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Contact Hours: **2**

Human Trafficking Training for Michigan Healthcare Professionals

Identifying Victims of Human Trafficking

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LEARNING OUTCOME AND OBJECTIVES: Upon completion of this course, you will have the current, evidence-based information and tools that are necessary for you to accurately identify and report known or suspected instances of human trafficking in the state of Michigan. Specific learning objectives include:

- Understand the types, venues, and dynamics of human trafficking in the United States and Michigan.
- Describe the impacts of human trafficking in the United States and Michigan.
- Recognize risk factors, warning signs, and indicators of human trafficking that may be observed in adults and minors in healthcare settings.
- List assessment tools that can be used to identify human trafficking victims.
- Discuss the importance of using a trauma-informed approach when screening victims of human trafficking.
- Describe mandated reporter obligations and resources for reporting suspected human trafficking in Michigan.
- Identify resources for legal and social services available to victims of human trafficking in Michigan.

WHAT IS HUMAN TRAFFICKING?

Human trafficking is a crime involving the exploitation of someone through the use of force, fraud, or coercion for the purposes of compelled labor or a commercial sex act. Human

trafficking affects individuals across the world, including in Michigan. It affects people of all ages, genders, ethnicities, and socio-economic backgrounds. Human trafficking robs individuals of their basic human rights and can occur across and within state and international borders.

Human trafficking is a form of modern slavery—a multi-billion-dollar criminal industry that denies freedom to 20.9 million people around the world. And no matter where you live, chances are it’s happening nearby. From the girl forced into prostitution at a truck stop, to the man discovered in a restaurant kitchen, stripped of his passport and held against his will. All trafficking victims share one essential experience: the loss of freedom. (Polaris, 2017a)

Since the Thirteenth Amendment to the Constitution was ratified in 1865, involuntary servitude and slavery—such as human trafficking—have been prohibited in the United States (Legal Information Institute, 2012).

Types of Human Trafficking

There are different types of human trafficking, also known as trafficking in persons.

SEX TRAFFICKING

According to U.S. federal law (22 USC § 7102), sex trafficking is the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act, in which the 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. Force, fraud, or coercion do not need to exist if the trafficking victim is under the age of 18.

Sex trafficking encompasses many sex crimes, and the victims may be adults or children of any gender, domestic or foreign.

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

The commercial sexual exploitation of children (CSEC), which includes domestic sex trafficking of minors, is a form of sex trafficking. CSEC is defined as the exchange of goods or services that are paid to the individual or a third party in exchange for sex acts involving a minor. Examples of types of CSEC include child pornography, exotic dancing, and sex tourism.

Michigan criminalizes sex trafficking of minors (those under the age of 18), and state law does not require proof of force, fraud, or coercion. Exploiters are penalized under both trafficking and CSEC laws for this offense. CSEC and trafficking offenses are included in Michigan’s state racketeering law.

The chief difference in Michigan’s law between buying a minor and an adult is that there is a higher penalty for exploiters who pay for commercial sex acts with a minor. Children of



traffickers are at risk for continued abuse because conviction for sex trafficking or CSEC has not been established as grounds for termination of parental rights (Shared Hope International, 2016).

Michigan's Human Trafficking of Children Protocol addresses a variety of circumstances such as care of foster youth, foreign nationals, American Indian, and Alaskan Native children. The protocol provides detailed instructions for screening, referrals, and required medical examination and psychological evaluation of these children (MDHHS, 2017b).

LABOR TRAFFICKING

According to U.S. federal law (22 USC § 7102), labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery. Force, fraud, or coercion do not need to exist if the trafficking victim is under the age of 18

Labor trafficking victims include adults and children of all genders. Labor trafficking is often achieved through the control mechanism of debt bondage. Traffickers offer persons outside the United States promises of legitimate jobs in exchange for a legal visa and travel expenses to this country. Once they have arrived, the victims of this scheme may be charged exorbitant fees for food, rent, and material needs and are unable to repay the debt, remaining under the control of the trafficker (Polaris, 2016)

DEFINITIONS

The following definitions can be found in federal and/or Michigan laws:

Involuntary servitude

A condition of servitude induced by means of any scheme, plan, or pattern intended to cause a person to believe that, if the person did not enter into or continue in such condition, that person or another person would suffer serious harm or physical restraint; or the abuse or threatened abuse of the legal process (22 USC § 7102)

Debt bondage

The status or condition of a debtor arising from a pledge by the debtor of his or her personal services or of those of a person under his or her control as a security for debt, if the value of those services as reasonably assessed is not applied toward the liquidation of the debt or the length and nature of those services are not respectively limited and defined (22 USC § 7102)

Coercion

- Threatening to harm or physically restrain any individual or the creation of any scheme, plan, or pattern intended to cause an individual to believe that failure to perform an act



would result in psychological, reputational, or financial harm to, or physical restraint of, any individual

- Abusing or threatening abuse of the legal system, including threats of arrest or deportation without regard to whether the individual being threatened is subject to arrest or deportation under the laws of this state or the United States
- Knowingly destroying, concealing, removing, confiscating, or possessing any actual or purported passport or other immigration document or any other actual or purported government identification document from any individual without regard to whether the documents are fraudulent or fraudulently obtained
(MCL 750.462a(g))

Force

Includes, but is not limited to, physical violence or threat of physical violence or actual physical restraint or confinement or threat of actual physical restraint or confinement, without regard to whether injury occurs (MCL 762.462a(f))

Fraud

Includes, but is not limited to, a false or deceptive offer of employment or marriage (MCL 762a(h))

Commercial sex act

Any sex act on account of which anything of value is given to or received by any person (22 USC § 7102(4))

MICHIGAN LEGISLATIVE EFFORTS TO ADDRESS HUMAN TRAFFICKING

The Michigan legislature has demonstrated advocacy for survivors of human trafficking through the passage of various state laws:

- In 2006, a state law was passed that banned human trafficking.
- In 2011, a bill was implemented that allows trafficking victims to seek restitution for the value of the years of life lost in bondage.
- In 2014, a legislative package of 21 bills was passed that included safe harbor provisions and increased trafficker accountability.
- In 2015, a commission on human trafficking was created within the departments of the Attorney General and Community Health.
- In 2017, a bill was signed that allows for the expungement of criminal records of victims of human trafficking.



