

Patricia A. Crane, PhD, MSN, RN, WHNP-BC, DF-IAFN

Assistant Professor

School of Nursing

University of Texas Medical Branch Galveston

301 University Boulevard

Galveston, Texas 77555-1029 pacrane@utmb.edu

Patricia A. Crane has a PhD in nursing and her dissertation and subsequent research focuses on injuries and nursing care following sexual assault. She is an Assistant Professor at the School of Nursing, University of Texas Medical Branch Galveston, Texas. She has been a board certified Women's Health Care Nurse Practitioner for 30 years working in indigent and diverse clinical settings in multiple states. She acts as faculty for diverse health professions students doing community health and well-woman care in Brownsville, Texas and free clinics and border clinics in Texas. She teaches health professions students in the Global Health Track at UTMB as well as multiple other courses in the undergraduate nursing and nurse practitioner programs. Dr. Crane is an active member and on the board of multiple professional organizations as well as active committee member on campus, school of nursing and organizational committees. She presents locally, regionally, and internationally several times a year addressing forensic (medico-legal) health issues and women's health. She has multiple peer reviewed journal articles and other publications. She continues a multi-state forensic nursing practice to provide consultation, education, and expert witness testimony for attorneys in all types of interpersonal violence cases.

pacrane@utmb.edu

Overview

Definition

US and Texas' legal response to Human Trafficking
Potential Immigration Remedies

The Challenges for Health Care Providers

Victim Identification

Health Issues : Physical and Psychological
Communicating and building trust

Key Questions to Ask

Victim-Centered Approach

Challenges to Assisting Survivors of Human Trafficking

Immediate & Long-Term Needs

Collaborative Approach to Victim Needs

DEFINITION: HUMAN TRAFFICKING

an insidious type of international and domestic crime that involves a pattern of power and control used to extract labor or services for financial or material gain.

affects all genders and ages within all types of relationships.

has a devastating impact on individual victims, who often have been subjected to long-term systematic physical, sexual, and emotional abuse, threats against self and family.

Trafficking Victims Protection Act (TVPA)

October 28, 2000, the TVPA was signed into law. It was the first comprehensive law to protect human trafficking victims.

TVPA is a victim-centered approach to address trafficking and combine anti-trafficking efforts and human rights objectives.



TVPA

The purpose of the TVPA law is to combat human trafficking by providing the means to:

Punish the traffickers

Protect the victims

Prevent trafficking from occurring

REAUTHORIZATION OF THE TRAFFICKING VICTIMS PROTECTION ACT

**2003 - Trafficking Victims Protection
Reauthorization Act (TVPRA)**

**2005 – Trafficking Victims Protection
Reauthorization Act of 2005 (TVPRA 2005)**

**2008 – William Wilberforce Trafficking Victims
Reauthorization Act of 2008**

TRAFFICKING IN PERSONS

Sex Trafficking: Commercial sex act induced by force, fraud or coercion, or in which person performing the act is under age 18.

Labor Trafficking: Using force, fraud or coercion to recruit, harbor, transport, obtain or employ a person for labor or services in involuntary servitude, peonage, debt bondage or slavery.

IMMIGRATION REMEDIES AVAILABLE TO VICTIMS OF HUMAN TRAFFICKING

T-Visa (Trafficking Visa)

U-Visa (Victims of Crime in the US)

VAWA (Violence Against Women Act)

Asylum

Special Immigrant Juvenile Status (SIJS)

TRAFFICKING vs.

Human Trafficking

NO consent to the victims' situation

Ongoing exploitation of victims to generate illicit profits for the traffickers

Trafficking need not entail the physical movement of a person

Must entail the Exploitation of the person for labor or commercial sex

SMUGGLING:

Migrant Smuggling

Illegal crossing of international border

Includes consent

Free to leave once in the US

If provided work, may be paid, and free to leave the job

INDUSTRIES LINKED TO HUMAN TRAFFICKING

Sex Trafficking

Brothels
Prostitution or other commercial sex venues
Pornography
Exotic
Dancing/Stripping
Massage Parlors
Escort Services
Modeling Studios

Labor Trafficking

Farming/Agricultural work
Landscaping/Construction
Hotel or Tourist Industries
Janitorial Services
Restaurant/Cooks/Waiter or Waitresses
Factory Work (sweatshops)
Domestic servitude
Housekeeping/Nannies
Peddling/Panhandling

IDENTIFICATION OF VICTIMS

Frontline health providers play important role identifying and helping trafficking victims.

