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Contact Hours: **3**

Human Trafficking Prevention 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 necessary to accurately recognize and intervene in suspected instances of human trafficking. Specific learning objectives to address potential knowledge gaps include:

- Describe the different types of human trafficking.
- Recognize factors that place persons at risk for human trafficking victimization.
- Articulate the extent to which human trafficking occurs.
- Describe assessment tools for and indicators of human trafficking.
- Discuss the importance of using a trauma-informed approach when screening victims of human trafficking.
- Explain procedures for sharing information with patients related to human trafficking.
- Describe referral options for legal and social services that can assist victims of human trafficking.
- Identify the use of hotlines and other mechanisms for reporting suspected 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 socioeconomic backgrounds. Human trafficking robs individuals of their basic human rights and can occur across and within state and international borders.

Human trafficking steals freedom for profit. It is a multibillion-dollar criminal industry that victimizes an estimated 29.9 million people around the world. This crime occurs everywhere, and victims may be found in such industries as healthcare, childcare, agriculture, nail salons, trucking, and hotels or motels. All trafficking victims have a common experience: the loss of freedom (Polaris, 2020a).

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 (Interactive Constitution, 2020).

The Trafficking Victims Protection Act (TVPA) was first passed in 2000 and has since been amended and reauthorized many times by Congress. The TVPA provides the infrastructure for the federal response to human trafficking. A multi-agency approach is founded on a framework that focuses on the “3 Ps”: prevention, protection, and prosecution.

Federal agencies such as the U.S. Department of Homeland Security and the Federal Bureau of Investigation investigate human trafficking cases. The Justice Department prosecutes federal cases and funds the formation of state and local human trafficking task forces. The Department of Health and Human Services is involved in community education and awareness efforts, prevention, and funding the National Human Trafficking Hotline (Polaris, 2020b).

The U.S. Department of Health and Human Services has identified human trafficking as a public health issue. As such, healthcare professionals are key to responding to the problem. Access to healthcare is often difficult for trafficking survivors due to issues such as lack of identity documents, lack of finances or insurance, shame, and fear. Survivors often contend with health issues such as depression, trauma, sexually transmitted infections, chemical dependency, injuries, and poor nutrition. Survivors require both acute and long-term responses to their healthcare needs.

Because human trafficking is a hidden crime, it is easy to miss identifying a patient as a survivor unless the clinician understands risk factors and develops a rapport that will allow the survivor to disclose their needs. It is essential that healthcare professionals are educated on the recognition of human trafficking, referrals and resources, and the nuances of providing trauma-informed care. They can offer support to patients who disclose maltreatment or abuse, homelessness, and financial need. By listening carefully to the patient, healthcare professionals are in a position to help a patient leave a situation in which they are being exploited (Gardner, 2023).

Types of Human Trafficking

There are different types of human trafficking, also known as *trafficking in persons*. Human trafficking may predominantly involve commercial sex, it may be specific to labor, or it may include both sex and labor. Human trafficking can be domestic or international and does not require crossing international or state borders. In 2018 the definition of human trafficking in



Michigan was amended to include “labor or services obtained through the control or facilitation of an individual’s access to controlled substances” (Michigan Attorney General, 2023a).

PENALTIES IN MICHIGAN

In Michigan, the penalties for crimes in violation of the human trafficking statute begin at 10 years and can increase up to life in prison. If the victim is a minor, the penalty begins at up to 20 years. Other crimes may be charged in conjunction with human trafficking, and penalties may increase if the crime involves criminal sexual conduct, kidnapping, attempted murder, or death (Michigan Attorney General, 2023a).

SEX TRAFFICKING

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

According to the TVPA, 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. Under federal law, any minor under the age of 18 who is involved in commercial sex is considered to be a trafficking victim.

Force, fraud, or coercion are key elements used to identify trafficking, but they do not need to be present if the trafficking victim is under the age of 18. However, the use of force, fraud, or coercion on adults is what distinguishes sex trafficking from consensual commercial sex.

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

The commercial sexual exploitation of children (CSEC) may include sex trafficking of minors. 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. Other 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. The chief differences in Michigan’s law between paying for sex acts with a minor and an adult is that there is a higher penalty for exploiters who pay for commercial sex acts with a minor, and that sex trafficking of a minor will act as a prompt for sex offender registration (Michigan Attorney General, 2023a).

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, 2017).



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. As with sex trafficking, force, fraud, or coercion do not need to exist if the labor 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.

DEFINITIONS

The following definitions can be found in federal laws:

Coercion

Threats of serious harm to or physical restraint against a person; any scheme, plan, or pattern intended to cause a person to believe that a failure to perform an act would result in serious harm to or physical restraint against any person; or the abuse or threatened abuse of the legal process

Commercial sex act

Any sex act on account of which anything of value is given to or received by any person

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

Force

Physical restraint or harm, sexual assault, battery, or control by confinement or monitoring

Fraud

False promises and hopes given to the victim; deceptions concerning employment, wages, the type of job that is offered, love, marriage, or a better life



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; U.S. DOD, 2021)

The Action-Means-Purpose (AMP) model is one tool that can be used to assess whether a situation meets the federal definition of human trafficking. It asks whether a perpetrator has implemented any of the **actions** and used any of the **means** for the **purposes** of making the victim perform commercial sex acts, services, or labor. The presence of at least one item from each category determines possible human trafficking.

