

HEALTH CARE

On-Ramps, Intersections, and Exit Routes:

A Roadmap for Systems and
Industries to Prevent and Disrupt
Human Trafficking

Polaris

On-Ramps, Intersections, and Exit Routes:

**A Roadmap for Systems and
Industries to Prevent and Disrupt
Human Trafficking**

HEALTH CARE



July 2018

Acknowledgements

Lead Researcher and Author:

Brittany Anthony,

Manager of Strategic Research at Polaris

Contributing Survivor Authors:

| | |
|---------------------------|-----------------------|
| A'ishah H. Amatullah | Ronny Marty |
| Julia Anderson | Tajuan McCarty |
| Efraín Freddy Pérez Arias | Moninda |
| N.M.B. | Audrey Morrissey |
| Jessa Dillow Crisp | Ranela P. Placides |
| Laurin Crosson | Caroline Pugh-Roberts |
| Harold D'Souza | Jamie Rosseland |
| Hazel Fasthorse | Ella Smillie |
| Jo Hollis | Tanya Street |
| Danielle John | Victoria Thompson |
| Nancy Johnson | Sawan Vaden |
| Tiffany Liles | Courtney Wendell |
| Fainess Lipenga | Shandra Woworuntu |
| Megan Lundstrom | |

Additional contributing survivor authors who chose to remain anonymous.

Other Key Contributing Researchers & Authors:

Of Polaris: Sara Crowe, Caren Benjamin, Therese Couture, Elaine McCartin, Elizabeth Gerrior, Lillian Agbeyegbe, and Mary Kate Kosciusko.

Of Truckers Against Trafficking: Lyn Leeburg
Of HEAL Trafficking: Dr. Hanni Stoklosa

Additional thanks to Polaris staff: Sydney Boone, Veronica Buckley, Heidi Cooper, Avery Kennedy, Rochelle Keyhan, Nancy McGuire Choi, Erin Marsh, David Medina, Bradley Myles, Karen Romero, and Keeli Sorenson.

Thank you to our stakeholder partners for their thoughtful reviews: Kendis Paris of Truckers Against Trafficking, Yiota Souras at the National Center for Missing & Exploited Children (NCMEC), David T.

Hutt and Lydia Sharp of the National Disability Rights Network, Duncan Jepson of Liberty Asia, John Byrne of AML Rightsource and ACAMS Special Advisor, Rick Small of BB&T, and Frederick Reynolds.

Survey and Focus Group Assistance: Special thanks to Dr. Danielle Johnson, Dr. Meredith Dank, and Lara Powers who provided their consulting expertise to the Polaris focus groups, and to Jenny Sandra Sell, Edward Lynch, and Lenna Jawdat for their tireless note-taking and transcribing efforts. Thank you to Julia Cordua, Kelbi Ervin, Laurie Bolthouse, Tanise Dixon, Sulan Chang, Bill Bernstein, Kirsten Williams, and Allison Ausband, for their gracious meeting space coordination and donations contributing to the focus groups. Thanks to ACAMS for their ongoing support and work to convene financial services industry experts whose vast knowledge significantly contributed to the content of this report. Many thanks to Chris Seewald, Nick Montgomery, and Bob Vasey for their help with the data analysis efforts. Polaris would also like to extend sincere gratitude to the many NGO partners who recruited participants for our survivor survey by sharing the opportunity with their vast survivor networks.

We are also grateful to Google, Delta Air Lines, and Palantir Technologies whose generous financial support made the survivor survey, focus groups, and data analysis possible.

Finally, and most importantly, our utmost thanks and honor to the contributing survivors can never be overstated. The poignant quotes and experiences, dedicated time and travel, and thoughtful recommendations from the 26 survivors who attended the focus groups or sat for interviews, the 127 survivors who took the survey, and the 9,500+ survivors who have bravely shared their stories with the National Human Trafficking Hotline and public outlets made this report what it is. Their words and experiences will not just be documented in this report, but will be the driving catalyst for any change that comes out of it.

