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Human Trafficking: What is the Role of the Health Care Provider?

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Background

Human trafficking is a troubling issue for public discussion and for health care providers (HCP) to address. Human trafficking is a relatively new name for an age-old human rights violation. This modern-day form of slavery, which encompasses labor and civil rights violations, has been regulated for less than a decade; thus, the concepts are poorly understood and often coupled with a misunderstanding of the definition of trafficking, confusion of trafficking with anti-immigrant sentiments, and other contemporary and poignant border issues. The concern for the human rights of individuals who are trafficked is coupled with denial, blame, and a disturbing lack of awareness of protections, benefits, or resources to assist the HCP and institutions in the management of human trafficking victims. Moreover, the forensic nature of the issue involves the intersection of the legal and health care professions, who must work collaboratively to address human trafficking. This article will present a comprehensive overview of human trafficking and the related health care issues for trafficking victims, many of whom are women and children. Legal interventions will be presented briefly as well. Indicators, screening questions and therapeutic messages are offered to HCP as tools for use in practice.

Often called modern-day slavery, human trafficking is an insidious type of international and domestic crime that involves a pattern of power and control used to extract labor or services for financial or material gain. The Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children (one of three “Palermo Protocols”) was developed out of the UN’s Convention against Transnational Organized Crime. The definition of human trafficking, within this protocol, underscores the element of *exploitation* necessary in human trafficking. The U.N. definition of human trafficking is the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or the payment to achieve control over another person for the purpose of exploitation. It is estimated that over 200 million people migrate across national borders every year in all age and sex groups; all types of relationships and all races and cultures are involved. The International Organization for Migration (IOM) claims that few are in stable living situations and many are forced to migrate against their will.

Definition of Human Trafficking

On October 28, 2000, the Trafficking Victims' Protection Act of 2000 (TVPA) was signed into law in the U.S., and later reauthorized in 2003, 2005, and 2008. The TVPA established human trafficking as a federal crime and supplemented the existing laws that apply to human trafficking, including those passed to enforce the 13th amendment outlawing slavery and involuntary servitude. The TVPA also established new tools and resources to combat trafficking and provided an array of services and protections for victims of severe forms of trafficking. The TVPA defines "severe forms" of trafficking in persons as:

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

In particular, the TVPA and its reauthorizations:

- Created the T-visa as a new form of immigration relief available to trafficking victims;²
- Created stronger criminal penalties and enhanced sentencing for traffickers;³
- Created a new civil action that allows trafficking victims to sue their traffickers in federal district court;³
- Expanded U.S. criminal jurisdiction for felony offenses committed by U.S. government personnel and contractors abroad to ensure that any involved in human trafficking activities will be held accountable for their crimes;⁴ and
- Addressed the needs of vulnerable populations in post-conflict settings, as well as, domestic trafficking by preventing the trafficking of U.S. citizens and nationals.⁵

Individuals, families, and networks of individuals buy and sell human beings primarily for sexual services and domestic services.⁶ Victims may start off working as an exotic dancer or strip clubs, spas, or other highly visible venues such as street prostitution. However, they are coerced further into more exploitive public and private locations such as massage parlors, brothels, escort services, and modeling and pornography studios. The above definitions clearly indicate that a minor, even one who is a U.S. citizen under the age of 18, who is involved in a commercial sex act is a

trafficking victim. Studies estimate that as many as 70% of women involved in prostitution are introduced to the commercial sex trade in early adolescence (11-14 years of age) or early childhood.⁷ Congresswoman Linda Smith founded Shared Hope International, which further defines domestic minor sex trafficking (DMST) as “[c]ommercial sexual abuse of children through buying, selling, or trading their sexual services.” Youth most at risk for commercial sexual exploitation for monetary or non-monetary gain are those who are runaways, homeless, kidnapped, or children in or leaving foster homes.⁸

Labor trafficking and exploitation may involve domestic servitude, such as working as nannies or maids. In addition victims are exploited for hotel, restaurant, and tourist service work, migrant farm and fishing industry work, in sweatshop factories and janitorial jobs, and as landscaping and construction site workers. They may start out with something as simple as peddling and panhandling on the street. Workers in any of these industries can be relocated frequently, or can be moved in a traveling circuit of farm workers, or prostitutes in massage parlors, in different states or cities. Often they are kept isolated and do not know where they are going or the city where they came from. The crime is the exploitation or the act of placing someone in, not the crossing of a border. The TVPA affords protections to both domestic and foreign national victims of trafficking.

Further definition requires an understanding of the difference between human trafficking and smuggling, which are not interchangeable terms. Human trafficking does not involve any form of victim consent to the situation. Ongoing exploitation of victims results in the generation of illicit profits for the traffickers. Human trafficking must entail the exploitation of the person for labor or commercial sex. Victims can be legal residents of the U.S., U.S. citizens, or they may be undocumented persons.

Migrant smuggling, on the other hand, involves illegal crossing of an international border. The crossing includes the consent to being smuggled and the freedom to leave the transporters once they have arrived in the U.S. When or if the smuggled individuals are provided work, they may be reasonably paid. More importantly, however, they are free to leave the job in which they are employed.

How Trafficking Occurs

Force, fraud, and coercion are the means used by traffickers to commit the crime of human trafficking. The process includes obtaining and maintaining control, then harboring or moving men, women and children

for the purpose of servitude, slavery and debt bondage. One misconception, however, is that the individual does not actually have to cross a border or be transported, under the trafficking definition. The U.S. Department of State in its 2006 Trafficking in Persons (TIP) Report⁹ makes it clear that people can be trafficked in their own country or within a state.

Force is the use of rape, beating, confinement and/or isolation to control the victim. Forceful violence is used especially during the early stage of victimization, often referred to as the “seasoning process.” Violence is used to break the victims’ resistance so that they are easier to control.

Fraud involves false offers of employment or other favors. For example, women and children may reply to a newspaper ad promising employment as a waitress, maid, or a dancer in another country. Once they arrive, they are forced into prostitution. Fraud may also entail promises of a better life, being fed and housed, or marriage to a good man, or other nonexistent favors.