AMP MODEL TO ASSESS FOR TRAFFICKING		
Action	Means	Purpose
<ul style="list-style-type: none"> • Induces • Recruits • Harbors • Transports • Provides or obtains 	<ul style="list-style-type: none"> • Force • Fraud • Coercion 	<ul style="list-style-type: none"> • Commercial sex • Services • Labor
(Polaris, 2020c)		

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 (Polaris, 2021).

Smuggling is addressed in the Immigration and Nationality Act, Title 8, Section 1324 (a)(1), which provides criminal penalties 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 alien’s legal status (U.S. CIS, n.d.).

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. Some examples of labor trafficking include coercing farmworkers through violence to harvest crops, holding factory workers in inhumane conditions and with little or no pay, and forcing people to work as domestic servants (NHTH, 2023a).

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

- Brothels
- On the street
- Truck stops
- 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, 2018).

TOP VENUES FOR SEX TRAFFICKING, MICHIGAN, 2021	
Venue/Industry	Reported Cases
Hotel/Motel-Based	30
Residence-Based Commercial Sex	27
Pornography	20
Illicit Massage/Spa Business	16
Online Ad Venue Unknown	15
Hostess/Strip Club-Based	3
Other	127

(NHTH, 2023b)

TRUCKERS AGAINST TRAFFICKING

Traffickers often move victims from city to city, forcing them to engage in commercial sexual activities at truck stops on the route. Commercial sex venues that may be disguised as massage businesses are frequently located near truck stops. Truckers Against Trafficking is a national nonprofit organization that acknowledges truckers as valuable in recognizing and reporting such victims. 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, 2020). (See “Resources” at the end of this course.)



Dynamics of Human Trafficking

Once a trafficking victim becomes entrapped by the exploiter, leaving may be difficult because the victim may fear 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, 2022).

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.

It has long been thought that trafficking victims and domestic violence victims exhibit feelings of trust or affection toward their abuser or captor (sometimes referred to as *Stockholm syndrome*) and experience shame, self-blame, and posttraumatic stress, but a better explanation for the behavior is what's referred to as *appeasement*. Appeasement may be explained through a psychobiological model to describe an adaptive survival behavior in which the victim's behavior appears to be affectionate to calm the perpetrator and diminish the victim's sense of being in a life-threatening situation (Bailey et al., 2023). Appeasement is consistent with "fawning," which is one of the four acute stress responses (fight, flight, freeze, and fawn) (Guy-Evans, 2023).

Exploiters can operate as individuals, small businesses, 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.-a.).

Risk Factors for Human Trafficking

Factors that are associated with increased risk for victimization may be viewed using a public health approach according to the socioecological model. This model describes individual, relationship, community, and societal factors that may result in vulnerability to human trafficking (Greenbaum, 2020).



Individual risk factors include:

- History of exposure to homelessness
- Running away from home
- Physical, sexual, or other types of abuse
- Involvement with Child Protective Services, the juvenile justice system, or foster care
- Identification as lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+)
- Being marginalized
- Immigration status as an unaccompanied minor

Relationship risk factors include but are not limited to:

- Poverty
- Unemployment
- Family violence
- Loss or abandonment
- Peer or family exploitation

Community risk factors are seen in areas where residents are involved in mass migration, corruption prevails, and exploitation is tolerated. Persons who live in a community that is exposed to violence and natural disasters are also vulnerable to human trafficking.

Societal risk factors are seen in groups that subscribe to cultural beliefs that support marginalization and inequality in matters of race, gender, and the rights of children. Individuals in societies that are without human trafficking laws or do not hold exploiters accountable are also at risk (Greenbaum, 2020).

SURVIVOR VOICE*

“I had just graduated from high school and was accepted to an out-of-state college on a sports scholarship. I was a good student and was really excited to go away to college. Although I had just broken up with someone, I never really had what you would call a serious romantic relationship.

“One evening I was walking outdoors with some friends, and we ran into a group of guys. That is how I met Michael. His cousin introduced us, and we started dating. Michael treated me well. He bought me nice things, took me on trips, and made me feel special. He was charming and so good-looking. I would see him with a whole group of women, and I felt so good because he had picked me.



“At the end of the summer, Michael took me on a trip to Las Vegas. Once we checked in to the hotel, everything changed. He brought a series of buyers into the room and forced me to have sex with them. He became violent when I resisted, and I had no choice but to comply. I didn’t know anything about people like that. No one ever told me.”

* The “Survivor Voice” statements presented in this course were made to the author during personal interviews with survivors of human trafficking.

EXTENT 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 more boys and men are 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

Nationally, in fiscal year 2021, there was a 49% increase in the number of persons who were referred to U.S. attorneys for human trafficking. The number of referrals increased from 1,360 in 2011 to 2,027 in 2021, and the number of prosecutions more than doubled, rising from 729 to 1,672 over the same time period.

The National Human Trafficking Hotline gathers data from calls made to their hotline. Recent statistics for the state of **Michigan** are described in the tables below.