Table of Contents

| | |
|-----------|--|
| 4 | <u>Introduction</u> |
| 6 | The Typology of Modern Slavery: A Summary |
| 8 | Systemic Change Matrix |
| 9 | Methodology |
| 9 | Hotline Data |
| 10 | Survivor Survey |
| 13 | Survivor Focus Groups |
| 15 | <u>Health Care</u> |
| 21 | How Health Care, Health Conditions, & Disabilities may be Used in Recruitment |
| 21 | Health Conditions and Disabilities as Vulnerabilities to Trafficking |
| 22 | Traffickers Offering Therapeutic or Residential Care |
| 24 | Substance Use & Recruitment |
| 25 | Recruitment at Health Care Facilities |
| 26 | How Health Care and Substances may be Used in Trafficking Operations |
| 26 | Labor Trafficking in Health Care Industry |
| 27 | Sex & Labor Trafficking in the Illicit Drug Economy |
| 29 | How Health Care and Substances may be Used as a Means of Control |
| 29 | Monitoring During Health Care Visits |
| 30 | Limiting or Denying Health Care |
| 30 | Using Substances as a Means of Control |
| 31 | Reproductive Coercion |
| 32 | How Victims & Survivor may Use & Experience Health Care |
| 33 | Survivor Use of Emergency Medicine |
| 37 | Reproductive Health & Sex Trafficking Victims |
| 39 | Injuries and Illnesses in Labor Trafficking and Labor Exploitation |
| 42 | Substances Used as Coping Mechanisms |
| 42 | Other Survivor Mental Health Issues |
| 43 | Health Care Experiences Post-Trafficking |
| 45 | Health Care Industry: Recommendations & Opportunities |
| 53 | <u>Glossary</u> |
| 59 | <u>References</u> |

Introduction

Harold D’Souza hardly seemed like an obvious candidate for a five-figure bank loan. He had only just arrived from India, with a wife, two young boys, and a job offer that turned out to be fraudulent. Yet somehow, with just a few signatures on a few dotted lines, Harold walked out the door of a bank with what would have been a small fortune had he been allowed to access it. Of course, he wasn’t. Every dime of that money went to the man who actually arranged for the loan – the trafficker. This was the same man who brought Harold to the United States with the promise of a high-paying professional job and instead forced him to work in a restaurant and live in a virtual prison of debt and desperation. Exactly how the trafficker managed to secure a loan of tens of thousands of dollars in the name of a newly arrived migrant worker with no verifiable source of income remains a mystery to Harold. Clearly though, it was not dumb luck. The trafficker knew exactly how to work within and around a highly regulated and legitimate industry – banking – to maximize the profit he made on Harold and his family. It was all part of his business plan.

The man whose lies and manipulations robbed Harold of his freedom was not unique to his field. A successful trafficker, like any successful entrepreneur, begins with a business plan built on a platform of established business models and best practices. Over time, that plan is chiseled to perfection as the trafficker learns new skills and tests out innovative new ways to monetize the exploitation of human beings.

As with any enterprise, the business plan of a human trafficking venture is not built in a vacuum but rather exists within an ecosystem or matrix, depending on and intersecting with a range of legitimate industries and systems – cultural, governmental, environmental. Examples are abundant. Traffickers use banks to store their earnings and buses to move their victims around; hotel rooms are integral to the operations of some sex traffickers, social media is a vital recruitment trawling ground for others.

This report takes a magnifying glass to such private-sector intersections. The details matter. The more that is known

about the business plans of human trafficking, the more possible it becomes to prevent and disrupt the crime and help survivors find freedom. The insights here are gleaned from those in a position to understand the nuances of each business intersection point – the survivors who lived the experience. They are not definitive scientific conclusions but rather valuable baseline narratives that can spark further exploration and collaboration from other sectors.

Each set of insights is followed by detailed recommendations for turning them into action, industry by industry. Like the insights and information that precede them, these recommendations are also not intended to be definitive. They are a beginning; an invitation. What we have learned is only as valuable as the partners who join us in making the recommendations a reality – and by offering more of their own.

This report builds upon Polaris’s 2017 report, [The Typology of Modern Slavery](#), which analyzed data, gleaned from nearly 10 years of operating the National Human Trafficking Hotline, to show that human trafficking in the United States consists of 25 distinct business models. For each, the Typology report illuminated the basic operational plan - the demographics of both victims and traffickers, and how victims are recruited and controlled.

This report focuses on the private and public-private sector because fighting human trafficking will require participation by business and industry partners with resources at a comparable scale.

The sectors explored in this report – **the financial services industry, social media, transportation industry, hotels & motels, housing & homelessness systems, and health care** – are not the only private businesses that intersect with human trafficking. Nor are they “to

blame” in some way for human trafficking. Indeed, as you will read, many stakeholders in each of these systems and industries are already doing innovative work or making powerful commitments to becoming part of the solution.

Clearly, engagement from the private sector alone is not enough. Child welfare agencies, schools and teachers, the criminal justice system, and local, state, and federal government actors are the proverbial tip of the spear, essential to the fight against human trafficking.

