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# Human Trafficking: Is it Among Us? How to Identify and How to Help

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# Disclosures

- Adapted from APGO/CREOG and Grand Rounds presentation



# Objectives

- Define and Highlight crisis in the United States.
- Help prepare volunteers to communicate with victims effectively and sensitively
- Inform volunteers about trauma-informed care.
- Outline available resources for referral of victims.

# Thank you for having me

- Such a heavy topic
- Very heartening to see you all come out to learn about this

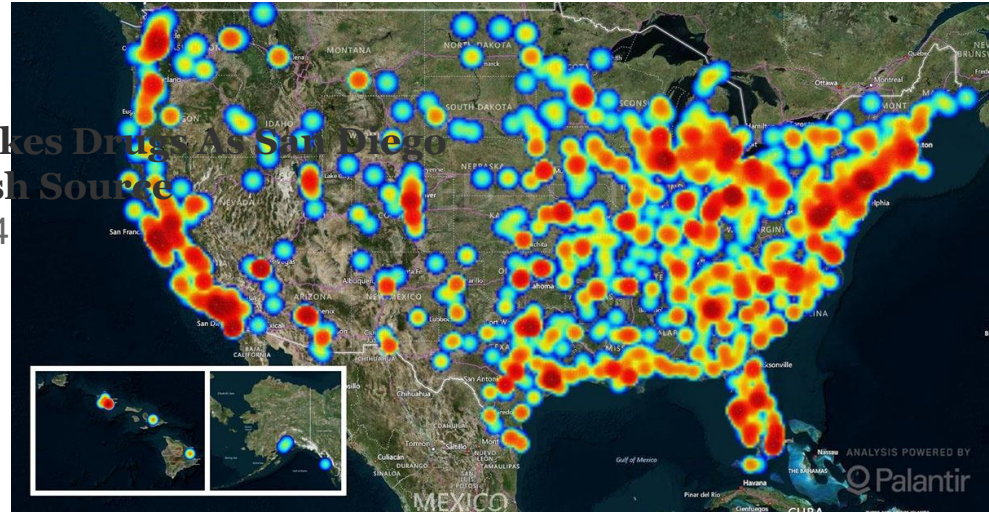
## Where Are We Starting From?

- ▶ How many people have received any *education* on Human Trafficking?
- ▶ How many people have ever *identified* a survivor of Human Trafficking in a healthcare setting?
- ▶ How many people think they have *encountered* survivors of trafficking but did not recognize it or did not know what to do?
- ▶ How many people would feel comfortable *knowing how to identify and how to manage* a patient who they identified as being trafficked?

# The Facts

- Human Trafficking is a global crisis
  - **40.3 Million victims** globally
  - \$150 Billion industry worldwide
- In the United States alone
  - **49,000 Cases**
- In 2017, 8,759 cases of HT were reported to the national hotline, a **13% increase from 2016**
- **Second** largest criminal industry in the world