REPORTED TRAFFICKING CASES IN MICHIGAN BY TYPE, 2021	
Type	Number
Sex	238
Labor	18
Sex and labor	11
(NHTH, 2023b)	

REPORTED TRAFFICKING CASES IN MICHIGAN BY GENDER, 2021	
Gender	Number
Female	252



Male	28
(NHTH, 2023b)	

REPORTED TRAFFICKING CASES IN MICHIGAN BY AGE, 2021	
Age	Number
Adult	202
Minor	77
(NHTH, 2023b)	

MALE TRAFFICKING VICTIMS

Although most published statistics portray victims of trafficking as predominantly female, that information is misleading because 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. Boys who become sexually exploited often have certain vulnerabilities. These include substance dependency, child abuse, poor English-language skills, refugee status, homelessness, and identification as gay/bisexual/transgender.

Male survivors of trafficking face unique barriers. Initially, male survivors may not self-identify as victims. This is because society continues to view males as less vulnerable than females and offers a common portrayal of men as the perpetrators and females as the victims. Often males are fearful that they may be perceived as gay and then judged as “wanting it” because of societal stigma. Exiting a trafficking situation is likely to be more difficult for males than females because there are fewer resources for recovering male trafficking survivors, such as housing, therapy, legal aid, and medical care (Bykerk, 2022).

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 two new friends and watched a middle-aged man walk past them and into a public restroom. One of the boys followed the man into 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.

Health Impacts

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.

In healthcare settings, individuals may present with chronic health conditions such as diabetes, chronic pain, chemical dependency, HIV, or depression that have gone untreated because they have been unable to access healthcare. Adolescents may not be up to date on their immunizations or experience from vitamin deficiency, developmental issues, or other malnutrition and toxic stress.

Physical symptoms that are commonly reported include:

- Fatigue
- Memory problems
- Dizziness
- Headaches
- Stomach problems
- Cardiovascular issues
- Hearing problems
- Respiratory issues
- Infectious disease (tuberculosis, HIV)
- Undetected chronic disease (cancer or diabetes)
- Infections or mutilations
- Significant weight loss
- Back pain
- Chronic pain
- Chemical dependency
- Dental problems

Reproductive and sexual health concerns include:

- Sexually transmitted infections
- Abnormal PAP, cervical dysplasia
- Pregnancy
- Pelvic pain



SURVIVOR VOICE

“Some girls got STIs or got pregnant. When they couldn’t meet their quota, they would go without a condom because buyers would pay more for doing it that way. Some traffickers would get girls pregnant to trap them.”

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

- Depression
- Loss of self-esteem
- Shame
- Anxiety
- Addiction (especially opioid)
- Complex trauma resulting in psychosis
- Self-harm
- Suicide attempts
- Posttraumatic stress disorder (PTSD)
(Stop Violence Against Women, 2020)

ASSESSMENT AND INDICATORS OF HUMAN TRAFFICKING IN CLINICAL 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.

In order to develop a capacity to listen to patients who have a history of violence, healthcare workers must be willing to extend themselves into areas of malfeasance and human fallibility. Healthcare professionals’ best resource is knowledge. Being aware of warning signs and indicators of human trafficking can alert the clinician to possible victims.

Setting and Presentation

The media often portrays trafficking victims as women who are in chains or have a sign written on their hands that says, “Help Me.” However, 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 a clinician.

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 experience 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.

DOCUMENTATION

When conducting an exam of a patient who may be a victim of human trafficking, documentation should carefully record a written description of any findings, photographs, diagrams, and forensic evidence. It is important that documentation reflect the patient's perspective and not the suppositions or biases of the clinician (HEALTrafficking.org, 2018).

Potential Indicators

Human trafficking may be indicated by numerous possible signs. Clinicians may note one or more of the following “red flags” in a healthcare setting.

PHYSICAL SIGNS

- 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

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 incongruently for the weather, such as wearing long sleeves to cover bruises or other marks when it is warm, or in clothing that is sometimes emblematic of commercial sex, such as skimpy skirts and low-cut tops regardless of when 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.

SURVIVOR VOICE

"I was taken to the hospital about 80 times for injuries and sometimes to check for STIs, but I never told the truth about what happened. The nurse always just accepted what I said. For example, one time I said that I fell even though it was obvious I didn't just fall. I had a broken nose so bad that I had to have reconstruction. I came in with sore ribs, and I had teeth knocked out from one side of my jaw. I didn't go back to the same hospital because I was trafficked across several states."

SURVIVOR VOICE

"We always dressed in nice clothes and wore heels. I carried a cell phone and a Louis Vuitton bag. Our nails and our hair were always done, and we only rode in a new SUV. We got food, so I didn't have malnutrition or anything, but I know some girls who did. I had bad scars on my legs from being dragged from a car, but no one ever asked me about them."

PSYCHOLOGICAL/EMOTIONAL SIGNS

- Fear, anxiety, depression, nervousness, hostility, flashbacks, avoidance of eye contact
- Restricted or controlled communication, or use of a third party to translate, 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 by a third party (e.g., looking for permission to speak, not being left alone)



- Isolation from family or former friends
- Fear of employer
- Described or implied threats to self or family/friends
- History of running away

SURVIVOR VOICE

“There was a new girl, and I was taking her around. She was really young, and she couldn’t take it. She shot herself.”