But human trafficking is a \$150 billion global industry that robs 25 million people around the world of their freedom. This report focuses on the private and public-private sector because fighting human trafficking will require participation by business and industry partners with resources at a comparable scale to the size of the problem. Participation, in this context, is not a euphemism for making donations to groups that fight human trafficking. The fight against human trafficking requires not just passive support but actual, active commitment and effort on the part of businesses that unwittingly, but regularly intersect with traffickers, victims, and survivors.

The information about how each of these systems and industries are exploited by traffickers as part of their business plans comes from extensive surveys of, and focus groups with, survivors of all types of human trafficking, as well as from the National Human Trafficking Hotline. Those who participated in this work, and in the sometimes painful process of sharing their own stories, did so not to point fingers, but rather to point out opportunities. We are grateful beyond measure to those with the strength to voluntarily speak their truth, again and again, in hopes of keeping others from suffering.

They did so because they know it is possible. Tanya Street lived it. As a recent high-school graduate, Tanya was vulnerable to the machinations of a pimp who showered her with love and attention, then turned her out on the street programmed to believe she was worthless, invisible, unlovable, without him. Most of the doctors at her local health care clinic simply reinforced his brainwashing. Repeatedly, she showed up with urinary tract infections that had her literally doubled over in pain. She felt frowned upon, disapproved of. No

one in the emergency room asked her why this kept happening, if maybe she would like some help beyond antibiotics. She wonders what would have happened if just once during those visits, someone had asked her the right question, or offered her information about getting help or getting out. She wonders how much sooner she would have found her voice, started her life. She wonders what pain she might have avoided.

Harold too knows that if someone at that bank, long ago, had done something a little differently, perhaps everything else would have been different and his family could have avoided some of the pain, fear, and trauma they live with to this day.

If human trafficking is a business, requiring intense planning and depending on other businesses and partners to flourish, so too must the fight against trafficking be a collective undertaking.

Today, Harold and Tanya have been honorably appointed to the United States Advisory Council on Human Trafficking. They share their experiences because they believe others truly can learn from them, and systemic change can be achieved. But they cannot be everywhere, talking to everyone, in every hospital emergency room, bus terminal, at every hotel front desk, truck stop parking lot, or monitoring the millions of social media conversations that fly through the ether at any given time. What Harold, Tanya, and all the survivors who contributed to this project have done is recognize the value of mapping the intersections where human trafficking meets legitimate businesses and systems. In doing so, they have staked out new territory, recognizing that if human trafficking is a business, requiring intense planning and depending on other businesses and partners to flourish, so too must the fight against trafficking be a collective undertaking that is painstakingly plotted and thoughtfully implemented, in partnership with the businesses that unwittingly make it possible.

The Typology of Modern Slavery

A Summary

In March 2017, Polaris released the ground-breaking report, [The Typology of Modern Slavery](#), which classified the 25 distinct types of human trafficking business models occurring in the United States. The following information includes a short description or definition of each type of trafficking as well as updated statistics on cases and potential victims learned about from the National Human Trafficking Hotline through December 31, 2017. The cases below are based off of analysis of 40,000+ cases of potential human trafficking and 11,000+ cases of potential labor exploitation. The following cases only represent the cases that occurred in the United States and where the type of trafficking or labor exploitation was known. This is not a comprehensive report on the scale or scope of human trafficking within the United States. These statistics may be subject to change. Please see the Typology report and the methodology section of this report for further context.