SMUGGLING

The crime of human smuggling is different from human trafficking, but it is frequently confused with human trafficking, and the two crimes are sometimes related. Unlike trafficking, the definition of smuggling includes transportation across international borders. Smuggling usually involves the consent of a person who is being transported. People who are smuggled generally pay to be transported across a border, but once they have arrived at their destination, they may become victims of trafficking (National Institute of Justice, 2017).

Smuggling is addressed in the Immigration and Nationalization Act, Section 274(a)(1), (2), that provides for criminal penalties under Title 8, United States Code, Section 1324, for acts or attempts to bring unauthorized aliens to or into the United States, transport them within the United States, harbor unlawful aliens, encourage entry of illegal aliens, or conspire to commit these violations, knowingly or in reckless disregard of illegal status (U.S. Citizenship and Immigration Services, n.d.).

A recent tragedy illustrates why criminal penalties for smugglers are in place: In July 2017, the bodies of eight deceased persons were found in a tractor trailer that was parked behind a Walmart store in San Antonio, Texas. There were 30 additional people in the trailer who suffered from lack of air conditioning and water in 100-plus degree heat (Forsyth, 2017).

Human Trafficking Venues

Labor trafficking occurs most often in the agriculture and hospitality industries, landscaping, and traveling sales. The exploiters frequently target immigrants and economically marginalized persons. As one example, young victims may be recruited to participate in “begging rings,” which are organized groups who sell trinkets and magazines and are only paid enough money to barely cover their food and personal items (Polaris, 2016; Human Trafficking Hotline, n.d.).

Sex trafficking venues are often related to prostitution, which may occur in:

- Brothels
- On the street or places such as truck stops
- In hotels or casinos
- Escort services
- Massage parlors

Sex trafficking may also occur in venues related to pornography, sex tourism, exotic dancing, stripping, and “mail-order” brides (U.S. DHHS, 2012).



TRUCKERS AGAINST TRAFFICKING

Truckers Against Trafficking is a national nonprofit organization that acknowledges truckers as valuable in recognizing and reporting victims of trafficking. This group has partnered with law enforcement and government agencies, and they provide a website for members of the trucking industry to educate and empower themselves in combatting trafficking. A training video created by Empathize, an organization that focuses on prevention of and education about crimes against children, is available to view on their website (Truckers Against Trafficking, 2016).

Dynamics of Human Trafficking

Once a trafficking victim becomes entrapped by the exploiter, leaving may be difficult because the victim may fear threats of physical abuse or be subjected to false promises. They may be manipulated into thinking that they are indebted to or protected by the exploiter. Victims may become isolated from family and friends, feel ashamed, be controlled by drugs, or develop a type of traumatic bond with the exploiter (CDC, 2017).

The dynamics of the relationship between an exploiter and a trafficking victim share similarities with the dynamics of the relationships associated with domestic violence. In both cases, the victim may have difficulty leaving the relationship emotionally, physically, and financially, or may fear the repercussions of leaving. Trafficking victims and domestic violence victims may both develop feelings of trust or affection toward their abuser or captor (sometimes referred to as *Stockholm syndrome*) and suffer from shame, self-blame, and posttraumatic stress (U.S. DHHS, 2017).

Exploiters can operate as individuals, small business, or in large, organized criminal networks. Traffickers and victims frequently share similar backgrounds and ethnicities, which gives exploiters an advantage to manipulate victims whom they somewhat understand. Some exploiters are the same age as the victims and work as peer recruiters.

Traffickers may be owners of brothels or massage businesses or own businesses that employ domestic servants or agricultural workers. Traffickers may be family members, intimate partners, or friends of the victim. They may own factories or corporations, and trafficking may exist within a legitimate business.

Traffickers frequently exploit industries such as advertising or airlines. They may also exploit buses and other forms of travel. Trafficking may be associated with landlords, passport service businesses, labor brokers, and the hotel industry. Although these businesses can be used for criminal trafficking activity, legitimate business owners should be aware of exploiters and report trafficking situations (NHTH, n.d.b.)



VICTIMS OR CRIMINALS?

In 2000, the Federal Victims of Violence and Trafficking Prevention Act redefined the commercial sexual activity of minors as victimization as opposed to criminal behavior regardless if the child's activity appeared to be voluntary (Finklea et al., 2015). But this law proved to be ineffective over state child protection laws. A minor is defined as being under the age of 18 years, but the age for consent for lawful intercourse in some states is as low as 16, leaving youth between the ages of 16 and 18 vulnerable to arrest in those states.

Until 2014, any minors who were victims of sex trafficking in Michigan were arrested as criminals. The arrest and criminalization of trafficked youth only compounded their trauma and diminished their self-esteem. Placement in the juvenile justice system also exposed trafficking victims to other youth who were detained because they had committed crimes.

Michigan legislation passed in 2014 mandated that law enforcement officers now refer minors who are engaged in sex trafficking to treatment services provided by the Michigan Department of Health and Human Services. This change supports the provisions of the Federal Victims of Trafficking and Violence Prevention Act pertaining to minors (Schuette, 2017a).

Although the law now supports a protective response for these juvenile victims and promotes access to services that are provided by the child welfare system, children who are 16 and 17 years of age can still face potential arrest and charges for prostitution (Shared Hope International, 2016). Child welfare workers must work with those victims to ensure that they comply with all services as required by the court to avoid criminal prosecution (MDHHS, 2017b).

IMPACTS OF HUMAN TRAFFICKING

Statistics

The true prevalence of human trafficking in the United States is unknown because of the concealed nature of the crime. The unofficial estimate is hundreds of thousands when cases among adults, minors, sex, and labor trafficking are combined.

It is believed that more women and children are victims of sex trafficking and domestic servitude and that boys and men are more frequently trafficked for other forms of labor, but it is not possible to present dependable statistics. Some researchers use reports of missing children to estimate statistics of trafficked children.

REPORTED CASES

The National Human Trafficking Hotline gathers data from calls made to their hotline. Recent statistics are described in the tables below:



NATIONAL HUMAN TRAFFICKING HOTLINE STATISTICS			
Year	Total Calls	Total Cases Reported	Cases Reported in Michigan (ranking among states)
2017 (thru June 30)	13,897	4,460	136 (7)
2016	26,727	7,621	249 (7)
2015	21,947	5,575	151 (8)
2014	21,431	5,041	135 (11)
Source: NHTH, 2017a.			