Coercion involves threats, debt-bondage and psychological manipulation. A trafficking victim or their family may be threatened with injury or death if the victim does not comply with the traffickers demands, whether in the U.S. or in the country of origin. Debt-bondage usually entails control of the victim until a transportation fee debt is paid, if taken to another country. Traffickers commonly take away all of their victims’ travel documents, and keep them isolated to make escape difficult. Payment for travel and living expenses, and fines for not obeying rules or not meeting daily prostitution quotas often drain the victims’ meager income so that they are trapped into a cycle of debt. They often do not realize that it is illegal for the trafficker to dictate how they pay off the debt, even though they may have a sense that the process of debt-bondage is unfair. They rarely see any money exchange, but are aware of the cost of the debt they are supposedly repaying. Obtaining assistance or asking for help is mostly implausible due to lack of knowledge, and language, social, and physical barriers.

Vulnerable individuals are very susceptible to the promises of the trafficker but victim vulnerabilities vary a great deal among victims. Cooperation with a trafficker for dependable work and protection is enticing if one needs food, whether it is due to poverty, lack of food production, or high fertility rates.¹⁰ In many countries trafficking of human beings for sexual profit is common, and leads to a culture of tolerance that is shaped by history, language, and laws. Government corruption in the victim’s country of origin may facilitate trafficking activities and lead to

traffickers going unpunished. Individuals may be born into a family line of slavery, or sold or forced into trafficking to pay a tribal or family debt. Families may feel there is hope for their family member's future if they get away from the home, even if they are sold into slavery.¹⁰

Cultural norms in the U.S. often depicted in the media glamorize individuals who are involved in and manage prostitutes, without acknowledging the degradation, demoralization and abuse that victims experience.¹⁰ Victims are lured into the sex trade by the normalization of sex as a business. Youth are targeted in places they go to socialize and should be safe, such as bus stations, arcades, and malls. It is estimated that 75% of the throwaway and runaway youth of U.S. society are likely to be involved in the sex trade. The majority of the youth are managed or controlled by a trafficker or local manager.¹⁰

Victims of Human Trafficking: Understanding their Mindset

Despite all efforts to raise awareness and enhance protection and services for victims of human trafficking, they remain largely hidden and are reluctant to speak out. Victims are primarily women and children who are vulnerable due to limited education and scant employment opportunities. While it is often difficult for the general public to understand why victims comply with traffickers, the fact is that many victims do not speak English and are unfamiliar with U.S. culture, geography, or laws.

With regard to domestic trafficking victims, the communication barrier may not be language, but the barrier is just as great when youth have been influenced by negative experiences such as abuse and rejection within a protective, foster or justice system designed to help them. This leads to an unwillingness or inability to communicate with service and HCPs, police, child protection or immigration professionals.

The Family Violence Prevention Fund¹¹ set forth specific examples of the vulnerabilities of trafficked children. Children and adolescents may be less able to recognize the exploitive situation they are in. Even though they are children, they feel responsible and blame themselves for their victimization. They suffer psychologically from separation from their families when they are involved in trafficking. Children may have trouble recounting coherently and consistently the circumstances surrounding their enslavement when questioned by social and medical service providers. Children may be more difficult to identify as victims with the existing barriers in the current child protection and legal system.

Victims may be kept in social isolation in a small place where they must work, eat, and sleep. Limited communication with others assures that they keep silent and do not reach out for help. Frequently, they are

watched, escorted, guarded, and threatened by traffickers or one of their associates. Sometimes an older female associate may be assigned to monitor the victims' actions, as they can appear in public with victims without arousing suspicion.

Victims are often coached to answer health care questions, or to say they are the new wife, or visiting cousin, friend or student. Answers may be well-rehearsed but victims are unable to answer follow-up questions. They may be unsure of exactly where they are because traffickers move from place to place to escape detection. Victims comply and do not attempt to escape or seek help because of fear for their safety and that of their family members. Threats of harm to family are the most powerful tools used against trafficking victims.

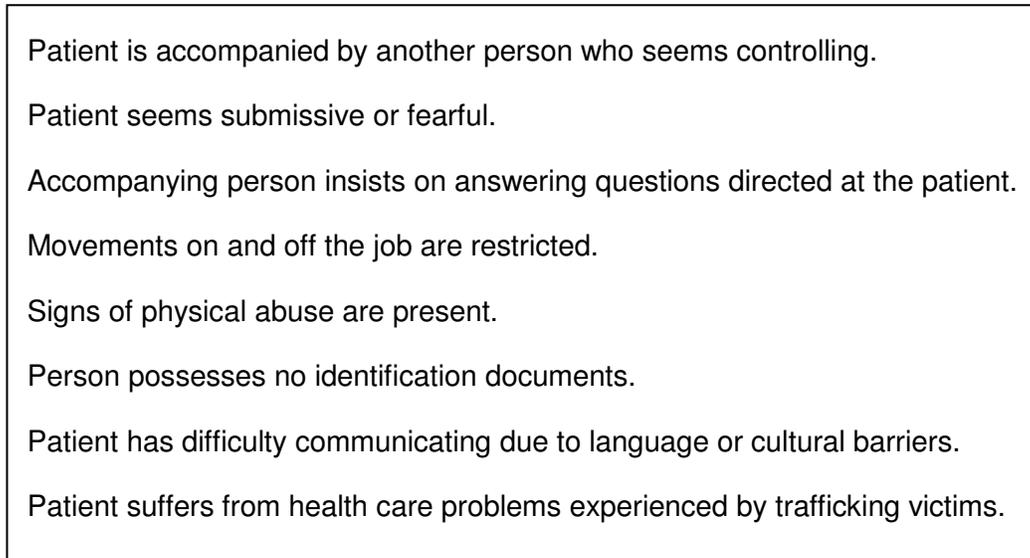
Victims may appear to adapt to their status. This may be linked to the fight or flight response being stifled or blunted. Survival skills vary from person to person just as do vulnerability and resilience. Victims learn ways to negotiate favor amidst the complex and controlling fear imposed upon them should they break a rule or attempt escape. The confinement, isolation, and fear-inducing threats and battery are disorienting, and distort the victim's reality. They learn to survive and reappraise a situation so that cognitive changes occur and the aversive situation appears better compared to other life experiences they can imagine. Some reach a point, however, of total mental defeat and give up all hope of a better life, returning home, and being with loved ones.