| Type | Definition | DEC. 2007 - DEC. 2017 | JAN. 2015 - DEC. 2017 |
|---|--|-----------------------|-----------------------------|
| | | Number of Cases | Number of Potential Victims |
| Agriculture & Animal Husbandry (Type: Labor Trafficking) | A farming business in which potential victims are exploited for their labor in growing/maintaining crops, cultivating soil, or rearing animals. | 556 (HT) | 609 (HT) |
| | | 1,761 (LE) | 844 (LE) |
| Arts, Sports, & Entertainment (Type: Labor Trafficking) | Potential victims are exploited for their labor in amateur, scholastic, or professional athletics, modeling, or performing arts (including adults in exotic dancing). | 135 (HT) | 102 (HT) |
| | | 40 (LE) | 10 (LE) |
| Bars, Strip Clubs, & Cantinas (Type: Sex & Labor Trafficking) | This category comprises establishments that front as legitimate bars and clubs, selling alcohol while exploiting victims for sex and labor behind the scenes. | 992 (HT) | 601 (HT) |
| Carnivals (Type: Labor Trafficking) | Potential victims are exploited for their labor in operating rides, games, and food stands. | 59 (HT) | 28 (HT) |
| | | 80 (LE) | 27 (LE) |
| Commercial Cleaning Services (Type: Labor Trafficking) | Potential victims are exploited for their labor in janitorial/cleaning services performed in private households, office buildings, and other commercial/public properties. | 128 (HT) | 101 (HT) |
| | | 362 (LE) | 79 (LE) |
| Construction (Type: Labor Trafficking) | Potential victims are exploited for their labor in carpentry, masonry, painting, roofing, etc. | 202 (HT) | 157 (HT) |
| | | 458 (LE) | 183 (LE) |
| Domestic Work (Type: Labor Trafficking) | An industry where an individual works for one specific household/family providing personal household tasks, cleaning, child care, or adult caretaking, often living on-site with the family. | 1,437 (HT) | 753 (HT) |
| | | 487 (LE) | 202 (LE) |
| Escort Services (Type: Sex Trafficking) | Commercial sex acts that primarily occur at temporary indoor locations. Includes: hotel-based operations, internet ads, and out-calls to buyers. | 6,418 (HT) | 4,555 (HT) |
| Factories & Manufacturing (Type: Labor Trafficking) | Potential victims are exploited for their labor in food processing, clothing/shoe manufacturing, factories producing electronic devices, vehicles, and more. | 99 (HT) | 77 (HT) |
| | | 222 (LE) | 54 (LE) |
| Forestry & Logging (Type: Labor Trafficking) | Potential victims are exploited for their labor as tree farm workers, reforestation planters, loggers, and workers maintaining woodland areas. | 57 (HT) | 27 (HT) |
| | | 173 (LE) | 77 (LE) |

HT = Human Trafficking | LE = Labor Exploitation¹

| Type | Definition | Number of Cases | Number of Potential Victims |
|--|--|-----------------|-----------------------------|
| Health & Beauty Services (Type: Labor Trafficking) | Potential victims are exploited for their labor in businesses such as nail salons, hair salons, acupuncture businesses, etc. | 345 (HT) | 122 (HT) |
| | | 140 (LE) | 46 (LE) |
| Health Care (Type: Labor Trafficking) | Potential victims are primarily exploited for their labor in residential nursing homes, occupational health facilities, or as home health aides. | 64 (HT) | 53 (HT) |
| | | 70 (LE) | 29 (LE) |
| Hospitality (Type: Labor Trafficking) | Potential victims are exploited for their labor as hotel housekeepers, front desk attendants, bell staff, etc. | 151 (HT) | 133 (HT) |
| | | 585 (LE) | 349 (LE) |
| Illicit Activities (Type: Sex & Labor Trafficking) | A potential victim is forced to provide labor or services to contribute to an illegal/illicit business operation such as drug selling, drug smuggling, drug production, financial scams, gang activity, etc. Potential victims are also often forced into commercial sex acts in addition to this labor. | 297 (HT) | 294 (HT) |
| Illicit Massage Businesses (Type: Sex & Labor Trafficking) | Primary business of sex and labor trafficking is concealed under the façade of legitimate spa services. | 3,736 (HT) | 1,253 (HT) |
| Landscaping (Type: Labor Trafficking) | Potential victims are exploited for their labor in gardening, maintaining public or private grounds, or within nurseries. | 147 (HT) | 112 (HT) |
| | | 749 (LE) | 250 (LE) |
| Outdoor Solicitation (Type: Sex Trafficking) | Potential victims are forced to find commercial sex buyers in outdoor locations such as on "tracks"/"strolls," or at truck stops. | 1,983 (HT) | 1,150 (HT) |
| Peddling & Begging (Type: Labor Trafficking) | Potential victims are expected to beg for "donations," or sell small items such as candy, at a stationary, often outdoor locations. | 602 (HT) | 327 (HT) |
| | | 61 (LE) | 28 (LE) |
| Personal Sexual Servitude (Type: Sex Trafficking) | A potential victim is forced to provide sex acts to one/ specific person(s) (oftentimes in a chronic and ongoing situation) in exchange for something of value. The controller and the "buyer" are usually the same person. (See also: Survival Sex , in the Glossary) | 587 (HT) | 362 (HT) |
| Pornography (Type: Sex Trafficking) | Pre-recorded sexually explicit videos & images, including child pornography. This can include informally distributed pornographic material, or commercial sex through a formal pornography company. •Note: This type should not be confused with interactive webcam shows. (See Remote Interactive Sexual Acts) | 1,107 (HT) | 516 (HT) |
| Recreational Facilities (Type: Labor Trafficking) | Potential victims are exploited for their labor in amusement/theme parks, summer camps, golf courses, and community swimming pools. | 44 (HT) | 33 (HT) |
| | | 265 (LE) | 92 (LE) |
| Remote Interactive Sexual Acts (Type: Sex Trafficking) | Live-streamed, interactive, simulated sex acts/shows. •Note: This type should not be confused with pre-recorded sexually explicit videos & images. (See Pornography) | 146 (HT) | 119 (HT) |
| Residential Sex Trafficking (Type: Sex Trafficking) | In-call commercial sex occurring at a non-commercial residential location. | 1,800 (HT) | 1,665 (HT) |
| Restaurants & Food Services (Type: Labor Trafficking) | Potential victims are exploited for their labor as servers, bussers, dishwashers, cooks, etc. | 595 (HT) | 274 (HT) |
| | | 1,340 (LE) | 392 (LE) |
| Traveling Sales Crews (Type: Labor Trafficking) | Potential victims travel in groups to various cities/states selling items such as magazines door-to-door. | 686 (HT) | 356 (HT) |
| | | 96 (LE) | 40 (LE) |