MICHIGAN HUMAN TRAFFICKING CASES BY GENDER AND AGE			
Year	Cases Reported*	Gender	Age
2017 (thru June 30)	136	120 females 14 males <3 gender minorities	95 adults 47 minors
2016	249	219 females 29 males	149 adults 95 minors
2015	151	127 females 17 males <3 gender minorities	91 adults 54 minors
2014	135	118 females 24 males <3 gender minorities	85 adults 46 minors
* In some cases, callers do not provide demographic information.			
Source: NHTH, 2017b.			

BUYER DEMOGRAPHICS

Buyers of domestic minor sex trafficking and CSEC (commercial sexual exploitation of children) are what drive the crime of human sex trafficking, because if there were no demand, there would be no gain to traffickers. A study done by the National Institute of Justice found that pimps and traffickers may take home as much as \$32,833 a week in an underground sex economy of up to \$290 million a year in major U.S. cities (Dank, 2014).

Shared Hope International’s demographics reveal that buyers were 54% white, and that number increases to 69% when the 15% of Hispanic buyers is included. Buyers were almost exclusively male, and the average age was 41. Victims received money in exchange for sex acts in 84% of the cases, goods in 14%, and drugs in 2%. The ages that appeared most frequently in the victim data were 15 through 17 years.



The profession of buyers, when identified, included 18.9% who had direct contact with minors, such as coaches, scout leaders, or teachers. Another 21.6% included positions of trust, such as attorneys, law enforcement officers, or military personnel. School employees comprised another 8.4%, first responders 5.2%, and 1.2% were faith leaders (Shared Hope International, 2014).

MINORS

Children (defined as under 18 years of age) are frequently recruited as runaways, with the likelihood that an estimated 1 in 6 U.S. children who ran away from home in 2014 were victims of sex trafficking (Polaris, 2017b). Thirty-three percent of the sex trafficking cases in the United States that were identified in 2015 involved children (U.S. DHHS, 2016).

Many youth who are victims of sex trafficking have been misidentified as criminals, and that may contribute to inaccurately low statistical data. It is estimated that 76% of transactions for sex with underage girls start on the Internet (Schuette, 2017b).

Morbidity

Human trafficking impacts the health of its victims. Most epidemiological studies on human trafficking have focused on women and children who have been sexually exploited. These studies have historically concentrated on HIV, sexually transmitted infections (STIs), chronic health problems, and mental health issues. It is known that victims of trafficking are abused physically, psychologically, and sexually.

Physical symptoms that are commonly reported include:

- Fatigue
- Headaches
- Sexual and reproductive health problems (e.g., STIs)
- Significant weight loss
- Back pain
- Substance use
- Suicide attempts

Psychological symptoms have also been identified and found to persist longer than physical symptoms. These include:

- Depression
- Anxiety
- Stockholm syndrome



- Memory loss
- Posttraumatic stress disorder (PTSD)

(WHO, 2012)

When one considers the extensive psychological trauma that an adult or child experiences in response to a single sexual assault, it is not surprising that victims of sex trafficking, who experience multiple assaults, would suffer from significant **behavioral** health issues such as depression, anxiety, posttraumatic stress disorder, and substance abuse (Greenbaum & Crawford-Jakubiak, 2015).

Mortality

The literature suggests that the lifespan of trafficked victims is significantly shortened due to the lifestyle that is associated with this type of victimization, but few studies have been done to substantiate the claim. One of the few pertinent epidemiological studies that evaluated cause-specific mortality in a cohort of “prostituted women” (victims of sex trafficking) used 30 years of continuous surveillance in Colorado to generate statistics. The investigators identified 1,969 women for the study. Most of the women worked on the streets, and a few worked in massage parlors as well as on the street.

The standardized mortality ratio was 5.9 for the study group, which was three times higher than the ratio found in the general population of 1.9. Few women died of natural causes, and 19% died as a result of homicide, 18% due to drug ingestion, 12% accidents, 9% alcohol-related, and 8% died from complications of HIV infection. The authors concluded that prostituted women are living and working in the most dangerous environment in the United States and are vulnerable to murder and drug overdose in particular (Potterat et al., 2004).

MALE TRAFFICKING VICTIMS

Although most published statistics portray victims of trafficking as predominantly female, that information may not be accurate. Labor trafficking of males occurs in almost every type of work, from mining and construction to fishing, hospitality, and healthcare. Sex trafficking of men and boys is underreported, and the sex trafficking industry may have nearly equal numbers of male and female victims.

As with girls, many boys become commercially sexually exploited in order to meet their basic needs for shelter, food, clothing, money, transportation, and substances. The mental and physical health of male victims is affected by abuse, malnutrition, threats of violence, loss of freedom, infections, and lack of sanitation.

Initially, male victims may view their situation as “bad luck” and not self-identify as victims. Social values reinforce their perception because society continues to view males as less vulnerable than females. Male victims are at risk for deportation or being charged as criminals rather than being treated as exploited persons. Recovery is much more difficult for male



victims, since shelters or recovery programs may not accept men. Clearly, male victims need the same assistance that females receive, including housing, therapy, legal aid, and medical care.

Source: U.S. DOS, 2017; Estes & Weiner, 2001.

CASE: Male Sex Trafficking

One summer, Kevin, age 14, met a man called Ray, who took an interest in him. Ray soon asked Kevin if he would like to meet some young friends his own age. Ray gave him a ride and dropped him off to meet the boys in another part of town. Kevin sat outdoors with his two new friends and watched a middle-aged man walk past them and into a public restroom. One of the boys followed the man in to the restroom and motioned for Kevin to come too. Kevin watched while his friend orally copulated the man and then was paid \$25.00 cash. Eventually Kevin began to exchange sex acts for money, too.

(Adapted from Kline & Maurer, 2015)

RECOGNIZING HUMAN TRAFFICKING IN HEALTHCARE SETTINGS

The goals of healthcare providers who wish to intervene and assist victims of human trafficking are in direct conflict with those of exploiters. Exploiters hope for the continued vulnerability of their victims and see their victims as merchandise. Exploiters use concealment and misdirection to confuse anyone who they view as a threat to their profits and manipulation, power, and control to discourage victims from disclosing their circumstances. Healthcare professionals' best resource against this is knowledge. Being aware of risk factors, warning signs, and indicators of human trafficking can alert the clinician to possible victims.