While trafficking is largely hidden social problem, many victims are in plain sight if you know what to look for.

Very few places where someone from outside has opportunity to interact with victim.

HEALTHCARE PROFESSIONALS

Play two critical roles:

**Finding victims of human trafficking
while they are still in captivity**

**Caring for their mental and physical
needs upon release**

HEALTHCARE PROFESSIONALS: VICTIM IDENTIFICATION

Trafficking Victims can appear at any time, at any place:

Emergency Room

Pregnancy Care Centers

Community Med Clinics

Free Health Screenings

Trafficking Victims can also to be misidentified as victims of other crimes:

Sexual Assault

Domestic Violence

Torture/Mutilation

Work Accident

HEALTHCARE PROFESSIONALS: VICTIM IDENTIFICATION

Indicators

- Is potential victim accompanied by another person who seems controlling?**
- Does person accompanying potential victim insist on giving information to health providers?**
- Can you see or detect any physical abuse?**
- Does potential victim seem submissive or fearful?**
- Does potential victim have difficulty communicating because of language or cultural barriers?**
- Does potential victim have any identification?**
- Is potential victim suffering from common health problems experienced by trafficking victims?**

PROVISION OF HEALTHCARE SERVICES

Trafficked persons suffer a wide variety of health problems beyond what would be expected given their age, gender, and country of residence.

Based on the intimidation/indoctrination tactics used by the trafficker against the victim

Based on the nature of work and conditions trafficking victims are subjected to.

Inaccessibility to needed healthcare in a timely fashion because of the illegal nature of trafficking activities.

HEALTH CARE ISSUES: VICTIMS OF HUMAN TRAFFICKING

Victims suffer from:

Inhumane living conditions

Poor sanitation

Inadequate nutrition

Poor personal hygiene

Brutal physical and emotional abuse

Dangerous workplace conditions

General lack of quality medical care

HEALTH CARE ISSUES: VICTIMS OF HUMAN TRAFFICKING

**Preventive health care virtually non-existent
Health problems typically not treated in early stages
get to fester until they become critical,
life-endangering situations**

**Health care frequently administered
at least initially by unqualified “doctor”
hired by trafficker with little regard for
well-being of “patients” – even less regard for
disease, infection or contamination control**

HEALTH CARE ISSUES: VICTIMS OF HUMAN TRAFFICKING

Sexually transmitted diseases, HIV/AIDS, pelvic pain, rectal trauma and urinary difficulties

Unwanted pregnancy, resulting from rape or prostitution

Infertility from chronic untreated sexually transmitted infections or botched or unsafe abortions

Infections or mutilations caused by unsanitary and dangerous medical procedures performed by unqualified individuals

Chronic back, hearing, cardiovascular or respiratory problems from endless days toiling in dangerous agriculture, sweatshop or construction conditions

Weak eyes and other eye problems from working in dimly lit sweatshops

HEALTH CARE ISSUES: VICTIMS OF HUMAN TRAFFICKING

Malnourishment and serious dental problems

These are especially acute with child trafficking victims who often suffer from retarded growth and poorly formed or rotted teeth

Infectious diseases like tuberculosis

Undetected or untreated diseases, such as diabetes or cancer

Bruises, scars and other signs of physical abuse and torture

Sex-industry victims often beaten in areas that will not damage their outward appearance, like lower back

HEALTH CARE ISSUES: VICTIMS OF HUMAN TRAFFICKING

Substance abuse problems or addictions

Psychological trauma from daily mental abuse and torture, including depression, stress-related disorders, disorientation, confusion, phobias and panic attacks

Feelings of helplessness, shame, humiliation, shock, denial or disbelief

Cultural shock from finding themselves in strange country

TRAUMA OF HUMAN TRAFFICKING: INITIATION PHASE

Shock: realizing their situation

Disorientation

Breaking down resistance (overwork, lack of basic necessities)

Intimidation and threats (immigration, police, family)