ENVIRONMENTAL/SITUATIONAL SIGNS

- 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

SURVIVOR VOICE

“I couldn’t ever go to the hospital alone. One of the girls always came with me and never left the room. She was there to make sure I didn’t tell the hospital staff the truth. I think one nurse knew, but all she did was give me a phone number. I never could call it because as soon as we left, the girl who came with me took it away. I would have been too afraid to call it anyway because it would have been dangerous to do that. [The trafficker] controlled our phones.”

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 whom 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 run away 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.

SAFE HARBOR LAWS PERTAINING TO MINORS

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.

Although the law in Michigan technically only protects youth under the age of 16 completely from arrest for prostitution, a “**Safe Harbor**” law in Michigan, passed in 2014, provides protection from such an arrest for all minors under the age of 18. This law presumes that any minor under the age of 18 who is involved in commercial sex is a trafficking victim. Law enforcement officers are required to refer minors under the age of 18 who are engaged in sex trafficking to CPS for treatment services provided by the Michigan Department of Health and Human Services (Michigan Attorney General, 2023b).

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 mall 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 volunteered at several 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 followed the state protocol to report suspected child abuse and phoned the Centralized Intake for Abuse and Neglect hotline.

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.

Screening

Screening should take place in a quiet environment free from interruptions. Food, drink, and tissues should be available during the interview, and the interviewer should be prepared to offer clothing and referrals to medical care and other services as indicated. The screener should be sensitive to the fact that formal dress, suits, and uniforms may be emblematic of immigration or enforcement agencies and are not conducive to open communication.

(See also “Trauma-Informed Care” below.)



USE OF INTERPRETERS

If interpreters are needed, in-person services through accredited agencies are preferred. Interpreters should be screened for any conflict of interest, and they should utilize trauma-informed care practices. Patients should be given the option to request a different interpreter if they are uncomfortable. Some patients may prefer the anonymity of using a translator on the phone instead of in person. Trained interviewers are available in 200 languages through the National Human Trafficking Hotline (see “Resources” at the end of this course) (HEALTrafficking.org, 2020).

STRATEGIES TO INTERVIEW THE PATIENT ALONE

In order to provide an opportunity for the patient to communicate freely, the healthcare professional may need to implement a strategy to create privacy when the patient is accompanied by someone else. Strategies include: requesting that the patient leave the room with a clinician and without any accompanying person to undergo a procedure such as an X-ray, requesting that any accompanying person step out of the room due to hospital privacy policies, or asking an accompanying party to leave the room in order to provide assistance with registering the patient.

If the person who is accompanying the patient refuses to leave or to allow the patient to be separated, it may **not** be in the patient’s best interest for the healthcare professional to insist. If the trafficker feels threatened, there is a risk that the patient will not be allowed to receive treatment or be harmed after leaving the facility. The same is true for involving law enforcement or security. If the trafficker becomes suspicious, it may jeopardize the ability of the patient to return for needed treatment (HEALTrafficking.org, 2020).

SURVIVOR VOICE

“I knew a girl who went to the hospital with her trafficker. He was in the room, but she slipped the nurse a note by shaking her hand. The note said, “I am not okay, and I need help.” The nurse left the room. When she came back, she told the trafficker that she had to take the girl to get an X-ray. As soon as they were alone, the girl told the nurse that the trafficker had a gun on him, and she asked the nurse to call the police for her.”

SAFETY MEASURES

When working with human trafficking survivors, safety is a primary concern. Although many emergency departments have metal detectors to screen for weapons, it is important that all healthcare institutions have a response protocol in the event of violence. It is equally important that healthcare professionals are aware of how to keep their patients and themselves safe at work.

When working with crime victims and suspects in particular, the healthcare professional should pay attention to the environment and be prepared to act quickly. Because of the criminal nature of human trafficking, security should be alerted when a patient is suspected of being a human



trafficking victim. Personnel should also be cognizant of prevention measures such as registering a high-risk patient under an alias, flagging their chart not to give information to the public, or placing the unit under lockdown if a direct threat occurs (Titler & Reynolds, 2020).

OVERCOMING SURVIVOR BARRIERS TO DISCLOSURE

The goal of the healthcare professional should **not** be to elicit a disclosure but to create a safe space where patients feel that they can be treated, learn more about their options, and receive support to make informed decisions (NHTTACenter, 2021). There are many barriers to disclosure by human trafficking survivors to healthcare workers:

- Patients who are trafficked are frequently in the presence of their trafficker or another person who is watching what they say and are not free to discuss their situation.
- They may be unable to communicate due to linguistic issues, illness, or trauma.
- Patients do not have any reason to trust healthcare professionals, are fearful of their trafficker, and are concerned that they will not be believed or might be arrested.

Survivors who have experienced human trafficking are experts on this topic and understand what healthcare providers need to know in order to create a safe space for disclosure. According to survivors, it is important that healthcare workers have a working knowledge or skills in these areas:

- Resources for human trafficking survivors
- Mandatory and nonmandatory reporting of human trafficking
- Trust-building
- Means of separation from the trafficker
- Survivor empowerment, follow up, and monitoring
- “Red flags” for human trafficking
- Skilled collaboration and assessment
- Compassion
- Advocacy
- Respect
- Trust
- Patience
- Gentleness
- Sensitivity
- Safety



- Nonjudgmental attitude

Survivors also recommend that healthcare professionals:

- Obtain informed consent for all treatments
- Share accurate timeframes
- Avoid touching the patient and, when clinically necessary, only do so after asking permission
- Provide opportunities for the patient to be in control when possible
- Listen and respond to the needs that patients verbalize
- Include other survivors in the care team to reduce the possibility of shame (Chisolm-Straker et al., 2020)

SURVIVOR VOICE

“Nurses should look at the behavior of the patient and any person accompanying them. They should talk to the patient one to one. If just one nurse could have taken me somewhere private, I would have told them what was happening and asked them to call the police.”