Risk Factors

Risk factors for trafficking victims are best viewed through a social determinants of health lens. This model views the victimization of trafficking as part of a continuum of violence rather than as an isolated incident and considers many spheres of influence leading up to the victimization. The ecological model illustrates individual, relationship, community, and societal risk factors that contribute to victimization of commercial sexual exploitation of children (IoM & NRC, 2013).

Individual risk factors include a history of child abuse, neglect, or maltreatment and exposure to homelessness as a runaway or "throw-away child." Lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth, and children who are of a racial minority are disproportionately represented in the CSEC population, and this may be due to their perception of themselves as marginalized. LGBTQ youth may feel a lack of acceptance by their families, which propels them to run away. More than 25% of LGBTQ children and nearly 50% of gay or bisexual boys have



been commercially sexually exploited (Walker, n.d.). Exploiters look for vulnerable targets and manipulate people who are poor, have unstable housing, or yearn for a better life. This explains why youth who have been abused and neglected are particularly at risk (CDC, 2017).

Children who have been involved in the juvenile justice system or foster care are considered to be high risk as well. In the sphere of relationship risk factors, one should consider the child’s family, within which the child has experienced conflict, disruption, lack of acceptance, and dysfunction.

Community risk factors may include peer pressure, social norms, isolation, and gangs. One should evaluate how schools, neighborhoods, and community factors might influence a child.

Societal risk factors include a lack of awareness of sex trafficking or perhaps a willingness to look the other way. Society bears some responsibility for the normalization of sexual violence and sexualization of children and the failure to provide needed resources to address problems related to sex trafficking (IoM & NRC, 2013).

SOCIAL DETERMINANTS OF HEALTH ECOLOGICAL MODEL	
Type	Risk Factors
Individual	<ul style="list-style-type: none"> • History of child abuse, neglect, or maltreatment • Homelessness, runaway, or “thrown-away” • LGBTQ • History of being systems-involved (e.g., juvenile justice, criminal justice, foster care) • Stigma and discrimination
Relationship	<ul style="list-style-type: none"> • Family conflict • Disruption • Dysfunctional
Community	<ul style="list-style-type: none"> • Peer pressure • Social norms • Social isolation • Gang involvement • Under-resourced schools • Neighborhoods and communities
Societal	<ul style="list-style-type: none"> • Lack of awareness of commercial sexual exploitation and sex trafficking • Lack of resources
Source: IoM & NRC, 2013.	



Warning Signs and Indicators

The media often portrays trafficking victims as women who are in chains or have a sign written on their hands that says, “Help Me.” But this is not what most trafficking victims look like.

When victims of human trafficking present in healthcare settings, it is uncommon for them to self-disclose that they are victims. They have significant trust issues, and even when asked directly, they are not likely to disclose that they are victims. The exploiter may also accompany victims, and as with victims of domestic violence, that presence will discourage victims from making any disclosures to the healthcare provider.

Therefore, it is up to the professional to assess the situation and work to develop the trust of this vulnerable population so that they feel safe to make a disclosure (NHTH, n.d.a).

A healthcare professional may encounter victims of sex trafficking in a clinic or emergency department setting who are requesting treatment or testing for pregnancy, abortion, sexually transmitted infections, and contraception. They may request a sexual assault forensic exam or treatment for substance abuse. Victims may suffer from broken bones or nonaccidental injury at the hands of exploiters or buyers.

Victims of labor trafficking may have physical injuries, pesticide poisoning, or salmonella from unclean water sources. If their illness or injury is severe, these patients may present in outpatient clinics or in the emergency department.

Behavioral health providers may encounter victims of trafficking who are depressed, cannot sleep, have anxiety, or are suicidal. Dentists may see these victims when dental problems become severe.

POSSIBLE PATIENT INDICATORS

Human trafficking victims often exhibit one or more of the following when they appear in a clinical setting. Using the social determinants of health or ecological model, the healthcare provider needs to be alert to clues that indicate the possibility of victimization.

Physical

- Signs or a history of deprivation of food, water, sleep, or medical care
- Physical injuries typical of abuse, such as bruises, burns, cuts, scars, prolonged lack of health or dental care or other signs of physical abuse
- Brands, scars, clothing, jewelry, or tattoos indicating someone else’s ownership
- Presence of sexually transmitted infections
- Pregnancy



- Possession of cell phones, jewelry, large amounts of cash, or other expensive items that appear inconsistent with the patient's stated situation
- Substance abuse or dependence signs and symptoms
- Clothing that is inappropriate for the weather or emblematic of commercial sex

Psychological/Emotional

- Fear, anxiety, depression, nervousness, hostility, flashbacks, avoidance of eye contact
- Restricted or controlled communication, or use of a third party to translate for them, with no indicator of inability to understand English
- Inconsistencies in the history of the illness or injury
- Denial of victimization
- Attempted suicide, submissiveness, fearfulness, self-harm, or other signs of psychological abuse
- Appearing to be controlled
- Isolation from family or former friends
- Fear of employer
- Described or implied threats to self or family/friends
- History of running away

Environmental/Situational

- Working and living in the same place
- Lacking the freedom to leave their working or living conditions
- Being escorted or kept under surveillance when they are taken somewhere
- Not being in control of their own money
- Having no, or few, personal possessions
- Frequently lacking identifying documents, such as a driver's license or passport
- Indicators of being a minor in a relationship with a significantly older adult
- Not knowing their own address
- Being in possession of hotel keys



INDICATORS IN A VICTIM'S APPEARANCE

The patient's appearance may include unusual tattoos that signify "branding," such as "I belong to John," "Team Zodiac," "I cum for \$," or barcodes. The patient may dress inappropriately for the weather, wearing long sleeves to cover bruises or other marks when it is warm, or clothing that is emblematic of commercial sex such as skimpy skirts and low-cut tops regardless if the weather is cool. It is important to remember that the victim may also be dressed as a school child, appear to be very well-dressed, or may be male or transgender.

CASE: Labor Trafficking

Celia entered the United States from the Philippines. Desperate for work to support her three children after her husband suffered a stroke, Celia had been recruited by an organization in Manila that represented itself as an employment agency for catering and hospitality jobs in the United States. When she first arrived in Michigan, she owed the recruiter \$3,000 for an H-2B visa, airfare, and interest for a loan that had been suggested by the recruiter.