Fear and distrust of all professionals (health providers, government, law enforcement) serves to diminish the likelihood of help-seeking. Traffickers exploit and cultivate fear and distrust of authorities by playing on the victims' fears of arrest or deportation. Unaware that what is being done to them is a crime, victims often do not self-identify as a "victim," but blame themselves. Eventually they may develop loyalties or positive feelings towards traffickers and may even protect traffickers from authorities.

The Role of Health Care Providers

Frontline health providers play an important role in the assistance of human trafficking victims because they are one of the few professionals likely to encounter a trafficking victim who is still in captivity. Whether in captivity or after release, the health care visit is a window of opportunity that opens and may allow health care needs to be addressed. The HCP must take a closer look at their patients who are involved with other crimes or are known in the child protection system. Indicators that should arouse suspicion highlight behaviors reported to individuals.

Diagram 1: Indicators of Human Trafficking



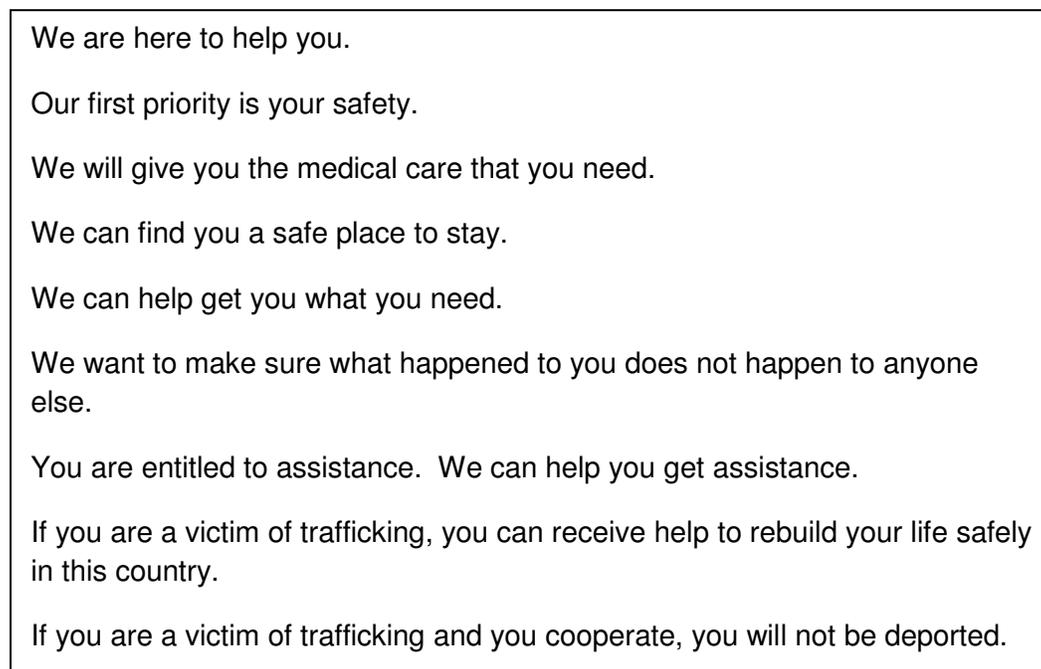
Though little research on trafficking victims exists, the Family Violence Prevention Fund (FVPPF) interviewed 21 trafficking victims in California and Atlanta in 2004. The sample by most counts is very small, but is considered to be a large one for this type of research with such elusive and difficult-to-locate participants as trafficking victims. The diverse sample confirmed that there are many differences in the experiences of trafficking victims, though there are numerous similarities as well. The research confirmed that health care was a potential missed opportunity for early intervention with victims. It is crucial for health care and social welfare professionals to pay attention to needs that differ among victims and assure that evidence-based best practice treatment guidelines and therapies are utilized.¹¹

Initial Step: Trust Building

Building trust with trafficking victims may be a slow process and requires patience and determination. Taking the time to build rapport is critical. For many, cultural, power, class, and racial differences exist prior to the encounter. Self-protective mechanisms lead to distrust of authority figures and in turn to defensive reactions. Discussion of certain topics, such as sex or illness, may be taboo with others outside their culture. The HCP must have the humility to accept and acknowledge that there may be much about the victim's culture they do not understand, and that the

impact of such taboos may be significant in that culture. Many small steps are needed to build trust, such as open-ended questions, few interruptions, and a private area to talk. Often more than one visit is needed, and the victim may need to be told to return to the clinic to re-evaluate a health care issue when the HCP strongly suspects trafficking and further assessment and questioning is desired to get a patient to open up. Messages for the HCP to convey in private with a suspected victim include a focus on safety, getting healthy, and that the victim's welfare is the highest priority.

Diagram 2: Messages for the HCP to Convey



Victim Identification

The HCP may come in contact with trafficked sex or labor workers and mistake them as willing participants or regular workers like other patients. Trafficking victims may appear similar to other patients who visit the clinic or emergency room but their needs are very different. The FVPF research findings stress the need for HCPs to be trained in the use of assessment tools and taught to develop the ability to recognize victims without compromising their safety. Tools provided for the HCP to address trafficking victims must be tailored to meet individual patient needs regarding medical, housing, legal, and social welfare assistance.

Suspected victims should always be screened in private to ensure confidentiality and safety, especially if they appear submissive or hesitant or fearful to answer questions. Requesting time alone with a patient is imperative but should not be done in such a way as to arouse suspicion. The individual accompanying the patient may be the trafficker or one of their associates posing as a spouse, another family member or an employer. The person who accompanies the victim can be gently asked to assist with paperwork at the front desk or asked to remain in the waiting room while a specimen is obtained in another room.