BARRIERS TO RECOGNIZING MALE VICTIMS

Evidence has shown that even those providers who are trained to identify human trafficking victims often miss identifying male victims when they encounter them. Research identifies multiple contributing factors to the lack of recognition of male commercially sexually exploited children, even though an estimated 31%–71% of youth who are involved in commercial sex may be male:

- Boys are not likely to self-identify as sexually exploited due to feeling shame, stigmatization from their family or community, and in some cases concerns about being gay.
- Boys may not disclose their status due to fear of criminalization for substance use or being undocumented.
- Providers may defer to cultural norms that recognize girls as being vulnerable and needing protection but expecting boys to “tough it out.”
- Providers may accept a social standard that assumes that boys who are involved with forced sex do so willingly in exchange for benefits, thereby believing they are not being trafficked but are willing participants.



- If a girl has new clothes or a manicure from an unexplained source, providers may suspect it is because she has been sexually exploited. If a boy has new shoes, jewelry, etc., he may instead be suspected of theft or gang involvement.
- If a girl is seen with an older man, providers will investigate, but if a boy is involved with an older man, providers might assume he is a willing participant in a same-sex relationship.
- Western culture promotes the image of males as strong and self-reliant persons who actively pursue sex.
- Anti-trafficking organizations offer limited outreach to areas that are known for male prostitution.
(French Nafekh et al., 2023)

Assessment Tools

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

Michigan's Department of Health and Human Services (MDHHS) 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. The protocol for child trafficking published by MDHSS also allows the use of the TVIT from the Vera Institute of Justice or HTIAM-14 from New York State's Covenant House (see below) in place of the 5523 or 5524 (MDHHS, 2017).

The Vera Institute of Justice's (2014) **Trafficking Victim Identification Tool (TVIT)** is validated and continues to 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. This tool requires about an hour to administer, and the results are evaluated by a human trafficking expert. 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 (TX DHHS, 2023).

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; it is brief to administer; and it does not require expertise in trafficking (TNOYS, 2023).

(See also "Resources" at the end of this course.)



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. Trauma impacts an individual's worldview, identity, and relationships. These beliefs impact how the individual will respond to available services and 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 so that the individual is not inadvertently retraumatized. Providers should incorporate the “Four Rs” into their trauma-informed practice:

1. **Realize** the prevalence of trauma
2. **Recognize** that trauma affects how an individual responds to interactions with the organization or system
3. **Respond** by putting knowledge into practice
4. **Resist** retraumatization of individuals

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 patient feels safe, believed, and empowered. Nobody should be made to feel like a witness to a crime for which they are the victim (OVC, 2023).

Principles of a Trauma-Informed Approach

Promising practices for a trauma-informed approach to screening rely on caring for each individual as if they have experienced a trauma and being mindful to avoid retraumatizing the patient. There is a focus on physical, psychological, and emotional safety and an emphasis on helping the patient achieve a sense of control, empowerment, and agency.

The six principles of a trauma-informed approach include:

1. **Safety.** The provider ensures safety for the patient, both physical and emotional, and maximizes the patient's control. The provider aims to meet the basic needs of the patient, including necessary medications.
2. **Trustworthiness and transparency.** The provider spells out the limits of confidentiality and ensures that the patient is heard and understood.
3. **Peer support.** The provider encourages the patient who has survived trauma to implement self-help.
4. **Collaboration and mutuality.** The provider acknowledges the individual roles of the patient and staff and attempts to even out power discrepancies.



5. **Empowerment, voice, and choice.** The provider supports the individual's sense of agency and helps the survivor become empowered.
6. **Cultural, historical, and gender issues:** The provider recognizes that there may be sources of trauma from cultural, racial, ethnicity, gender, and historical issues, including adverse childhood experiences (ACEs).
(Human Trafficking Collaborative, UOM, n.d.)

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 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 status might be an issue, it is best to not ask about this 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” questions 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

Principles from the Forensic Experiential Trauma Interview (FETI), 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 make a sincere effort to establish safety, trust, and comfort for the victim. They acknowledge the victim's trauma and ask nonleading questions such as, “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 do not interrupt, and they pause to allow victims time to think through the question. They may ask, “What were you feeling?” or “What was your thought process during this experience?” instead of “Why did you do that?”
- Interviewers express empathy and understanding and allow the victim to say they “don’t remember” rather than asking the victim to guess.
- Interviewers acknowledge that the victim may remember more after some time has passed.
(Lonsway & Archambault, 2021)

In Michigan, screening for human trafficking of children may be accomplished by forensic interviews that utilize a multidisciplinary team to assess minor victims. Law enforcement and Child Protective Services professionals coordinate to be present simultaneously. Rapport and safety are essential to eliciting accurate information. If an interpreter is needed, professional services should be obtained rather than use a family member or an acquaintance. The team should be aware of the possibility that a parent or family member may be the child’s trafficker (MDHHS, 2017).