Although her contract stated she would work 40 hours per week for \$8.50 per hour, Celia was never paid that much per hour and was never given that number of hours. Her work visa was specific to her contract with a certain hotel, and she was unable to secure additional hours elsewhere to make ends meet. Her rent, which was an inflated amount, and her bus fare were deducted from her paycheck, leaving her about \$50 per week to repay her loan, buy food, and send money home to the Philippines to support her children.

Although Celia's visa status qualified her for Medicaid in the state of Michigan, she was not aware of this and was reluctant to seek healthcare or establish a professional relationship of trust with a primary care provider or dentist. Instead, she relied on home remedies until she became quite ill, at which point she was forced to visit the local hospital emergency department.

In the emergency department, Celia was diagnosed with bronchitis. As part of a simple screening process, the nurse asked Celia about her living situation and elicited Celia's response about being forced to share a single room with five other hotel coworkers because that is all she could afford. Through the nurse's empathetic response, Celia felt encouraged to share more about how she had been promised a well-paying job but instead made \$50 a week and was unable to repay her debt to the company that brought her to Michigan from the Philippines.

Suspecting that Celia was a victim of labor trafficking, the nurse referred her to a local agency that could help free her from her servitude. Celia learned of her rights, received legal assistance, and obtained a T visa (see below) for trafficking victims. Today she works as a nanny and earns enough money to send some to her children.

(Adapted from Schwartz, 2017)



POSSIBLE INDICATORS AMONG MINORS

Minor victims may present with the same physical findings as adult victims, but it is important to also take note of a youth's belongings. Trafficked youth generally have a cell phone and may also have in their possession items that seem too costly for their age and occupation, such as expensive jewelry, purses, and large amounts of cash.

A careful social history may elicit that the child is “couch surfing” or “staying with a friend” and not attending school. Trafficked youth may have a chronic illness such as asthma or diabetes that is neglected. They may be accompanied by an older person who they call “Daddy” or “Uncle” or refer to as their “boyfriend.”

It is important to note that 1 in 6 runaways is likely to be trafficked within 48 hours of leaving home and may become sexually exploited in exchange for food, a place to stay, or cash. This is sometimes referred to as “survival sex” and is another form of commercial sexual exploitation. The youth may also disclose a history of involvement in the foster care or juvenile justice system. Although children who have runaway and are on the street are particularly vulnerable to traffickers, youth who live at home with parents or who are in foster care homes or group homes are also vulnerable to exploiters and may become victims of trafficking or CSEC when approached at malls, schools, parks, youth groups, and online.

CASE: Sex Trafficking

Haley was 14 years old and wanted to be a dancer or a chef when she grew up. One day she met a young man at the train station who told her she was beautiful. They exchanged phone numbers and began talking on a regular basis. He gave her gifts, and Haley thought she was in love. Haley was being “groomed,” one of the ways that exploiters gain trust and control over victims.

Haley's new “boyfriend” soon asked her to have sex with other men, something she said she did not want to do but did anyway because she wanted to please him. Haley also had a history of physical, emotional, and sexual abuse in the home, which made her particularly vulnerable to the methods of exploiters because the cycle of abuse was familiar to her. Because Haley had endured years of sexual abuse in her home, she already felt dirty and ashamed in relation to sex.

Haley's situation progressed to being sold to another exploiter, who beat her if she did not make any money and took all of her money when she was paid. She lived in a locked basement and slept on a mattress on the floor, with only a bucket to use as a toilet. Devoid of job skills, money, and fearing further abuse if she returned to her home, Haley felt trapped and that she had no way out.

Haley's exploiter took her for frequent STI testing at various free clinics to avoid suspicion. Chandra, a nurse practitioner who worked at one of the clinics, began to recognize Haley. At the insistence of her exploiter, Haley always registered as an 18-year-old whenever she requested services, but Chandra suspected that Haley was probably younger. Before asking Haley her true age, Chandra made an effort to gain Haley's trust, and Haley confided in her that



she was only 14. This confirmed Chandra's suspicions that Haley was probably a minor victim of trafficking, and so she called Child Protective Services (CPS) to file a report.

Haley was taken to an emergency receiving center, and because her parents had never filed a missing person report or made an attempt to find her, she was placed in protective custody. Later, Haley was placed in a residential recovery facility for trafficking survivors. Haley was given a safe place to live, extensive treatment for her trauma, a high school education, and eventually, culinary training. Haley works as a cook now.

RECOGNIZING MALE VICTIMS

Evidence has shown that even those trained to identify human trafficking victims often miss male victims when they encounter them (U.S. DOS, 2017). Research from ECPAT-USA (2013) identifies multiple contributing factors to the lack of recognition of male commercially sexually exploited children and why they are not offered services:

- Boys are not likely to self-identify as sexually exploited due to feeling shame or stigmatization from their family or community about being gay.
- Law enforcement officers and social workers do not screen boys because they are expecting victims to be female.
- Anti-trafficking organizations offer limited outreach to areas that are known for male prostitution.
- There is a general belief that boys are not pimped, and this fallacy obscures the need for services for male victims.

Screening Tools

Several assessment tools have been developed to assist professionals in identifying victims of trafficking and are available online at no cost.

Michigan's Department of Health and Human Services has developed two screening tools for the purpose of identifying minor victims of human trafficking: the **MDHHS-5523** (for ongoing cases) and **MDHHS-5524** (for closed cases). These tools were developed by child welfare professionals. MDHSS also allows the use of the TVIT or HTIAM-14 (see below) in place of the 5523 or 5524 (MDHHS, 2017b). (*See also "Resources" at the end of this course.*)

The Commercial Sexual Assault Identification Tool (**CSE-IT**) was developed by West Coast Children's Clinic for social workers to screen at-risk youth who are 10 years of age and up for commercial sexual exploitation. It is anticipated that the tool will be expanded for use by primary care providers in the healthcare setting. The evidenced-based and validated CSE-IT tool uses a weighted scoring system to evaluate observations made by the professional rather than answers



given on a questionnaire to the youth. A 3-hour training in a classroom setting is required for child welfare workers prior to using the CSE-IT (WCCC, 2017a & 2017b).