When the HCP is suspicious that a patient is a victim of human trafficking, asking directly if the person has been beaten or held against his/her will is ill-advised. Asking if the person is a victim of human trafficking may have no meaning. Starting at the distant edges of his/her experience and easing forward with indirect and sensitive probing questions is effective to disclose the truth. Ideally the victim should be questioned by as few people as possible, starting with a staff member who knows the patient's language and culture. Screening of translators must be undertaken to assure that they are not familiar with the patient/suspected trafficking victim or the trafficker. A translator must translate as precisely as possible what medical questions are asked and not interpret individual meaning into the questions. If the patient is a child, it is important to enlist help from a social services professional, such as a child protection worker, who is skilled in interviewing child or adolescent victims. Many adolescents claim to have made their own choices to be on the street and working in the sex industry, despite the law.

Diagram 3: Screening Questions

<p>Can you leave your job or situation if you want?</p> <p>Can you come and go as you please?</p> <p>Have you been threatened if you try to leave?</p> <p>Have you been physically harmed in any way?</p> <p>What are your working and living conditions like?</p> <p>Where do you sleep and eat?</p> <p>Do you sleep in a bed, on a cot or on the floor?</p> <p>Have you ever been deprived of food, water, sleep or medical care?</p> <p>Do you have to ask permission to eat, sleep or go to the bathroom?</p> <p>Are there locks on your doors and windows so you cannot get out?</p> <p>Has anyone threatened your family?</p> <p>Has your identification or documentation been taken from you?</p> <p>Is anyone forcing you to do anything that you do not want to do?</p>
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Health Interventions Based on Stages of Trafficking

The service and health care needs of human trafficking victims are very similar to the service needs of others with similar vulnerabilities: those who are exploited, migrant, sex workers, and abuse victims.¹² However Zimmerman and colleagues' seminal research recognized that health care has not been a central theme, and that the interventions and health needs addressed vary depending on the stage of trafficking¹² and are often difficult to obtain.⁶ Attempting an inappropriate intervention at the wrong stage of the process may cause more harm than good.

Diagram 4: Intervention Needs Based on Stage of Trafficking

1. Predeparture Stage
 - Personal history and interpersonal violence
 - Experience with home country health services and education
 - Health conditions and socio-economic conditions of the country
2. Travel and Transit Stage
 - High-risk and arduous travel conditions
 - Violence, sexual abuse, threats
 - “Initial trauma”
 - Debt-bondage, being bought and sold
 - Confiscation of documents
 - Absence of information and care
3. Destination Stage
 - Physical health
 - Sexual health
 - Mental health
 - Substance abuse and misuse
 - Social health: isolation and exclusion
 - Economic well-being
 - Occupational and environmental health
 - Access to health information and care
4. Detention, Deportation, Criminal Evidence Stage
 - Absence of attention to health by law enforcement, immigration and justice officials
 - Absence of official health-related procedures
 - Absence of victim-sensitive procedures
 - Reprisals by trafficking agents resulting from contact with authorities
 - Anxiety and trauma from contact with authorities, providing evidence and/or trial proceedings
 - Unsafe, inhumane deportation and return process
 - Re-trafficking, retribution and trauma associated with deportation
5. Integration and Reintegration Stage
 - Personal security risk
 - Risks associated with being a refugee or returnee
 - Practical, social, economic, cultural and linguistic barriers to care
 - Isolation and exclusion
 - Immediate and long-term mental health consequences
 - Re-trafficking

The application of health care interventions based on stage of trafficking is an application of the public health model using primary, secondary, and tertiary levels of prevention. Primary prevention includes intervention in the earliest stages such as pre-departure and transit. Health promotion and reproductive and sexual health information can be provided. Symptoms of infectious diseases and of mental illness may be explained. The risks of migration and trafficking, in addition to the legal rights to health services in countries of origin, may be explained.

Migrants who choose to travel are more likely to do so when they are well, and are also more likely to pursue health examinations and immunizations.¹³ The CDC Division of Global Migration and Quarantine testing guidelines for multiple communicable and reportable diseases requirements must be followed before traveling to the U.S. Trafficked persons are not usually given thorough health examinations and immunizations before being trafficked. They may therefore carry undetected infectious diseases with serious public health implications, such as subtypes of influenza, SARS, polio, and smallpox.

The travel and transit stage, or once the migrant arrives at a destination, may be the time when contraction of infections like HIV and STDs occur with trafficked sex workers. Infections may be related to multiple overlapping risks: unprotected sex, number of customers daily, forced sex during menstruation, or the use of unclean needles. Preventive health care is virtually non-existent, as is infection or contamination control. Furthermore Vijayarasa and Stein¹³ report that whether or not the victim is treated, should he or she return to the country of origin there is often the additional burden and stigma of having HIV and having been trafficked.

Secondary prevention interventions for infection treatment are appropriate late during the destination stage when victims are screened for infections and/or brought in for treatment of health problems. Referrals for assistance and the sharing of health information may help to avert further harm. Traffickers fear exposure, however, if they bring victims to clinics for health services. Traffickers are not interested in answering questions and providing follow up for STDs, tuberculosis or hepatitis, diseases that can infect large groups of victims who are living together. Therefore health problems typically will not be treated in a timely fashion. The health care problems tend to worsen until they become critical, life-endangering situations. Health care may be provided by an unqualified "doctor" hired by traffickers who does not ask questions.

Tertiary prevention interventions are implemented in the integration and reintegration stage when many victims have physical, sexual and

psychological problems and require significant care. Untreated sexually transmitted diseases from rape and sex work can result in pelvic infections, infertility, genital and rectal trauma, and urinary infections.