CASE

Trauma-Informed Screening

A young woman, Teresa, presents to the emergency department with a chief complaint of abdominal pain. She is monolingual Spanish-speaking. She is accompanied by a young man who answers every question for her; 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 she leaves the exam room that makes her cringe. While in the X-ray area, an interpreter is called, and Patty learns 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.

Patty’s first action when practicing trauma-informed care is to provide physical, emotional, and psychological safety for Teresa. While they wait for the X-ray, Patty sits beside the patient and asks her about her abdominal pain. Teresa says that she had an ulcer before but couldn’t afford the medicine. Now the pain has returned. Patty states that stress can contribute to ulcers. Patty knows that she cannot offer Teresa food or water to drink until the doctor says that can be allowed. For now, she offers a tiny amount of tepid water in a small cup for oral rinsing and mouth care swabs, and she covers the patient with a warm blanket.

Patty and the interpreter continue to converse with Teresa. After providing Teresa with privacy from her cousin, Patty practices transparency and discusses confidentiality with



Teresa before asking additional assessment questions. Patty looks at Teresa directly and speaks to her, then waits for the interpreter to translate her words and Teresa's response.

Concerned for her patient's safety, Patty 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 and 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, encouraging peer support and self-help. Patty also reassures Teresa that she will receive treatment for her abdominal pain no matter what she chooses to do about the work situation with her cousin.

SHARING INFORMATION WITH PATIENTS

Healthcare professionals are on the front lines of providing direct patient care to human trafficking survivors and are uniquely positioned to recognize and respond. The majority of survivors who are actively being exploited will encounter healthcare professionals. These individuals may be at risk of trafficking, involved but not ready to get out, involved and wanting help to get out, or have been previous victims.

The manner in which information is shared can be as important as the content itself. It is important to remain objective, provide privacy, and provide verbal and written information in a language that the patient can understand. Healthcare providers must also be mindful of maintaining a trauma and survivor-informed environment. Use of a harm-reduction model meets patients where they are and does not subject them to judgment or push them to disclose information if they are not ready to do so (WHO, 2023a).

The World Health Organization **recommends that healthcare institutions implement the following:**

- Remove barriers to care, such as social and financial obstacles, to the degree possible and take measures to increase trafficking providers' trust in the health care system.
- Become involved in prevention efforts when possible, supporting programs such as "My Strength" and "My Life" that are offered in the United States.
- Develop treatment plans based on available resources and ensure that these plans are patient centered.
- Use validated screening tools to universally screen all patients for trafficking.
- Provide trauma-informed and compassionate care.



- Promote staff education on human trafficking that can be standardized and easily accessed by staff, such as online training, in order to provide better quality care to trafficking survivors.
- Create policies and programs at local and state levels to address human trafficking.
- Encourage leadership among health professionals to provide education and intervention.
- Become involved in research for evidence-based best practices.
(WHO, 2023b)

When providing direct care for suspected human trafficking patients, the clinician should not focus on eliciting information from them about their trafficking situation. Instead, the clinician should offer comprehensive care services that are unique to the patient's needs and sensitive to the patient's circumstances. The aim of the provider is to establish a safe haven in the environment, treat the patient for their medical needs, and offer information and support. It is important that the patient gives consent for any procedures and that the clinician maintains trauma-informed principles (Stoklosa & Beals, 2022).

When sharing information, healthcare workers should share accurate timeframes, respond to the needs that patients verbalize, and provide opportunities for the patient to be in control when possible (Chisolm-Straker et al., 2020).

Legal assistance should be accessible for all victims of human trafficking and advocacy provided to help navigate a complex system. It is important for victims to understand their rights so that they can receive services to address their situation. Attorneys can help victims who have been detained, prevent them from being deported, and if they are not citizens of the United States, help them apply for a T visa. The T visa allows victims of trafficking to live and work in the United States and apply for permanent residency (see box below).

Local resources can be identified easily by calling or accessing the National Human Trafficking Hotline website. The **National Human Trafficking Hotline** website offers an interactive map and search tool to locate specific types of resources in regions throughout the United States, including Michigan. This tool may be accessed by the healthcare provider in the presence of the patient, or the patient may use it independently. The website has an escape key to protect victims from repercussions should they be at risk from the trafficker discovering that they visited the website. The National Human Trafficking Hotline can also be accessed by text.

Other resources to consider sharing with human trafficking survivors include:

- The **Michigan Human Trafficking Task Force** is a multidisciplinary organization whose focus is to educate, bring awareness, and link trafficking survivors with services. The organization partners with law enforcement, refugee services, faith-based programs, shelters, healthcare services, and advocacy groups. They also maintain a presence on social media.
- **HEAL Trafficking** (Health, Education, Advocacy, Linkage) is an organization composed of multidisciplinary professionals who support human trafficking survivors



from a public health perspective. The organization provides an array of resources that are available on their website, including a Human Trafficking Protocol Toolkit, literature and publications, a speaker's bureau, and links to a network of nonprofit groups and academic and government centers pertaining to human trafficking. The website also offers patient resources, information on child labor, COVID-19, and protocol consultancy.

(See "Resources" at the end of this course.)

U VISA and T VISA

The U visa is a unique visa for undocumented 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 (U.S. DHS, 2019).