The Vera Institute of Justice's Trafficking Victim Identification Tool (**TVIT**) is also validated and can be used by health professionals, law enforcement officers, and other service providers to screen adult victims of trafficking. This tool consists of a 30-topic questionnaire and was developed over two years with a grant from the National Institute of Justice. The tool is available in both English and Spanish and comes in a full or abbreviated version. Like the CSE-IT, the professional who administers the tool does not read the questions to the person who is being screened.

The topics that are covered include background and demographics, migration into the United States, and working and living conditions. The total responses are evaluated, and needs such as safety, housing, social service, and employment are assessed. This tool works best with reliable referral networks so that victims can receive the services that they need from community partners (Vera Institute for Justice, 2014).

New York State's Covenant House developed the Human Trafficking Interview and Assessment Measure (**HTIAM-14**) to assess youth for trafficking. It is similar to the other screening tools, with the child welfare professional scoring responses to quantify risk (Bigelsen, 2013).

SMARTPHONE APPS TO FIGHT HUMAN TRAFFICKING

A relatively new use of smartphone applications is directed toward fighting human trafficking. There are several apps available on both Google Play and iTunes that help citizens or professionals learn what to look for and what to do if they suspect human trafficking. Some apps integrate a camera feature for photo documentation. Apps that are currently available include the Stop App, Redlight Traffic, Lifeboat ACT Game, and TrafficCam (Women at Risk International, 2017).

TRAUMA-INFORMED CARE

Trauma is an intense response to a stressful situation that can result in lasting negative effects on an individual that are aversive to their health and well-being. Victims of trauma become overwhelmed with stressful stimuli, and this interferes with their ability to function or cope effectively (NHTRC, 2016a). Victims of trauma may feel ashamed and see themselves as helpless, powerless, or worthless. They may trust no one and feel that no one can protect them. Victims who view life through a traumatic lens will respond accordingly when working with healthcare service providers or the criminal justice system.

Therefore, whenever a clinician is interacting with a potential victim of human trafficking, trauma-informed care and interviewing techniques are important. The core principles of a trauma-informed system of care integrate safety, trustworthiness, choice, collaboration, and empowerment into all client services.



Any service provider who interfaces with an individual who has a history of trauma—from the receptionist to the physician—should be educated about trauma-informed care and strive to create an environment in which the client feels safe, believed, and empowered. Professional training in trauma-informed care is strongly encouraged for anyone who works directly with victims. Such training will help prevent retraumatization of victims and help the professional to recognize and mitigate adverse responses when victims begin to feel out of control or threatened, experience unexpected change, or feel vulnerable or ashamed (U.S. DOJ, n.d.).

Approaches to Screening

Promising practices that implement a trauma-informed approach to screening include:

1. **First meet the basic needs** of the individual who is seeking care. Basic needs include food, water, clothing, and shelter. Medication may also be a basic need for individuals who are diabetic or have a major behavioral health issue or other conditions that are mitigated by medication.
2. **Reassure the individual that he or she is safe.** Victims of human trafficking need to understand that they are not in trouble and that they are safe. They may fear arrest, deportation, or retaliation from their abuser.
3. **Build trust.** A nonjudgmental attitude, kindness, and good listening skills will help to build rapport with the individual. Abusers teach victims to trust no one, especially people who have positions of authority.
4. **Language is important.** Mirror the language that the individual uses to be sure that he or she understands what you are saying. Ask open-ended questions and avoid any derogatory inferences.
5. **Be aware of power dynamics.** It is important that the individual understand that a disclosure is not required to receive treatment.
6. **Do no harm.** Avoid retraumatization by having a conversation with the patient rather than an interrogation. The presence of an advocate who is trained in human trafficking can be very helpful.

(NHTRC, 2016)

Asking Difficult Questions

Sometimes it is difficult to frame questions in a way that will feel nonjudgmental to a victim. The ability to ask questions in a way that does not cast blame on the victim will provide the health professional with better information and is unlikely to cause harm to the patient.

- An opening statement such as “I would like you to tell me everything that you are comfortable sharing” can be very helpful.



- If immigration is an issue, it is best to not ask about immigration status initially.
- Asking “What were you wearing?” could be interpreted by the patient as blaming them for the occurrence based on their dress. Instead, one might ask “What are you able to remember about what you were wearing?”
- It is important to avoid asking victims of human trafficking “Why” about any of their actions or responses. Asking “why” may cause the victim to feel or believe that they did something wrong and is likely to negatively impact the interview.

Forensic Experiential Trauma Interview (FETI)

Principles from the Forensic Experiential Trauma Interview, developed by Russell Strand, can be utilized by healthcare professionals who work with victims of trauma. The FETI is based on the neurobiology of trauma that entails a shutting down of the prefrontal cortex during the traumatic or stressful event. The prefrontal cortex, when operating efficiently, is the cognitive part of the brain that normally records the memory of an event (who, what, why, where, when, and how). During a traumatic event, less-advanced portions of the brain record the event. Stress and trauma interrupt how memories are stored and may lead to the victim expressing inconsistent or incorrect statements.

- Interviewers acknowledge the victim’s trauma, and ask “What are you able to tell me about your experience?” or “I would like you to share with me everything that you are comfortable sharing.” Statements such as “Help me understand about the car ride” replace the use of “Why did you get in the car with him?”
- Interviewers ask, “What were you feeling?” or “What was your thought process during this experience?” instead of “Why did you do that?”
- The six senses can be employed, and the interviewer can ask, “What are you able to remember about smell, sound, sight, taste, touch, and body sensations?”
- Interviewers ask how the experience affected the victim, what was the most difficult part of the experience, and if there is anything the victim cannot forget about the experience. (Strand, n.d.)

CASE: Trauma-informed Screening

A young woman, Teresa, presents to the emergency department with a chief complaint of abdominal pain. She is accompanied by a young man who answers every question for her because she is monolingual Spanish-speaking. He offers to pay in cash because she has no insurance.

As part of the exam, Teresa will require an ultrasound. The nurse, Patty, explains to the man accompanying Teresa that she will take Teresa to the X-ray department and asks him to wait in the waiting room. He reluctantly agrees and says something harsh to Teresa as he leaves that makes her cringe. While in the X-ray area, an interpreter is called and Patty learn that Teresa



has no “papers” because she came on a “caravan” into the United States. She says that the man who brought her to the hospital is a distant cousin and that he promised her a job, but now he is angry that she is “weak” and won’t be able to work.