**Sex Trafficking Overtakes Drugs As San Diego County Gang's Top Cash Source**  
Monday, January 27, 2014

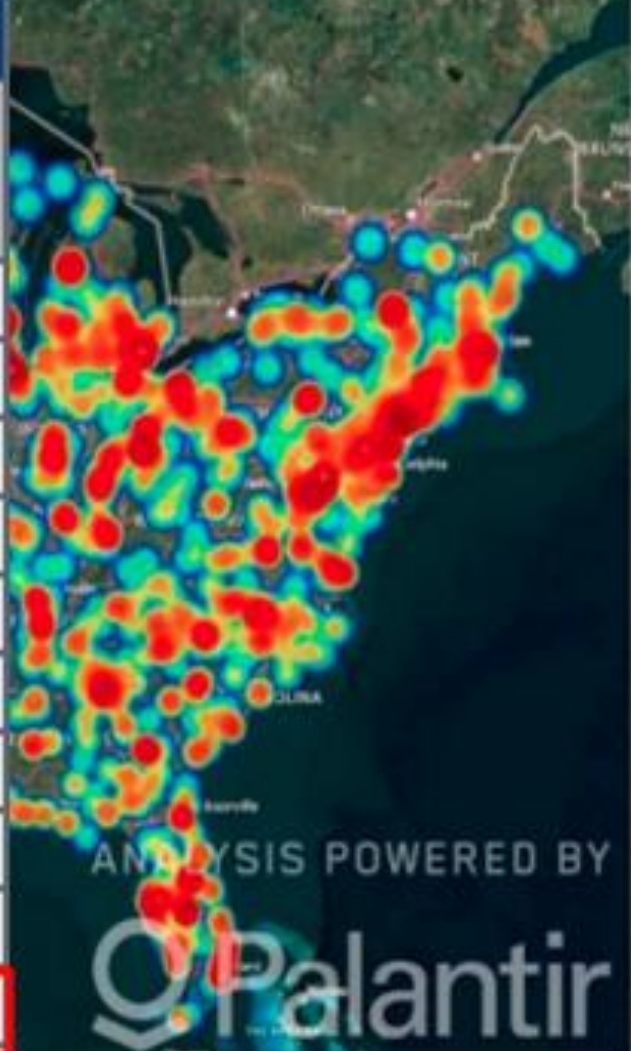


Polaris.org

- Sex Trafficking Overtakes Drugs  
As San Diego County Gang's Top  
Cash Source
- Monday, January 27, 2014

## RANKING BY NUMBER OF CALLS PER CAPITA

RANK	LOCATION	# OF CALLS PER 100,000 PEOPLE <sup>1</sup>
1	Washington, District of Columbia	401
2	Atlanta, Georgia	317
3	Orlando, Florida	285
4	Miami, Florida	271
5	Las Vegas, Nevada	237
6	Sacramento, California	222
7	St. Louis, Missouri	198
8	Baton Rouge, Louisiana	176
9 <sup>2</sup>	Columbus, Ohio	170
9 <sup>2</sup>	Richmond, Virginia	170





# Human Trafficking and Healthcare

## 1) Many trafficking survivors see a healthcare professional while being trafficked

- ▶ 88%\* of survivors report seeing health professional<sup>2</sup>
- ▶ 1% of screened patients identified as trafficked in NYC hospitals (Chisolm-Straker, unpublished data)

## 2) The experience of trafficking puts them at risk for numerous health problems<sup>1</sup>

- ▶ Mental Health: Depression (17%)<sup>3</sup>, PTSD (36%)<sup>3</sup>, attempted suicide
- ▶ Drug use: Alcohol (60%), Marijuana (53%), Cocaine (51%), Opioids (?)
- ▶ STIs 67%
- ▶ Sexual assault and unwanted pregnancy<sup>2</sup> 71%
- ▶ Forced abortion<sup>2</sup> 55%
- ▶ Late to prenatal care?
- ▶ Urogyn complications of chronic sexual assault?
- ▶ Higher rates of HPV-related cancers?

# What is Human Trafficking?

The use of **force, fraud, or coercion** to compel a person into commercial sex acts or labor or services against his or her will

It is the business of **stealing a person's freedom** for profit

## **ACTS**

Recruitment  
Transport  
Transfer  
Harbouring  
Receipt of persons

+

## **MEANS**

Threat or use of force  
Coercion  
Abduction  
Fraud  
Deception  
Abuse of power  
or vulnerability  
Giving payments  
or benefits

+

## **PURPOSE**

Exploitation including:  
Prostitution of others  
Sexual exploitation  
Forced labour  
Slavery or similar practices  
Removal of organs  
Other types of exploitation

=

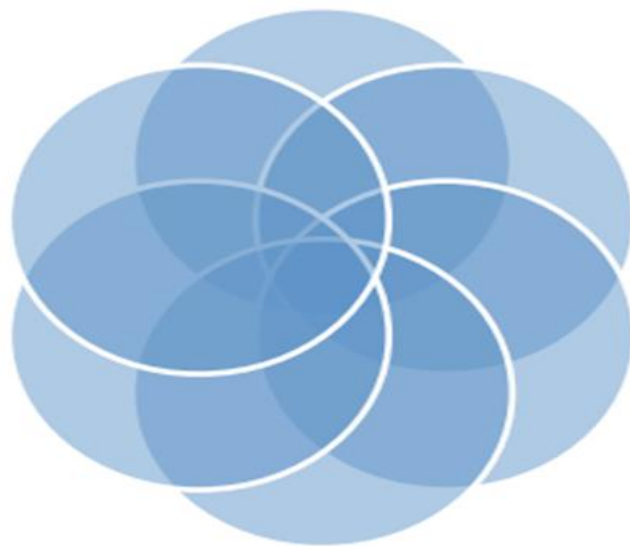
**HUMAN  
TRAFFICKING**



# Community violence

Elder  
abuse

Child  
abuse



Human  
trafficking

Intimate  
partner  
violence

Sexual  
assault



# Common Misperceptions

- Survivors of Human Trafficking are mostly illegal immigrants brought to this country.....
  - USA is #1 birth place of people trafficked in US for sex trafficking!
- Most traffickers are unknown to survivors and take them away from their home
  - In fact most survivors have been befriended by the perpetrator
  - They may still reside with their family, still attending school or working a normal job