Non-infectious disorders such as diabetes and cancer also persist if untreated and may lead to death. Risk factors that increase the chance of negative health outcomes may include crowded living quarters, poor hygiene, inadequate fluid intake, calories from non-nutritive food sources, failure to use condoms, or lack of access to restrooms. Lack of preventive intervention for many disorders that are treatable in the early stages may lead to an exacerbation of disorders that otherwise need not be the cause of early death.

Various reproductive disorders and unwanted pregnancies may result from rape, prostitution and sex trafficking. Control of fertility may be a sensitive topic for discussion with women in many cultures, even in sex work, especially if religion was a strong influence in their cultural upbringing. It is unlikely to have been addressed as primary prevention with trafficking victims who are seldom aware of the risks to which they are exposed long-term, especially from induced abortions or mutilation in unclean conditions that may worsen reproductive infections and can also lead to infertility. Many cultures place great value on the ability of a woman to give birth and raise a family. Throughout the trafficking experience many of these women still hope and plan for a return home.

Malnourishment and poor hygiene lead to infections and exacerbation of existing disorders, and also serious dental problems. Dental problems are especially acute with child trafficking victims, who often suffer from inadequate nutrition leading to retarded growth and poorly formed teeth, as well as dental caries, infections and tooth loss.

Contusions and lacerations may result from abuse or torture at the hands of traffickers or co-workers. Though injuries may not be on exposed skin surfaces, subtle signs of physical abuse, such as scrapes and bruises, may be observed through a physical examination as the HCP auscultates the heart, lungs and abdomen. Palpation of the abdomen and other skin surfaces may reveal injuries that are then poorly explained by the patient. The on-site forensic nursing expert should be consulted to confirm such, especially when the patient's explanation of the injury is not congruent with the HCP's expectations.

The lifestyle, work conditions, lack of adequate sleeping quarters and abuse can cause chronic back pain and hearing problems. Cardiovascular and respiratory problems can be the result of endless toil and close conditions in dangerous agriculture, sweatshop or construction settings. Eye strain, minimal eye care or lack of access to corrective

lenses may be the norm in filthy, dimly lit sweatshops, and may worsen vision problems and lead to infections.

Mental Health

Mental health issues most likely present in the destination, detention, deportation, criminal evidence, or integration stages. Loneliness and confusion from the relocation, isolation, development of phobias, and panic attacks are not uncommon. Feelings of helplessness, shame, humiliation, shock, denial or disbelief may be prevalent. Culture shock occurs from finding themselves with no family or friends in strange country, often in a new location every few days, and engaging in undesirable activities with strangers under the worst conditions. Coping with the early onset of psychological problems may be very difficult.

One method that many find to alleviate the psychological problems experienced with their trafficking experience and blunt the negative feelings is the use of alcohol and controlled substances. Substance abuse problems and addictions are common. Sex traffickers may employ various means to prevent rebellion, depression, and escape attempts by introducing drugs. They can make the drugs constantly available and gradually increase illegal and/or pharmaceutical drugs to assure compliance once victims become addicted. Drugs can also help to maintain victim energy levels and keep them working long hours. Drugs can dull the misery and memories of their past life and of locations through which they may have been transported or temporarily housed for work. Common and daily physical and sexual abuse occurrences are difficult to remember under the influence of specific drug combinations.

It is to traffickers' benefit to provide drugs in certain combinations to victims to reduce memories, increase disorientation, heighten sexual behaviors and increase physiological dependence. The cost of the victims' drug habits, however, may be added to the amount of money they owe their captor and increase the debt bondage from which they have little chance of escape. When they "misbehave" or do not serve enough customers in one day, the drugs can be used to manipulate further. The victim relies on the trafficker to keep the supply readily available, and the idea of escape is less attractive.

Psychological trauma from daily mental and physical abuse and torture may lead to depression, acute stress disorder, and short- and long-term post traumatic stress disorder (PTSD).

Trauma of Human Trafficking

The trauma of human trafficking can be described in phases as the traffickers gradually work to ensnare the victims and secure their dependence within the web of trafficking. While a person may be vulnerable initially and agree to a job in another state or another country, enslavement was not what they envisioned, but rather hope for their future. Traffickers spend time developing the submissive and pliable victims who are easier to control.

The first step is the process of initiation. Victims are faced with a brutal fact and realize the situation they are in. Disorientation may be paralyzing, and yet they are burdened with work and feel the lack of basic necessities and support of friends and family. Traffickers further intimidate victims by threatening to call immigration authorities, and leading victims to believe they may go to jail or be deported. Victims may witness the trafficker contact their family to threaten or extort money. Ongoing coercive acts keep victims fearful and easy to control. Victims of trafficking may feel trapped and see few choices or options but to obey their captors. During this initiation phase there is little resistance to regular emotional and psychological abuse and continuous derogatory remarks. Witnessing physical abuse, forced sexual acts, rape, and torture may be adequate to assure compliance and obedience of victims. Life as they knew it is out of their control and may seem unbelievable to victims at this point.

Indoctrination is the second step used by traffickers. They use authoritarian status to further retain control and build a community with its own rules. Favoritism may be shown to some within the group, and traffickers will switch favorites to manipulate and retain the victims' loyalties. Trust and the likelihood of friendship among the captives are reduced and the captor's control is strengthened. The promise of higher status or rank with the captor serves to create external and internal group pressures. Keeping the victims emotionally and physically on edge, exhausted or impaired creates an invisible bond of control. The captor may be seen as the potential source of comfort and humiliation at the same time.

Trauma Reactions

Individual responses to victimization and human trafficking are diverse, depending on the many factors that vary individually with every person: past history and culture, coping skills, personality factors, and strengths and weaknesses. Individual vulnerability factors along with psychological and physical trauma or torture initiate the cycle of negative stressors. The victim may be hyper-alert and in a state of disequilibrium.

There are a variety of stress disorders listed in The Diagnostic and Statistical Manual IV-R.¹⁴ The first response to trauma is the adjustment disorder, which is the development of emotional or behavioral symptoms in response to a stressor that occurred within the past three months. There is marked distress and the individual may experience significant impairment in functional ability. For trafficking victims, the events that they experience are so far out of the range of normal that it is likely that mental health symptoms will continue beyond six months.