Because Patty and Teresa are now in a safe, private place, Patty can begin applying the principles of trauma-informed care, in a modified form when indicated. Because Teresa’s pain is still being evaluated, Patty knows that she cannot offer Teresa food or water to drink. Instead, she offers a tiny amount of tepid water in a small cup for oral rinsing and mouth care swabs. She also tells Teresa that once the doctor says that food or drinks are allowed, she will ask again.

Patty reassures Teresa that she will not be in trouble with the police because she came here on a caravan, and she visibly relaxes. Patty sits beside the patient while she eats and asks her about her abdominal pain. Teresa says that she had an ulcer before and can’t afford the medicine, and now the pain has returned. Patty states that stress can contribute to ulcers.

Patty also states that she noticed the cousin had said something harsh as he left and asks if Teresa is comfortable talking about that. Teresa says that she has just met the cousin, and he immediately warned her that if she were too weak to work in the fields, then she would owe him a lot of money for the caravan trip and would have to pay him back another way. Remaining nonjudgmental, Patty asks her about her thoughts about working somewhere else, but Teresa says she does not think she would be able to do that without papers. Patty then asks her if she is comfortable sharing how much money she will be paid, and Teresa replies that she does not know and that the money all goes to her cousin until she has paid her debt for the caravan he sponsored.

Being mindful of power dynamics, Patty informs Teresa that she does not have to owe her cousin for this hospital visit and that other arrangements can be made for her bill. Patty then tells her that she will bring in an advocate who can talk to her about her situation and her options. Patty also reassures Teresa that she will receive treatment for her abdominal pain no matter what she chooses to do about her work situation.

REPORTING HUMAN TRAFFICKING IN MICHIGAN

Reporting Trafficking in Minors

Trafficking in minors (under the age of 18), including child sex or labor trafficking, is a form of child abuse and maltreatment, and any citizen may make a report to Child Protective Services by calling CPS Centralized Intake for Abuse and Neglect at 855-444-3911. If the reporter feels that the child is in imminent danger, they should call the police first.



MANDATED REPORTERS

Mandated reporters in Michigan are required to report any suspected abuse or neglect, including trafficking, of minors. The law requires that certain professionals report their suspicions of child abuse or neglect, and certainty is not necessary.

Mandated reporters in the state of Michigan include:

- Physicians
- Licensed social workers (MSW and BSW)
- Dentists
- Physician assistants
- Registered social service technicians and social service technicians
- Registered dental hygienists
- Medical examiners
- Persons employed in the Office of the Friend of the Court in a professional capacity
- Nurses
- School administrators
- Licensed emergency medical care providers
- School counselors
- Audiologists
- Teachers
- Psychologists
- Law enforcement officers
- Marriage and family therapists
- Members of the clergy
- Licensed professional counselors
- Regulated child care providers
- Employees, such as domestic violence providers, of organizations that as a result of federal funding statutes, regulations, or contracts, would be prohibited from reporting in the absence of a state mandate or court order
- Department of Social Services employees including:
 - Eligibility specialists
 - Family independence manager or specialists
 - Social services specialists
 - Social work specialists
 - Social work specialist managers
 - Welfare services specialists

(MDHHS, 2017a)



MAKING A REPORT

Mandated reporters must make an **immediate verbal report** of any form of suspected child abuse or neglect to CPS, including human trafficking. The verbal report may be made by calling the **CPS Centralized Intake for Abuse and Neglect at 855-444-3911**.

The verbal report should include:

- The name and address of the child’s primary caretaker
- The names and birth dates for all members of the household
- The name and date of birth of the suspected abuser
- A statement of whether or not the suspected abuser lives in the home with the child
- The address where the suspected abuse or neglect occurred
- The reason that the mandated reporter suspects abuse or neglect (MDHHS, 2017a)

A written report must follow within 72 hours. The written report must include the following information to comply with the Child Protection Law:

- The name of the child
- A description of the abuse or neglect
- The names and addresses of the child’s parents/guardians
- The persons with whom the child resides
- The age of the child
- Any other information that might establish the cause of the abuse or neglect, or in what way the abuse or neglect occurred (MDHHS, 2017a)

Reporters are encouraged to use the **DHS-3200 form** for the written report because it includes all of the information that is required by law. The DHS-3200 form may be accessed online at michigan.gov/mandatedreporter and submitted in one of three ways:

- By email to: DHS-CPS-CIGrouop@michigan.gov
- By fax to: 616-977-1154 or 616-977-1158
- By mail to: Department of Human Services, Centralized Intake for Abuse and Neglect, 5321 28th Street Court S.E., Grand Rapids, MI 49546

The identity of the mandated reporter is kept strictly confidential from the reported, and there is civil and criminal immunity for any person who makes a report in good faith.



Reporting Trafficking in Adults

Mandated reporters of child abuse are not obligated to report adult trafficking victims unless they are treating them for a nonaccidental injury that has been inflicted by a knife, gun, deadly weapon, or other form of violence. In the case of such injuries, mandated reporters are required to report the injuries to the police under Michigan Penal Code 750.411 (Michigan Legislature, 2015).

RECOVERY RESOURCES

Removing victims from exploitation is only the first step, and recidivism among trafficked persons is common if they feel they have no alternative and are not given appropriate therapy for the trauma that they have experienced. In addition to behavioral health therapy for trauma, human trafficking victims may also need treatment for substance abuse issues. Victims of trafficking need psychotherapy, medical care, housing, job training, legal assistance, and career planning in order to maximize their recovery and prevent them from returning to trafficking (Hundertmark, 2016).

The average cost of a residential recovery program for a victim of human trafficking is \$30,000 per person. There are limited residential recovery programs in the United States, with approximately only 680 beds that are dispersed throughout all regions of the country, with the majority of programs located in the West (Reichert & Sylwestrzak, 2013). Most of the programs are for youth and do not accept male victims.

U VISA and T VISA

The U visa is a nonimmigrant visa that was created in 2000 with the passage of the Victims of Trafficking and Violence Protection Act (including the Battered Immigrant Women's Protection Act). It is a unique visa for victims of crimes who have suffered substantial mental or physical abuse and are willing to assist law enforcement in the investigation or prosecution of the criminal case. It was developed with the intent to strengthen the ability of law enforcement to investigate and prosecute certain types of cases.