# Common Misperceptions

- Sex trafficking is in urban areas
  - Survivors can be found anywhere , including RVA

Labor trafficking is in rural areas

- Labor trafficking is NOT just in farming

**Who is vulnerable?**





<https://ovc.ncjrs.gov/humantrafficking/publicawareness.html>



<https://www.dhs.gov/blue-campaign>



<https://www.unodc.org/blueheart/>



<https://www.dhs.gov/blue-campaign/what-human-trafficking>

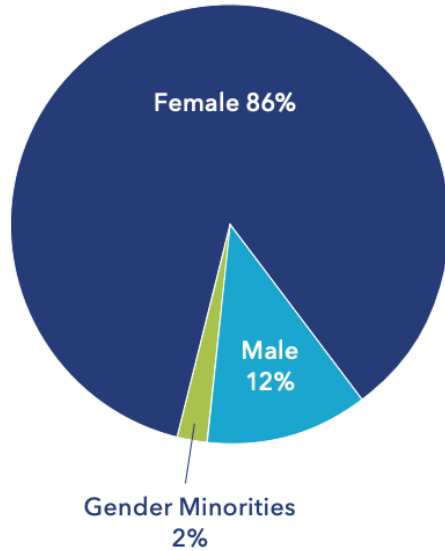
# If you've seen one survivor of human trafficking...

...You've seen one survivor of human trafficking

- All genders/sexual orientations, ages, races/ethnicities
- "Sex workers"
  - Street vs Internet
  - Pornography, Child abuse imagery
  - Stripping, massage parlors
- Farm workers, Fishing industry, Construction
- Textile manufacturing
- Hotels and restaurants
- Domestic workers (childcare, maid)
- Nursing/Care workers
- Door-to-door sales
- Nail salons
- Children trafficked by family
- Forced marriage
- Organ donation

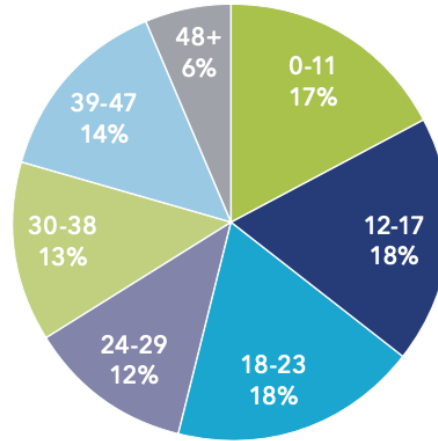
**Figure 1.1:**  
**Gender**

n=127



**Figure 1.2:**  
**Age at trafficking entry**

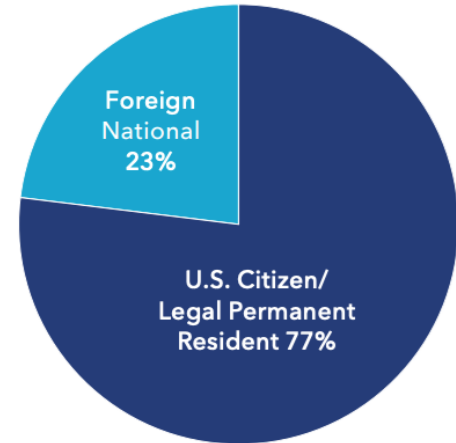
n=127



**Figure 1.3:**  
**Immigration Status**

n=126\*

\*One respondent did not answer.



# Who is vulnerable?

**Anyone**

## Risk Factors

- **Youth**
- **Poverty**
- **Unemployment**
- **Desperation**
- **Immigration status**
- **Homelessness**
- **Family background including **violence, abuse, conflict****
- **A desire to be loved**

# But surely it doesn't happen in nice neighborhoods....

- Washington DC
- Wealthy Suburb
- 15 yo girl brought to pediatrician by her mother with vaginal discharge
- The real story comes out.....