HT = Human Trafficking | LE = Labor Exploitation¹

Systemic Change Matrix

A strategic approach to ending human trafficking includes understanding the ways each of these systems enables or intersects with potential traffickers or victims. This matrix depicts the 25 types of human trafficking in the United States, cross-referenced with eight highlighted systems and industries, six of which are discussed in-depth in this report. Each system and industry can be activated to help disrupt and prevent the crime in unique and impactful ways.

| |  Financial Services Industry |  Hotels & Motels |  Housing & Homelessness Systems |  Social Media |  Temporary Work Visas |  Transportation |  Business Regulatory Systems |  Health Care |
|--------------------------------|---|---|--|--|--|--|---|---|
| Escort Services | ● | ● | ● | ● | | ● | | ● |
| Illicit Massage Businesses | ● | | ● | ● | ● | ● | ● | |
| Outdoor Solicitation | | ● | ● | ● | | ● | | ● |
| Residential Sex Trafficking | ● | | ● | | | ● | | ● |
| Domestic Work | ● | | ● | ● | ● | ● | | ● |
| Bars, Strip Clubs, & Cantinas | ● | ● | ● | ● | | ● | ● | ● |
| Pornography | ● | | | ● | | ● | ● | ● |
| Traveling Sales Crews | ● | ● | ● | ● | | ● | ● | ● |
| Restaurants & Food Service | ● | | ● | ● | ● | ● | ● | ● |
| Peddling & Begging | | | ● | | | | | |
| Agriculture & Animal Husbandry | ● | | | ● | ● | ● | ● | ● |
| Personal Sexual Servitude | | | ● | ● | | | | ● |
| Health & Beauty Services | ● | | ● | | ● | ● | ● | ● |
| Construction | ● | | ● | | ● | | ● | ● |
| Hospitality | ● | ● | | | ● | | ● | |
| Landscaping | ● | | | | ● | ● | ● | ● |
| Illicit Activities | ● | | ● | | | ● | | ● |
| Arts, Sports & Entertainment | ● | | | ● | ● | ● | ● | ● |
| Commercial Cleaning Services | ● | ● | ● | | ● | | ● | |
| Factories & Manufacturing | ● | | ● | | ● | | ● | ● |
| Remote Interactive Sexual Acts | ● | | ● | ● | | | | |
| Carnivals | ● | | | | ● | ● | ● | ● |
| Forestry & Logging | ● | | | | ● | ● | ● | ● |
| Health Care | ● | | ● | | ● | | ● | ● |
| Recreational Facilities | ● | ● | | | ● | | ● | |

Methodology

Hotline Data

This report includes data from the U.S. National Human Trafficking Hotline. The National Hotline is not a research-oriented program. Instead, the Polaris staff who operate the hotline are focused on helping potential victims of trafficking access critical support and services to get help and stay safe. While advocates use detailed protocols to assess for indicators of human trafficking, they adapt their phrasing and scope of questions in response to each individual's answers and the circumstances of the call, text message, or chat signal. Beyond this trafficking assessment, potential victims and third parties reporting these situations are not asked a set of standardized questions and only provide information that they feel comfortable sharing with Polaris's staff to get the help they need. Additionally, asking certain questions during some signals may not be appropriate or possible due to the context of the call. For example, when Hotline staff receive calls from potential victims in crisis situations with limited time to reach out for help, staff focus on the caller's safety and assisting with urgent needs such as emergency shelter or law enforcement assistance, and not on detailed information about the victim's trafficking experience.