The T visa is similar and addresses victims of trafficking. These victims, along with approved family members, may reside in the United States for approximately four years if they comply with criminal justice system requests (U.S. CIS, 2020a). The number of petitioners for the U visa from 2009 to 2020 was 30,900, and USCIS approved 20,400 applications in that same time period (U.S. CIS, 2020b).

Three barriers have been identified that prevent victims from obtaining a T visa:

- The process is not consolidated, and as a result, victims must tell multiple people and agencies what happened to them and relive the trauma each time.
- Many victims do not speak English as a first language (if they speak it at all), but the visa application to be completed is in English.
- The time to process the T visa is lengthy, ranging from 18 months to two and a half years, but the applicant is unable to legally work in the United States during that time. (Human Trafficking Search, 2021)

CASE

Labor Trafficking

Celia entered the United States from the Philippines. Desperate for work to support her three children after her husband experienced 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 the United States, 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, 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. When she got sick, she relied on home remedies until she became seriously 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 the United States 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 for trafficking victims. Today she works as a nanny and earns enough money to send some to her children.

REPORTING HUMAN TRAFFICKING IN MICHIGAN

In Michigan, **anyone may report** suspected human trafficking or risk of trafficking.

Michigan law mandates that **certain professionals must report** cases of suspected abuse, neglect, and exploitation, including human trafficking, of **minors** (those under the age of 18). Suspected abuse, neglect, or exploitation of vulnerable adults that involves human trafficking may also be reportable. Certainty of trafficking is not necessary.

Michigan law mandates that **certain professionals must report** cases of suspected abuse, neglect, and exploitation of **vulnerable adults** (those who are unable to protect themselves from exploitation because of a mental or physical impairment or advanced age). The abuse may be physical, mental, sexual, or financial. Suspected human trafficking in a vulnerable adult may qualify as reportable abuse under the law.

State guidelines direct mandated reporters to **report to Adult Protective Services by calling 855-444-3911**, and staff will investigate the situation within 24 hours. If the vulnerable adult is in immediate danger, the mandated reporter should notify the police (MDHHS, 2023).



Mandated Reporters

Mandated reporters in the state of Michigan include:

- Physician, dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, licensed emergency medical care provider
- Audiologist, psychologist, physical therapist, physical therapist assistant, occupational therapist, athletic trainer, marriage and family therapist, licensed professional counselor, social worker, licensed master's social worker, licensed bachelor's social worker
- Registered social service technician, social service technician
- Person employed in a professional capacity in any office of the friend of the court
- School administrator, school counselor, teacher
- Law enforcement officer
- Member of the clergy
- Childcare provider who is regulated by the state of Michigan
- Any employee of an organization or entity 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
- The following staff members/employees of the Michigan Department of Health and Human Services (DHHS): eligibility specialist, family independence manager, family independence specialist, social services specialist, social work specialist, social work specialist manager, and welfare services specialist (RAINN, 2023)

Making a Report

Reports of abuse, neglect, or exploitation may be made through the Michigan online reporting system or by calling the Centralized Intake for Abuse and Neglect hotline at **855-444-3911** any time, day or night. If the reporter feels that a child or vulnerable adult is in **imminent danger**, they should call the police or sheriff first.

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

Mandated reporters must make an **immediate report** of any form of suspected child abuse or neglect, including human trafficking, online or by phone to the Centralized Intake for Abuse and Neglect hotline. A 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 or has access to the child
- The address where the suspected abuse or neglect occurred
- The reason that the mandated reporter suspects abuse or neglect

For telephone reports, a written report must follow within 72 hours. Reporting online eliminates the requirement to file a written report. 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 (RAINN, 2023)

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 Health and Human Services, Centralized Intake for Abuse and Neglect, 5321 28th Street Court S.E., Grand Rapids, MI 49546

Reporting Trafficking in Competent Adults

Competent adult victims of human trafficking have the rights to privacy and agency. Therefore, mandated reporters in Michigan are not obligated to report suspected human trafficking of competent adults to law enforcement. Since there is no mandate to report suspected trafficking of competent adults under Michigan law, it is important to follow institutional guidelines to avoid compromising an individual's privacy in a healthcare setting. Healthcare professionals are, however, required to report when they are treating individuals for a **nonaccidental injury** that has been inflicted by a knife, gun, deadly weapon, or other means of violence (Human Trafficking Collaborative UOM, n.d.-b).

Finally, healthcare providers may counsel competent adult human trafficking victims and refer them to law enforcement and pertinent services. They may also make a confidential report to the National Human Trafficking Resource Center (see box below).



REPORTING TO THE NATIONAL HUMAN TRAFFICKING HOTLINE

- Hotline number: 888-373-7888

This organization is not an investigative agency or affiliated with law enforcement. When a report is made to the National Human Trafficking Hotline, consent and safety are the most important elements that are considered. When a call is received, the following actions will occur:

- A skilled advocate will assess the circumstances for potential labor or sex trafficking of a person of any age, nationality, race, or gender. Whenever possible, the hotline personnel will speak directly with victims in order to discuss reporting and referral options and receive consent to act on that person's behalf.
- If the victim is a child, the hotline advocate will immediately inform the appropriate authorities.
- When the hotline advocate determines that the call concerns a potential case of human trafficking, a supervisor is immediately alerted to begin coordinating a response.