# Signs/Red Flags

- ▶ Controlling 3<sup>rd</sup> party (boyfriend, husband, uncle, brother, sister, mom or dad.)
  - ▶ If alone, patient constantly on phone
- ▶ Very poor historian
  - ▶ Does not know key details PMH
  - ▶ Does not know address, city, state
  - ▶ Doesn't have explanation for not knowing
- ▶ Late presentation to care
- ▶ Tattoos/Brands
  
- **Sense that something is off**

# Signs/ Red Flags

- Branding





Daddy's Girl

# Common Challenges

- Not identifying as a “victim/ survivor” of trafficking
  - Do not know it is wrong
  - Do not want to admit to themselves
  - Sense of commitment ( trauma bonding)
    - Similar to Stockholm syndrome
    - Example

# Common Challenges

- Afraid to reach out
- Resigned to their lot
- See no better alternative
- Threatened reprisal against children or family
- Potential criminalization of survivors

# How do we fix this??



**THIS is how we fix it!**





# How Do We Fix This?



# I would like to bring you through a case

- Hypothetical
- In a Clinic
- Give you a framework for how to think about all this

# Stages of Change

## **Pre-contemplation:**

Not currently thinking of changing

May not see their behavior as a problem

Benefits of the behavior outweigh the costs

## **Contemplation:**

Able to consider the possibility of stopping their behavior,