Coercion/Fear

Isolation/ Control/ Trapped

Emotional and psychological abuse (use of relationship, name-calling)

Physical abuse, force, rape, torture

Reality turned on its head

TRAUMA OF HUMAN TRAFFICKING: INDOCTRINATION PHASE

Traffickers:

Use authoritarian status to further retain control

Build an community with its own rules (showing favoritism)

Create external and internal group pressures (promise of rising rank)

Create Physical Impairment and exhaustion

Becomes the potential source of comfort and humiliation

UNDERSTANDING THE VICTIM MINDSET

Frequently victims:

Do not speak English and are unfamiliar with U.S. culture

Confined to a room or small space to work, eat, sleep

Fear and/or distrust health providers, government, law enforcement

Traffickers exploit /cultivate fear and distrust of authorities.
Fear of arrest or deportation

Unaware what is being done to them is a crime

Don't self-identify as a "victim"

Blame themselves for their situations

May develop loyalties, positive feelings towards traffickers and coping mechanisms

May try to protect traffickers from authorities

UNDERSTANDING THE VICTIM MINDSET

Traffickers may “coach” victims to answer with cover story about being wife, student, niece/nephew, son/daughter.

Victim may have a well-rehearsed story but be unable to provide answers to follow-up questions

Sometimes victims do not know where they are, because traffickers frequently move them to escape detection.

Victims are misled about what city they are in.

Typically watched, escorted, or guarded by traffickers or associates of traffickers.

Victims comply and don't seek help because of fear for their safety and safety of their family members.

Threats of harm to family is one of the most powerful tools used against victims.

TRAUMA REACTIONS

Flashbacks/Triggered Reactions*

Emotional Numbing/Avoidance*

**Repetition compulsion, Re-Enactment;
Identification with the Perpetrator**

Psychosomatic Reactions

Depression/Dysthymia

COMMUNICATION WITH VICTIMS

If you think a patient is a victim of trafficking, you do not want to begin by asking directly if the person has been beaten or held against his/her will.

Instead, you want to start at the edges of his/her experience.

Ideally you should find a staff member who knows the patient's language and culture.

Screen interpreters to make sure they don't know your client or the trafficker.

Before asking any sensitive questions try to get the person alone (trafficker may be posing as spouse, etc.)

Request time alone in a manner that does not raise suspicions.

COMMUNICATION WITH VICTIMS

Before questioning potential trafficking victim, isolate individual from person accompanying her/him without raising suspicions

Individual accompanying patient may be trafficker posing as spouse, other family member or employer

Say that ER/health clinic policy is to examine patient alone

Enlist trusted translator/interpreter who also understands victim's cultural needs

If patient is child, important to enlist help of social services specialist skilled in interviewing child trafficking or abuse victims

COMMUNICATION WITH VICTIMS

For victim's safety, strict confidentiality is paramount

Ask questions in safe, confidential and trusting environment

Limit number of staff members coming in contact with suspected trafficking victim

Importance of indirectly and sensitively probing to determine if person is trafficking victim

May deny being trafficking victim, so best not to ask direct questions

Phrase "trafficking victim" will have no meaning

TRUST BUILDING

Slow Process

Take the time to build rapport

Often survivors have negative perceptions of authority

Use open-ended questions without many interruptions

Be aware of culture, power/class differentials, “taboo” topics, importance of role/family, building cultural sensitivity and knowledge.

TRUST BUILDING

Sample messages to convey:

We are here to help you.

Our first priority is your safety.

If you are a victim of trafficking and you cooperate, you will not be deported.

We will give you the medical care that you need.

We can find you a safe place to stay.

We can help get you what you need.

We want to make sure what happened to you doesn't happen to anyone else.

You are entitled to assistance. We can help you get assistance.

If you are a victim of trafficking, you can receive help to rebuild your life safely in this country.

KEY QUESTIONS TO ASK

Can you leave your job or situation if you want?

Can you come and go as you please?

Have you been threatened if you try to leave?

Have you been physically harmed in any way?

What are your working or living conditions like?

Where do you sleep and eat?

Do you sleep in a bed, on a cot or on the floor?

Have you ever been deprived of food, water, sleep or medical care?

Do you have to ask permission to eat, sleep or go to the bathroom?

Are there locks on your doors and windows so you cannot get out?