As such, the data points in this report represent only what those contacting the National Hotline chose to disclose. The number of survivors or potential human trafficking cases with a particular attribute would likely have been significantly higher if Polaris staff had systematically asked a standardized set of questions to each individual contacting the Hotline.

Since awareness of both human trafficking and the existence of a national victim service hotline is still limited, this data set should be interpreted as a limited sample of actual victim or trafficking case data, rather than a representation of all existent victims or cases of human trafficking. The information reported by the National Hotline is only able to represent who has access to and knowledge of the Hotline, who has the means to reach out, and who is more likely to self-identify as a potential victim or some-

one in need of assistance. The data reported by Polaris should not be compared to the findings of more rigorous academic studies or prevalence estimates.

A Note about Language:

Polaris recognizes that survivors of human trafficking identify in many ways which can be deeply personal to the individual. Throughout this report, we tend to use the terms 'victim' and 'survivor' fairly interchangeably.

Polaris staff operating the National Human Trafficking Hotline do not investigate reports made by individuals contacting the Hotline and cannot verify the accuracy of the information reported. Therefore, this report uses the term "potential victim" when referring to those individuals learned about on the Hotline, who, through a Hotline trafficking assessment, meet the definition of an individual who has experienced sex or labor trafficking.

This report references data from the National Hotline using two distinct timeframes. The data referencing **cases** is for the timeframe of December 7, 2007 - December 31, 2017. The data referencing **unique potential victim profiles** is for the timeframe of January 1, 2015 - December 31, 2017. Polaris did not begin logging victim profiles until January 1, 2015. Therefore, historic data from before January 1, 2015, is not yet available.

Cases of Potential Human Trafficking

(December 7, 2007 - December 31, 2017)

Polaris began operating and collecting data on potential cases of human trafficking and labor exploitation from the National Human Trafficking Hotline as of December 7, 2007. Polaris defines a “case” of human trafficking² as an individual situation of trafficking which could include one or multiple potential victims. Data on the case level includes, but is not limited to, form of trafficking (e.g. sex vs. labor), the type of trafficking (as defined in the Typology of Modern Slavery³), venue location, or geographic location of trafficking, etc. These are the data points that will have the timeframe of December 7, 2007 - December 31, 2017.

Individual Potential Victim Profiles

(January 1, 2015 - December 31, 2017)

On January 1, 2015, Polaris began logging individual potential victim profiles, for each unique potential victim learned about through trafficking and labor exploitation related-signals to the National Hotline. Data on an individual potential victim profile can include, but is not limited to, demographic information such as current age, adult/minor status, gender, type of work visa (if applicable), and country of origin. These records can also include detailed information on the potential victim’s experience during the potential trafficking or exploitation such as age at entry, methods of abuse endured, recruitment tactics used, recruitment location, relationship of victim to controller(s) and recruiter(s), risk factors/vulnerabilities present before the trafficking situation, and more. Polaris did not have direct contact with all victims represented in this data set. Third parties reporting information about a victim often did not have information about some details of the situation they were reporting. Each case of human trafficking or labor exploitation could identify multiple unique poten-

tial victims, or the signalers may not have had enough information to identify any individual potential victims in the situation.⁴ These are the data points that will have the timeframe of January 1, 2015 - December 31, 2017.

Polaris Survivor Survey

During the time period of **August 22, 2017 - September 18, 2017**, Polaris sought human trafficking survivor participants for a paid online survey entitled “*Trafficking Survivor Experiences with Systems & Industries*.” The survey, available in both English and Spanish, was nationally distributed to over two dozen non-governmental organizations (NGOs) which either directly serve victims and survivors of human trafficking, or organize survivor leadership. Although some of the individual NGOs which Polaris worked with to distribute the survey may specialize or exclusively interface with survivors of specific demographics or types of trafficking (e.g. some organizations only serve sex trafficking survivors, some organizations mainly serve foreign nationals, etc.), the survey was sent to a diverse range of NGOs representing many geographies, survivor demographics, and types of trafficking.

The survey was open to any adult who self-identified as a victim or survivor of sex or labor trafficking. Survey participants were not asked for any kind of confirmation of victim status. The completion of the survey was also completely voluntary, and survivors were compensated for their time. Therefore, the survey was not anonymous. Polaris collected personal contact information in order to send payment.

The survey resulted in **127 individual survivor respondents**.