Victims who are granted a U visa are given temporary legal status and work eligibility in the United States for up to four years. This program helps law enforcement agencies assist many victims of crimes who would otherwise not be served.

The T visa is a similar plan in which qualifying victims of trafficking, along with approved family members, may reside in the U.S. for approximately four years if they comply with criminal justice system requests.

Source: U.S. DHS, 2016, 2014.



CONCLUSION

The crime of human trafficking creates a ripple effect of trauma that originates with victims and expands steadily in circles that encompass families, communities, and professionals who assist victims. It is a crime associated with serious adverse mental and physical consequences and increased mortality in a cohort of individuals who may not define themselves as victims.

Change can only occur with a coordinated, multidisciplinary response and must include the efforts of professionals to learn to recognize the signs of human trafficking, take action in a trauma-informed manner when working with victims, and comply with mandated reporting laws.

In order to eradicate this form of slavery, legislators must continue to redefine our laws to protect the vulnerable; peace officers must enforce these laws; other members of society, such as healthcare professionals, other mandated reporters, and citizens, must empathize with victims; and prosecutors must hold offenders accountable.



RESOURCES

Michigan

Human Trafficking Clinical Program (University of Michigan)
<http://www.law.umich.edu/clinical/humantraffickingclinicalprogram/>

Human Trafficking of Children Protocol (MDHHS)
http://www.michigan.gov/documents/dhs/HumanTraffickingProtocol_440356_7.pdf

Human trafficking screening tool (MDHHS-5523)
https://www.michigan.gov/documents/mdhhs/MDHHS-5523_554194_7.dot

Michigan Abolitionist Project (list of Michigan organizations)
<https://www.michiganabolitionistproject.org/michigan-organizations>

Michigan Human Trafficking Task Force
<https://mhddf.org/>

Michigan Mandated Reporters Resource Guide
https://www.michigan.gov/documents/dhs/Pub-112_179456_7.pdf

Sacred Beginnings (outreach and recovery program for survivors)
<http://www.sbtp.org>
616-443-6233



National

Blue Campaign (U.S. Department of Homeland Security)
<https://www.dhs.gov/blue-campaign>

Human trafficking (U.S. Immigration and Customs Enforcement)
<https://www.ice.gov/features/human-trafficking>
866-DHS-2-ICE

National Human Trafficking Resource Center Hotline
<http://www.humantraffickinghotline.org>
888-373-7888
TTY: 711

Trauma-informed care
http://www.traumacenter.org/resources/H-O%20Trauma-Informed%20Case%20Study_final_2.pdf

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ACCREDITATION INFORMATION FOR WILD IRIS MEDICAL EDUCATION



TEST

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1. According to federal law, sex trafficking of minors differs from sex trafficking of adults in that:
 - a. The elements of force, fraud, and coercion do not need to exist if the victim is a minor.
 - b. Actual physical harm must be present for an adult victim but only threatened physical harm for a minor victim.
 - c. There are more serious penalties for sex trafficking of adults than of minors.
 - d. Laws governing sex trafficking apply to minors but not to adults who are subject to deportation.

2. Which is a common venue for sex trafficking?
 - a. Begging rings
 - b. Agricultural work
 - c. Truck stops
 - d. Hospitality industry

3. Which is a **true** statement regarding the impacts of human trafficking?
 - a. The true prevalence is unknown, since trafficking is often concealed.
 - b. It is believed that women are more frequently trafficked for labor than men.
 - c. Over two thirds of sex trafficking cases involve those under 18 years of age.
 - d. Recovery is easier for males because they are viewed as being stronger than females.

4. According to the Social Determinants of Health Ecological Model, which is considered a community risk factor for human trafficking?
 - a. History of child abuse
 - b. Family conflict
 - c. Under-resourced schools
 - d. Homelessness

5. Which possible indicator of sex trafficking may be especially noted in minors?
 - a. Presence of sexually transmitted infections
 - b. Not having a place to stay
 - c. Not being in control of their own money
 - d. Wearing clothing that is inappropriate for the weather



6. Research indicates that male victims of trafficking are often not recognized because:
 - a. Law enforcement officers and social workers expect victims to be female.
 - b. Males are not as vulnerable as females to victimization.
 - c. Anti-trafficking outreach efforts are focused on prevented trafficking among males.
 - d. Anti-trafficking screening tools are designed only to recognize female victims.

7. Which assessment tool was specifically designed to be used by child welfare professionals in Michigan to screen youth for open cases of suspected human trafficking?
 - a. TVIT
 - b. CSE-IT
 - c. HTIAM-14
 - d. MDHHS-5523

8. When screening a patient suspected to be a trafficking victim using a trauma-informed approach, unless medically contraindicated, the healthcare provider's **first** action is to:
 - a. Reassure the individual of their safety.
 - b. Find out what happened by asking the individual open-ended questions.
 - c. Inform the individual of their rights.
 - d. Meet the individual's basic needs.

9. Which is an example of a question that demonstrates the principles of the Forensic Experiential Trauma Interview?
 - a. "What was your thought process?"
 - b. "What were you wearing?"
 - c. "Why did you do that?"
 - d. "Are you an immigrant to this country?"

10. According to Michigan laws, mandated reporters who suspect sex trafficking in a minor:
 - a. May be held criminally liable if their good faith report of trafficking is unsubstantiated by investigators.
 - b. Must make a verbal report to CPS immediately and follow with a written report within 72 hours.
 - c. Should have proof of sex trafficking before initiating the reporting process.
 - d. Are not required to report if the victim is of the age of consent (16 years).



- 11.** Which is not required as part of a written report of suspected human trafficking of a child?
- a. Address(es) of the child's parents/guardians
 - b. Age of the child
 - c. Names of persons residing with the child
 - d. Evidence of nonaccidental injury by knife, gun, or other violence
- 12.** Which is a **correct** statement regarding provisions of the T visa?
- a. It does not provide protection to family members of victims.
 - b. It allows noncitizen trafficking victims to reside in the United States for up to 10 years.
 - c. It requires trafficking victims to assist criminal justice officials.
 - d. It allows noncitizen trafficking victims to work in the United States for up to 2 years.