Has anyone threatened your family?

Has your identification or documentation been taken from you?

Is anyone forcing you to do anything that you do not want to do?

CHALLENGES OF ASSISTING SURVIVORS OF HUMAN TRAFFICKING

Shelter

Intensive Case-Management

Mental Health Trauma

Legal – Immigration

Medical Care

Legal – Criminal Culpability

Interpretation Needs

Cultural Considerations

Income Assistance

Confidentiality Issues

IMMEDIATE NEEDS

Personal Safety Planning and Safe/Secure Housing/Placement

Medical/Mental Health Care

Interpretation

Legal Services

LONG-TERM NEEDS

Safety & Security

Medical or Mental Health Issues

Education/Employment Issues

Familial Support/Stability

A COLLABORATIVE EFFORT

Collaboration is key to developing a comprehensive plan and response to human trafficking cases.

Facilitates a coordinated response

Allow each stakeholder to focus on their respective goals

Permits a multi-disciplinary/multi-agency approach

No one agency can meet all the needs of a survivor of human trafficking.

REPORTING

If you think you have come in contact with victim of human trafficking, call National Human Trafficking Resource Center, 1.888.3737.888.

This hotline will help you:

Determine if you have encountered victims of human trafficking

Coordinate with local social service organizations to help protect and serve victims so they begin process of restoring their lives

For more information on human trafficking visit www.acf.hhs.gov/trafficking.

Call local police if victim at risk of imminent harm

1-888-373-7888

www.acf.hhs.gov/trafficking

CASE EXAMPLE

- ▶ **Carlos lived in Mexico and wanted to come to the United States to work, so he paid a coyote to be brought into the country**
- ▶ **Once he crossed the border, he was taken to a safe house and then transported to a peanut farm where he was to work in Georgia**
- ▶ **Carlos was told that the cost of being smuggled into the U.S. and transported to the farm was \$2500.00**
- ▶ **Once at the farm, Carlos was told he could not leave and that he would be beaten if he attempted to flee. He was paid and cost of rent and food were subtracted.**
- ▶ **Carlos was moved to other farms throughout the east coast depending on the season**

CASE EXAMPLE

15 year old Tina has been prostituting for the past six months for her boyfriend, Bobby

Tina has a \$1,000 quota/night she must make for Bobby who says he is saving the money for them to buy a house

Tina is often scared while out on the streets, but Bobby reminds her that she is making money for their future and that the situation is only temporary

Bobby has other girls who work for him, but Tina knows that she is special to him because Bobby does not hit her like he does the others

Tina is picked up one night by an undercover officer; feeling angry, Tina does not cooperate. She admits that she works for Bobby, by her own choice.

RESOURCES

- U.S. Department of Health and Human Services - www.acf.hhs.gov/trafficking
- U.S. Department of Justice - http://www.usdoj.gov/whatwedo/whatwedo_ctip.html
- Coalition to Abolish Slavery and Trafficking - www.castla.org
- International Association of Chiefs of Police - www.theiacp.org
- Trafficking Victims Protection Act of 2000, Pub. L. No. 106-386 Division A, 114 Stat. 1464 (2000) (TVPA).
- Trafficking Victims Protection Reauthorization Act of 2003, Pub. L. No. 108-193. [*TVPRA 2003*].
- Trafficking Victims Protection Reauthorization Act of 2005, Pub. L. No. 109-164. [*TVPRA 2005*].
- William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008.

RESOURCES

- ▶ **Texas Office of Attorney General (July 2008) 21st Century Slavery: The Texas Response to Human Trafficking.**
- ▶ **Human Trafficking and the Healthcare Professional, Jeffrey Barrows, DO, MA (Bioethics) and Reginald Finger, MD, MPH, *Southeastern Medical Journal*, Volume 101, Number 5, May 2008.**
- ▶ ***“Cultural Considerations in Treatment and Service Provision to Survivors of Human Trafficking,”* Cynthia Kennedy, Project REACH, The Trauma Center at JRI.**
- ▶ ***“The Psychological Issues in Cases of Human Trafficking,”* Michelle Contreras, Project REACH, The Trauma Center at JRI.**

<http://digitalcommons.library.tmc.edu/childrenatrisk/vol2/iss1/>