A second category of stress disorder is the acute stress disorder, which includes symptoms lasting from a few days to several weeks and begins to occur within four weeks after the trauma. While criteria designate that the symptoms should not be related to drug use or other mental disorders, during the stages of initiation and indoctrination it is very likely that the normal responses to trauma could be blunted due to drugs provided to the victim. Acute stress disorder is characterized by persistent re-experiencing of negative events, marked avoidance of stimuli, anxiety, hyper-alertness, and arousal or irritation with social and work distress. The experience may be similar to a state of paralysis so that victims are unable to marshal their resources. Perhaps still in a state of disbelief after a few months of living as a trafficking victim, they have difficulty organizing thoughts to consider future survival and escape as a possibility. The trafficker stands guard constantly and, along with associates, makes threats one day and makes promises the next day. These threats lead to a continuous state of emotional confusion so that they may not be able to trust captors who are daily at their side and are unable to verbalize their actual feelings.

Acute stress disorder symptoms that last more than three months are considered chronic, but the onset of symptoms may be delayed up to six months following a stressful event that is not related to drugs or other diagnoses. Acute stress disorder is caused by an event outside the normal range of human experience that involves a threat of death, serious injury, fear, helplessness, and/or horror. The victim experiences a clinically significant impairment in his/her social activities and in the ability to work. As with adjustment disorder, time limits and lack of persistent symptoms make this difficult to diagnose in trafficking victims whose experiences last years as opposed to months. Stress symptoms may be delayed for some time after the victim is initially taken captive. They are thrust with strangers into unfamiliar group sleeping, eating, and living activities and forced to work for survival, so diagnostic symptoms may be delayed and severe.

The most severe response to a traumatic event is Posttraumatic Stress Disorder (PTSD) and includes the persistence of specific categories of symptoms that are very likely to be found with individuals who have been trafficked. Victims may have persistent re-experiencing of the event and report one of the following:

- Recurrent & repetitive intrusive memories, dreams
- Feeling as if event is recurring
- Intense distress at exposure to similar events
- Physiological reaction to cues

Victims experience persistent avoidance of three of the following:

- Thoughts, feelings associated with trauma
- Avoidance of activities that arouse memories of event
- Poor recall of event
- Diminished interest
- Detachment
- Restricted feelings (love), sense of shortened future

Victims also experience persistent symptoms of increased arousal since the traumatic event of at least two of the following:

- Difficulty sleeping or falling asleep
- Irritability or anger
- Difficulty concentrating
- Hyper-vigilance, exaggerated startle response
- Flashbacks/triggered reactions
- Emotional Numbing/avoidance
- Repetition compulsion, re-enactment; identification with the perpetrator
- Psychosomatic reactions
- Depression/dysthymia

There are several stress disorder diagnoses with increasing severity of symptoms that may occur months after the event, or months after victims escape from the traffickers. Onset of symptoms may occur after many months and the victim may still be lacking support, friends, family, means of support and other resources. This can lead to ongoing stress and hopelessness, and turning to illegal and unsafe means of survival if legal and health care interventions are beyond the trafficking victim's reach. The HCP also must consider the stage of trafficking that the victim is in when rescued, their physical health status and type of drugs used.

Conclusions

The HCP may be seen as a critical link and lifeline of hope. Trafficked persons suffer a wide variety of physical and mental health problems

beyond what would be expected given their age, gender, country of residence and the trauma endured, and based on the intimidation and indoctrination tactics used by the trafficker to control the victim. The nature of work and conditions trafficking victims are subjected to often result in inaccessibility to needed healthcare in a timely fashion because of the illegal nature of trafficking activities. A trafficker or intermediary person is more likely to escort a trafficking victim, "one of their workers," to a health care facility than to seek legal assistance. Therefore there is an ethical and moral imperative for the HCP who might care for known or potential victims of human trafficking. It is always advised to consider the individual and their stage of trafficking to address the appropriate medical and legal interventions. The tool displayed in Diagram 5 may guide the HCP and help with critical decision making for referrals once immediate health needs are assessed. The tool is provided by the *Rescue and Restore* campaign.