For all 127 survey participants, basic demographics and information on what type of human trafficking they experienced was collected. See Figures 1.0 - 1.5

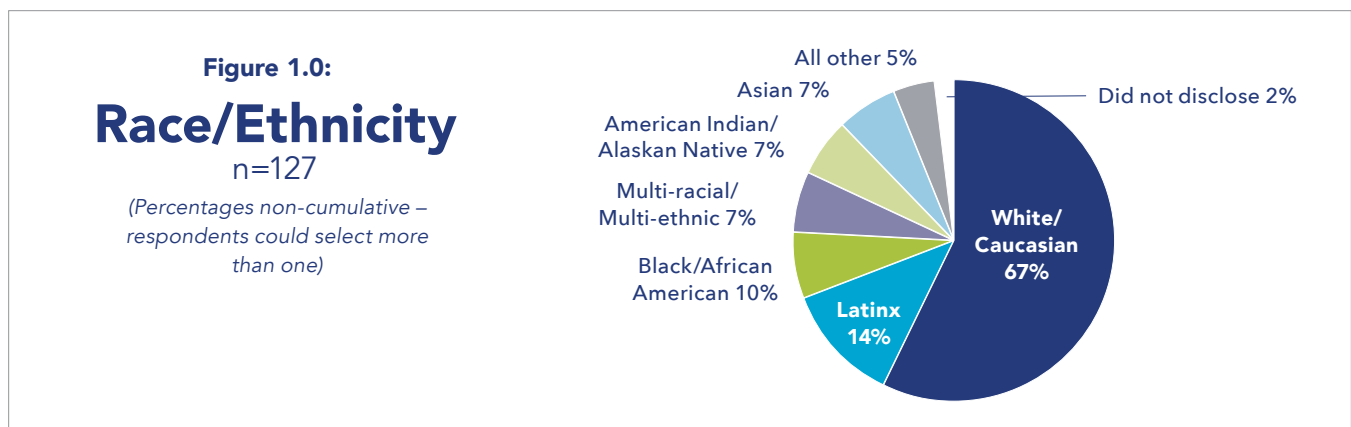


Figure 1.1:
Gender
n=127

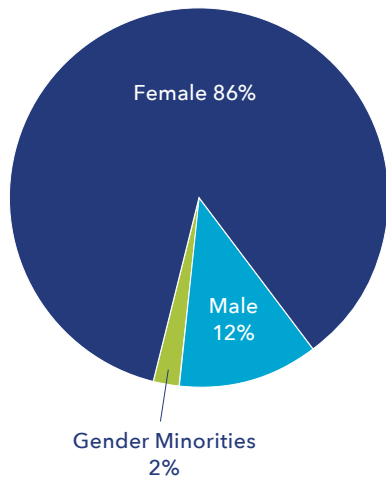


Figure 1.2:
Age at trafficking entry
n=127

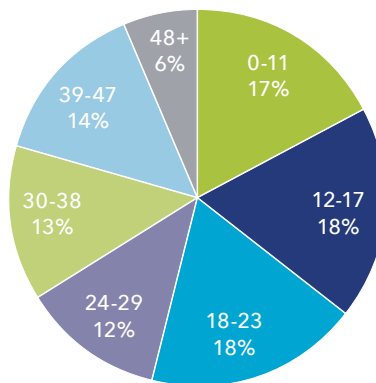


Figure 1.3:
Immigration Status
n=126*
**One respondent did not answer.*

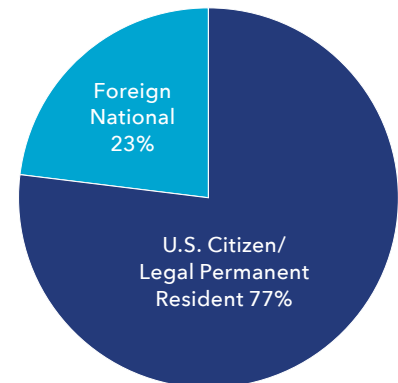
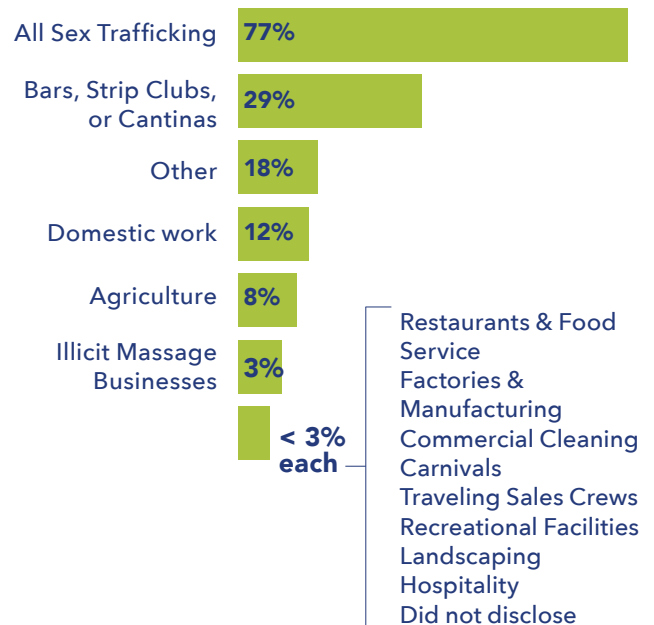