Ambivalent about taking the next step

Starting to experience adverse consequences of their behavior

# Stages of Change

## Preparation

Sees that the negative consequences outweigh the benefits of the behavior

Usually taking small steps toward changing

Believes change is necessary and imminent

## Action

Involved in taking steps to change,

may try several techniques before anything works

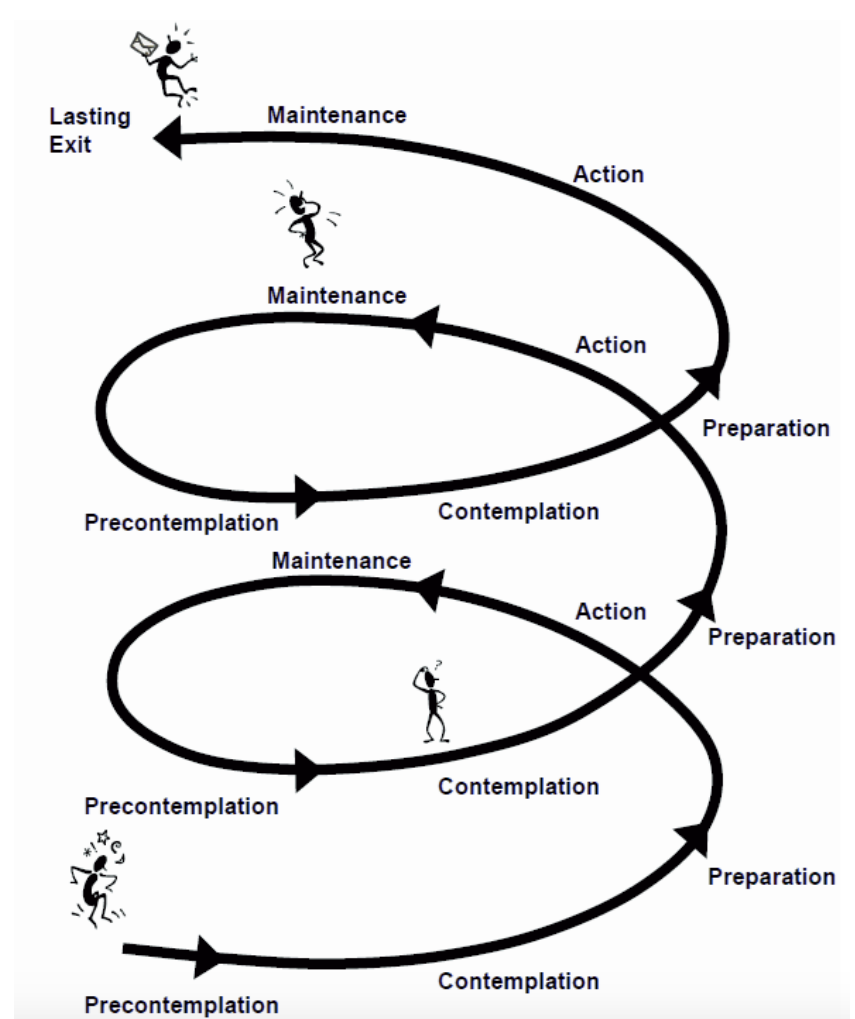
greatest risk of relapse

# Stages of Change

- **Maintenance**

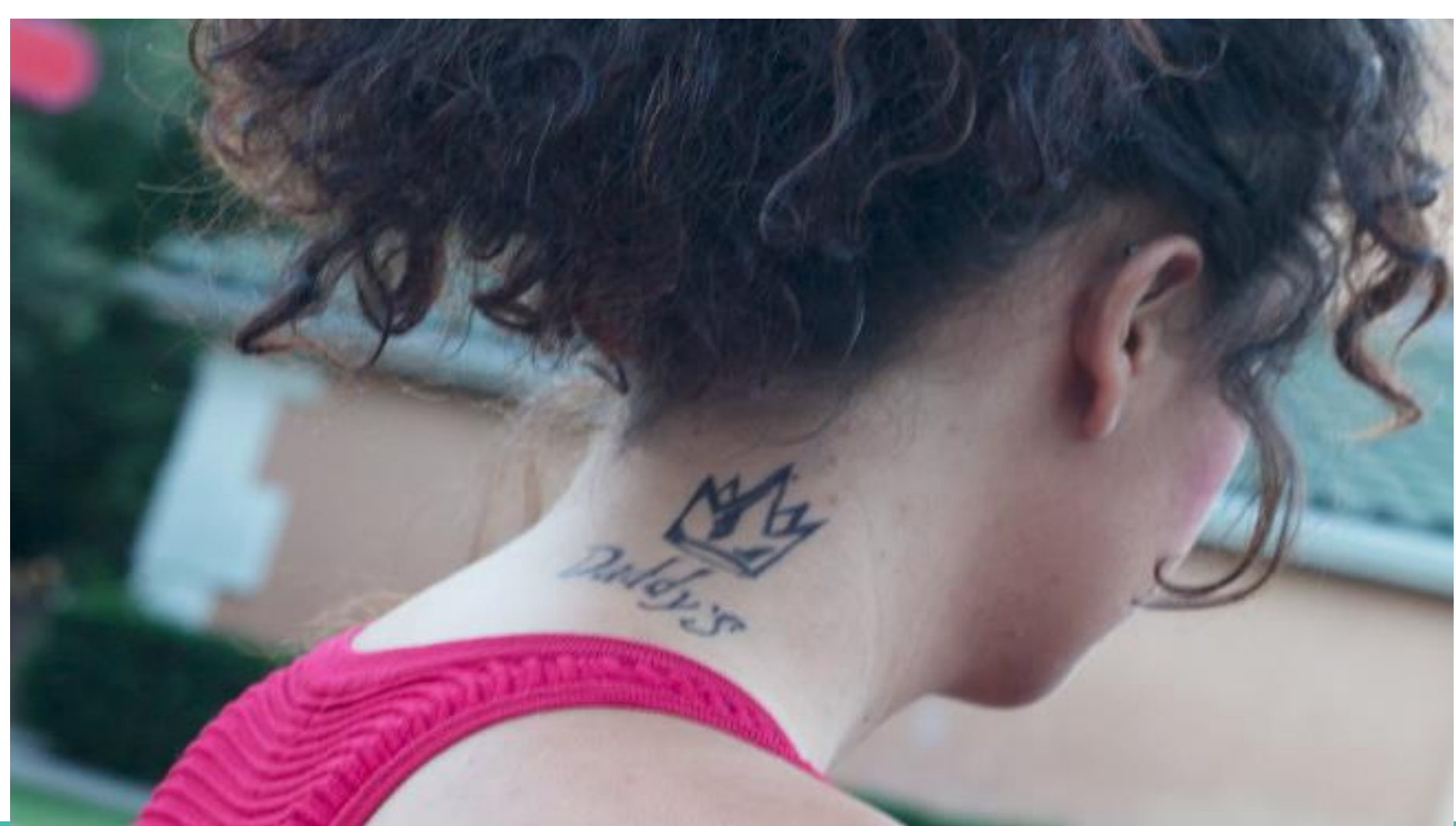
- Able to avoid temptation to return to behavior
- Can anticipate and handle temptations
- Can employ new ways of coping
- May experience relapse but sees relapse as important for learning/ self-reflection

# Stages of Change



# Scenario One

- New patient presents to PRC
- Seems to have a very controlling boyfriend
- She is unsure about the details of her 2 prior pregnancies
- Seems anxious and depressed





# Scenario One

- She asks you for help obtaining scan for this pregnancy
- When you ask her what her job is, she is vague but says it is important to help her boyfriend
- When you ask her about her tattoo she hesitates and says maybe she will tell you about it later

# What stage could she be in?

- What can we do?