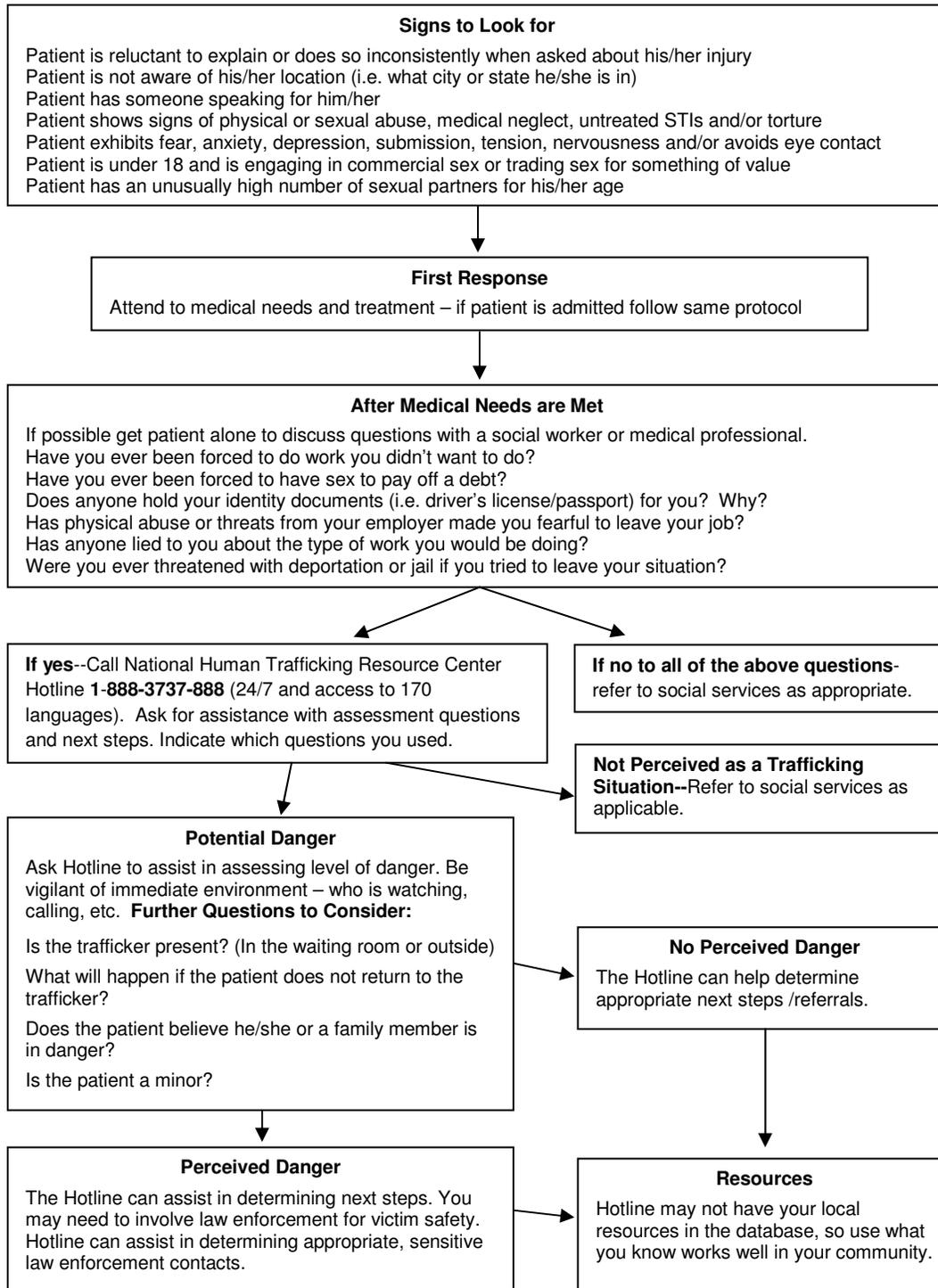
Economists point out that human trafficking involves a variety of players: buyers, sellers, (supply and demand), and perhaps an intermediary who locates the vulnerable population that is in need of employment. Various buyers have various worker needs and can always find workers to meet their needs. Each trafficker has a variety of cultural and economic factors or causes that led him or her to human trafficking.¹⁵ While strategies for prevention and intervention must address all players in the trafficking market, the HCP must be educated on all the related issues to address their interventionist role and coordinate with other related professionals during the stages of trafficking.

Legal Intervention

Victims should feel protected and safe upon identification or disclosure. The purpose or intent of their presence in the U.S. and whether or not they are a citizen or American national is not critical. For domestic and international trafficking victims, it is a challenge to initiate legal and health care interventions. Shelters for international victims are limited and for domestic victims even more scarce. Many youth in detention centers are treated as criminals and have few services available to them, since there is a greater focus on international victims. There is one big difference between the access adults and youth have to benefits however: youth are not required to work with federal prosecution efforts to qualify for benefits or immigration relief.

The HCP must appreciate the fact that it is an intervention to report suspected victims of human trafficking to the authorities and understand the intention is to help them access resources. When a health care,

Diagram 5: Health Care Provider Triage Tool (Adapted from Polaris Project Trafficking Assessment)

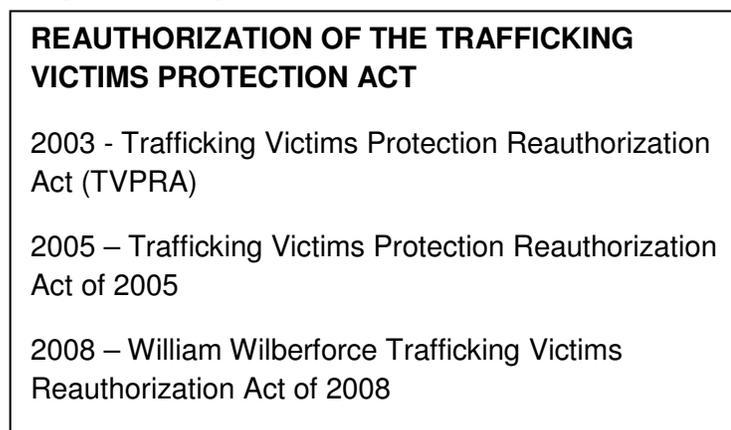


advocacy or justice professional has a suspicion they have come in contact with victims they must call their local community resources or the National Human Trafficking Resource Center (1-888-3737-888). The hotline will help access a number of key resources, such as victim services or social service organizations to help protect and serve victims so they begin the process of restoring their lives and are in a safe place to do so. Contacting local law enforcement may be necessary if a victim is perceived to be at risk of imminent harm.

Under the Trafficking Victims Protection Act (TVPA) there are a range of services available for classified victims. Services such as a sheltered place to live, immediate physical or mental health care, translation needs and cultural considerations, income assistance, intensive case-management, legal and immigration assistance, and determination of legal and criminal culpability and confidentiality issues, may be covered by the TVPA.

The TVPA was signed into law on October 28, 2000, and was the first comprehensive law to protect human trafficking victims. The TVPA was reauthorized in 2003, 2005, and in 2008 and is currently formally cited as the “William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008.”¹⁶

Diagram 6: Legal Interventions



The TVPA seeks to institute a victim-centered and comprehensive approach to address trafficking. The combination of anti-trafficking efforts and human rights platform highlights the aspects that the TVPA proposes to combat human trafficking with a three-pronged approach.