Action steps frequently include:

- A follow-up call to the caller (with their consent) for additional information
- A report to the designated law enforcement agency
- Coordination with service providers for emergency assistance or transfer to a service provider

Tips of suspected human trafficking may also be provided anonymously (NHTH, n.d.-b.).

CONCLUSION

The crime of human trafficking creates a ripple effect when the trauma of victims expands steadily in circles that encompass families, communities, and professionals who assist them. 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 human exploitation, legislators must continue to redefine our laws to protect the vulnerable; peace officers must enforce these laws; other members of society, such as healthcare practitioners, other mandated reporters, and citizens, must empathize with survivors; and prosecutors must hold offenders accountable.





RESOURCES

Blue Campaign (U.S. Department of Homeland Security)
<https://www.dhs.gov/blue-campaign/resources-available-victims>
To report suspected human trafficking: 866-347-2423

HEAL Trafficking
<https://healtrafficking.org>

Human Trafficking Law Clinic (University of Michigan)
<https://michigan.law.umich.edu/academics/experiential-learning/clinics/human-trafficking-clinic-0>

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

Michigan Abolitionist Project
<https://www.michiganabolitionistproject.org/>

Michigan Human Trafficking Task Force
<https://mhttf.org/>
<https://www.facebook.com/MHTTF>
888-3737-888

Michigan Mandated Reporters Resource Guide
https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder4/Folder30/Folder3/Folder130/Folder2/Folder230/Folder1/Folder330/Mandated_Reporter_Training_Guide.pdf?rev=40b4ee412b1645c89ee14d4579b6c049

Michigan reporting information (including link to DHS-3200 report form)
<https://www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect/childrens/mandated-reporters>

National Human Trafficking Hotline—Michigan
<https://humantraffickinghotline.org/state/michigan>
888-373-7888
TTY: 711
Text “BeFree” to 233733

Polaris Project
<https://www.polarisproject.org>

Protective Response Model
https://sharedhope.org/wp-content/uploads/2014/04/JRC_ResponseModel_Spreads_web.pdf



Sacred Beginnings (program for survivors)
<https://www.sbtp.org>
616-443-6233

Safe Horizon
<https://www.safehorizon.org/anti-trafficking-program/>
800-621-HOPE (4673)

Victim Assistance Program (U.S. Immigration and Customs Enforcement)
<https://www.ice.gov/features/vap>

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TEST

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1. Which statement is **accurate** regarding the difference between trafficking of minors and trafficking of adults?
 - a. The elements of force, fraud, and coercion do not need to exist if the victim is a minor under the age of 18.
 - 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 trafficking of adults than of minors.
 - d. Laws governing trafficking apply to minors but not to adults who are subject to deportation.

2. Under which risk factor for human trafficking would a history of running away from home be categorized?
 - a. Individual
 - b. Relationship
 - c. Community
 - d. Societal

3. Which statement is **true** regarding the extent 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 agricultural labor than men.
 - c. Over two thirds of sex trafficking cases involve victims under 18 years of age.
 - d. Recovery from trafficking is easier for male victims.

4. Which health issue in victims of human trafficking is likely to persist the longest?
 - a. Fatigue
 - b. Nutrition imbalance
 - c. Headaches
 - d. Depression

5. Which finding might suggest a trafficked person who is a minor?
 - a. Works in a coffee shop
 - b. Carries a designer purse
 - c. Lives with a parent and two siblings
 - d. Attends school until 3 pm every day



6. Which screening tool would be avoided when identifying minor victims of human trafficking in Michigan?
 - a. MDHHS-5523
 - b. TVIT
 - c. MDHHS-5524
 - d. HTIAM-14

7. Which action is performed first when providing trauma-informed care with a patient?
 - a. Assure physical, emotional, and psychological safety for the patient.
 - b. Find out what happened by asking the patient questions from an assessment form.
 - c. Inform the individual of their patients' rights.
 - d. Give the patient food and drink if they are hungry.

8. Which action is appropriate when a direct-care provider suspects an adult patient is being exploited?
 - a. Establish a safe haven and provide support and information in the patient's primary language.
 - b. Immediately contact law enforcement and initiate a report of possible human trafficking to Adult Protective Services.
 - c. Avoid treating the patient's injuries until after collecting forensic evidence.
 - d. Focus on eliciting information from the patient about their trafficking situation.

9. Which requirement does Michigan law place on mandated reporters who suspect sex trafficking of a minor?
 - a. Obtain proof of trafficking before making a report
 - b. Make an immediate report either online or by calling the Centralized Intake for Abuse and Neglect hotline
 - c. Do not report sex trafficking if the minor is the age of consent (16 years)
 - d. Face criminal liability if the reporter's good faith report is unsubstantiated by investigators

10. Which statement is **true** about reporting suspected human trafficking of competent adults in Michigan?
 - a. Mandated reporters are required to report suspected human trafficking of competent adults to law enforcement.
 - b. Reporting suspected trafficking is sufficient reason to ignore institutional guidelines regarding a patient's right to privacy.
 - c. Healthcare providers may offer counseling services to trafficking victims only after contacting law enforcement.
 - d. Healthcare professionals are required to report when treating individuals for a nonaccidental injury inflicted by a knife, gun, deadly weapon, or other means of violence.