**PRE-CONTEMPLATION**

# Scenario One: Take-away points

- Recognizing the signs of human trafficking
- Motivational interviewing
  - Empowering techniques
- Shared decision making
  - Ask permission
- Do not rely on self-reporting

# Scenario One: Take-away points

- Survivors may not know they are a victim of a crime
- Build rapport, educate, and to give them tools to be able to leave successfully, with their own reserve
- Confidentiality, privacy, and mandated reporting
- Victim and trafficker can be anyone
- Violence planning and prevention

# Motivational Interviewing

- Techniques

**O**pen ended questions

**A**ffirmations

**R**eflections

**S**ummaries

# Scenario One

- Could mention that we have literature that we give all out patients
- Let her know that if she has any questions or concerns, she can always contact us
- Can still be important even if she leave the literature behind....

## Scenario Two: Several Months Later( first UPT was negative)

- She asks you to check her pregnancy test again
- She brings up the meaning of her tattoo
- She wonders if there is a way to get more information.....



# What stage is she in?

- What can we do?

**CONTEMPLATION**

# Scenario Two Take-away points

- Shared decision making
- Trauma-informed care
- Understand why victims decide to stay
- Safety and violence planning

# Scenario Two: Take Away points

- Multi-disciplinary approach
- Post-traumatic stress disorder management
- Empowering the victim
- Psychological support

# Scenario Three

- She arrives at the clinic in a panic
- She says she has been thinking about the information you gave her
- She says her boyfriend is really upset and threatening to kill her
- She needs to get away NOW

# What Stage is she in?

- What should you do?

**ACTION**

# Goals of Trauma-Informed Care

- Diminish the likelihood and impact of re-traumatization within the healthcare setting
- Recognize survivor strength and resilience
- Foster healing and recovery
- Support the development of health short- and long-term coping mechanisms



# 9 Principles of Trauma-Sensitive Practice

- Respect
- Patience
- Rapport
- Sharing information
- Sharing control
- Respecting Boundaries
- Fostering mutual learning
- Understanding non-linear healing
- Demonstrating awareness and knowledge of interpersonal violence

# Scenario #3 Take-away points

- Avoid re-injury and re-traumatization
- Understanding trauma bonding
- Be aware that relapse is common
- Resources and safe haven availability
- Post-traumatic stress disorder continued management
- Court advocacy resources and legal aid
- Your work is not done!
  - Support, counseling, education, follow-up

# Scenario 3

- Post-traumatic stress disorder continued management
- Court advocacy resources and legal aid
- Our work is not done!
  - Support, counseling, education, follow-up

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**Suspect a Case of Human Trafficking?**

**Call the NHTRC Confidential 24 hour  
Toll Free Hotline**

**888—3737-888**

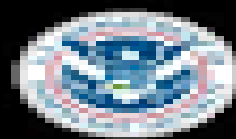
if you

SEE

something

SAY

something™



BUT.....

WHAT

can I

do??????????

# Near Williamsburg.....



Latisha's  
HOUSE FOUNDATION

Changing one life at a time, changing  
the world for future generations.





For minor victims of human trafficking.....



# Safe House of Hope

- In Maryland
- William and Mary Sends Alternative Spring Break group there....

# William and Mary groups

- HEART
- IJM (college chapter)

# CONTACT US

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# HEAL Trafficking Website





- RESOURCES ON HUMAN TRAFFICKING
- Human Trafficking Awareness Resources from CHA

**Last thoughts ( if we have time)**

**My first impression when I heard of this**

**What changed my mind**

# Survivors Story

- **Began at age 16**
- **Had 2 children with her trafficker**
- **Saw LOTS of health care providers by age 26**
- **Only ray of hope**
  - **A single interaction with a nurse practitioner**
- **Probably what saved her**



**Mabye someday.....that person will be you!**