Diagram 7: Multifaceted Approach



The multifaceted and collaborative approach is not optional and is inclusive of legal and health care services that employ the three-pronged approach to punish of traffickers, protect victims and prevent further trafficking. The interventions available may include the following:

T-visa (Trafficking visa)

The TVPA created the trafficking “T-visa” that allows victims of severe forms of trafficking to live, receive services, and work legally in the United States for up to four years on a non-immigrant visa. TVPRA 2008, section 201(b) allows DHS to extend the T-visa

status beyond 4 years when either (1) there has been a delay in the issuance of adjustment regulations; (2) extension is warranted due to exceptional circumstances; or (3) an adjustment of status application is pending¹⁶. The T-visa provides a path to permanent residence to trafficking victims who cooperate with the criminal justice system.¹⁷

To be eligible for a T-visa, a non-citizen trafficking victim must demonstrate that he or she:

- Is or has been a victim of a severe form of trafficking as defined by the TVPA;
- Is physically present in the U.S., America Samoa, or the Mariana Islands or at a port of entry on account of trafficking;
- Has complied with any reasonable request for assistance in investigating or prosecuting the trafficking; and
- Would suffer extreme hardship involving unusual and severe harm upon removal.

U-visa (Victims of Crime in the U.S.)

The U-visa was established under the Trafficking Victims Protection Act of 2000 (TVPA), and subsequently reauthorized in 2003, 2005, and 2008¹⁸. It was created as humanitarian relief for a vulnerable population, most of whom do not have lawful status in the U.S., by providing legal status to victims of certain serious crimes who have suffered substantial physical or mental harm and can document cooperation with law enforcement.

VAWA (Violence Against Women Act)

The Violence Against Women Act (VAWA) was passed to improved criminal justice and community-based responses to domestic violence, dating violence, sexual assault, and stalking in the U.S. Under VAWA, victims of domestic abuse may apply for permanent resident status. A petition for VAWA basically requires the following:

- The perpetrator/abuser is a U.S. Citizen or Lawful Permanent Resident;
- The perpetrator/abuser is a spouse, parent, or in the case of the elderly, a U.S. Citizen child;
- The abuse committed amounted to battery or extreme cruelty.

Asylum

Asylum is a form of protection that may be an option for those who have suffered, or are likely to suffer, persecution in their home country. To be eligible for asylum, a person must be in the U.S. and meet the definition of a *refugee*. Under this definition, a person must have been persecuted, or fear the possibility of persecution, if returned to their home country, on account of their race, religion, nationality, membership in a particular social group, or political opinion.

Special Immigrant Juvenile Status (SIJS)

Special Immigrant Juvenile Status (SIJS) provides lawful permanent residency to children who are under the jurisdiction of a juvenile court and will not be reunified with one or both parents due to abuse, neglect, abandonment or a similar basis in state law.

Recommendations

Logan, Walker and Hunt⁶ see the victims of trafficking as more difficult to identify and having far greater needs than regular immigrants, with far fewer resources. Confusion with immigration issues and prejudice toward immigrants leads to victim-blaming attitudes. They live in great fear for themselves and their families, and the isolation limits their access to available justice resources. Once a case is revealed and work initiated, the complexity and depth of the health care needs over the long term and the legal investigation are challenging to all professional agencies involved. A great deal of cooperation is needed because traffickers at various levels of the organization and the victims may have unknown or untraceable identities.

HCPs working with victims and within communities, health care and educational settings may become involved in outreach that may be beneficial to ending trafficking. Activities may be developed to make trafficking less hidden by making individuals and communities aware of it. Within community education and training centers and religious, clinical and other types of settings, materials, posters and fliers can be posted and on display. Training materials, talking points, PowerPoint presentations and videos may be obtained online and used at meetings or education sessions to generate discussion, share resources, and agency protocol development. Use of movies such as "Trade" or "Cargo: Innocence Lost" are available to generate church, classroom or community discussions. Although they are movies, the brutal reality of trafficking is depicted and helps people to understand the critical issues

and need for multi-disciplinary agency cooperation. With sensitive trainings and help, HCPs and educators can guide individuals toward understanding the cultural, language, financial and other layers involved in trafficking and the challenges and threats victims face throughout their experiences. Resources and special services and outreach for trafficking victims can be added to local existing referral lists. Specialist teams with translators and an HCP can be trained to connect resources and manage cases from the health, advocacy and legal avenues to assure ongoing support, and survival, protection, and assistance for victims.

Solutions may begin with point of discovery in a health clinic, but true survival over the long-term for victims of human trafficking who escape their entrapment will depend on interventions appropriate for the stage they are in, consideration of the cultural context and ensuring that the trafficking victims themselves are involved in final solutions. Services and occupational options in the destination point must be considered of value rather than making the assumption that repatriation is the victim's best option.

CASE EXAMPLE #1

15-year-old Tina left school in Houston and has been prostituting for the past six months for her pimp and boyfriend Bobby. Tina has a \$1,000 quota per night that she must earn for Bobby. He tells her he is saving money for them to buy a house. Tina is often scared while out on the streets, but Bobby reminds her that she is making money for their future and that the situation is only temporary. Bobby has other girls who work on the streets for him, but Tina knows that she is special to him because Bobby does not hit her like he does the others.

Tina is picked up one night by an undercover officer. She is really angry, and does not cooperate. She admits that Bobby is her pimp, but she swears that prostitution is her choice and that Bobby has never forced her to do anything against her will.

Discussion questions:

Is this smuggling or trafficking?

Can you explain why?

What does her age have to do with the situation?

CASE EXAMPLE #2

Carlos lived in Mexico and wanted to come to the U. S. to work, so he paid a coyote to bring him over the border. Once he crossed the border, he was taken to a safe house and then transported to a peanut farm from where he was supposed to be driven to work in Georgia. Carlos was told that the cost of being smuggled into the U.S. and transported to the farm was \$2500.00. Once he was transported to the farm, Carlos was told in no uncertain terms that he could not leave and that he would be beaten if he attempted to flee. Carlos was paid for his work but rent and food costs were subtracted from his pay. Carlos was moved to other farms throughout the east coast depending on the season.

Discussion questions:

Is this smuggling or trafficking?

When did the situation for Carlos change?

Can you explain why?

Does his age matter?

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