Figure 1.4:
Types of Trafficking
n=127

| | |
|--------------------------------|-------------------|
| All Sex Trafficking | 77% (98) |
| Bars, Strip Clubs, & Cantinas | 29% (37) |
| Other | 18% (23) |
| Domestic Work | 12% (15) |
| Agriculture & Animal Husbandry | 8% (10) |
| Illicit Massage Businesses | 3% (4) |
| Restaurants & Food Service | < 3% ⁵ |
| Commercial Cleaning | < 3% |
| Factories & Manufacturing | < 3% |
| Carnivals | < 3% |
| Hospitality | < 3% |
| Landscaping | < 3% |
| Traveling Sales Crews | < 3% |
| Recreational Facilities | < 3% |
| Not Specified | < 3% |

Figure 1.5:
Types of Trafficking
n=127



Data is non-cumulative. Survey participants could select multiple options.

After the demographic questions, the survey walked respondents through separate sections dedicated to the systems and industries addressed in this report: the financial services industry, social media, transportation, hotels & motels, housing & homelessness systems, and health care.⁶

Each of these sections began with a “screening question” asked of all respondents to assess whether or not they, (or their traffickers in some cases) had any inter-

action or access to the system/industry pertaining to that section. Each screening question also provided some necessary definitions, common examples, and/or framing context to clarify the intent of each section. If respondents answered “Yes” or “Not Sure,” the survey advanced them to that section’s set of survey questions. If respondents answered “No,” the survey skipped that section altogether and navigated them to the next system/industry’s screening question. An example screening question is below:

Example Screening Question:

Trafficking Survivor Experiences with Systems & Industries

Hotels & Motels

Did you ever come into contact with any hotels or motels during your exploitation? This includes but is not limited to staying nights, living there, working/being trafficked as a hotel employee or contractor, contracting with a hotel, being forced to engage in commercial sex at hotels/motels, etc. *

Yes
 No
 Not sure

Previous Page
Next Page

Figure 1.6: Survey Sections

Therefore, each individual section pertaining to each system/industry has a different total responding sample, depending on how many of the 127 total survey respondents answered “Yes” or “Not Sure” to that section’s screening question. Figure 1.6 breaks down the total number of respondents that “screened in” to each system/industry section along with the percentage of total survey respondents:

| Survey section | Total # of survivors that “screened in” to section | % of total survey respondents |
|---|--|-------------------------------|
| Financial Services Industry | 99 | 78% |
| Transportation | 104 | 82% |
| Social Media | 73 | 57% |
| Hotels & Motels | 100 | 79% |
| Health Care | 88 | 69% |
| Housing & Homelessness Systems | 50 | 39% |

Survey Limitations

The survey and focus groups were not required to, nor did they undergo, a formal institutional review board (IRB) approval process. Despite the project not formally going through this process, Polaris conducted appropriate due-diligence measures to ensure that every step of the research project, including the development of the survey questions, analysis of the participants' benefits and risks, informed consent/voluntary participation procedures, data collection and security standards, compensation norms, and other participant safeguards, were survivor informed, trauma-sensitive, and thoughtfully approached to protect the research participants.

This survey was not the result of a random sample. A central limitation to diverse sampling was the finite network to which Polaris was able to distribute the survey. Although Polaris works with a wide variety of anti-trafficking NGOs throughout the United States, and every effort was made to diversify the types of NGOs to whom the survey was distributed, distribution was limited to Polaris's partners and contacts. Moreover, the distribution of the survey was at the discretion of the NGOs, and therefore, the final sample population was entirely dependent on each NGO's willingness and ability to distribute the survey to the populations it had contact with.

The survey was facilitated through accredited organizations whose networks are also finite and limited to their scope. This naturally caused a response bias leaning toward survivors of human trafficking who were already removed from their trafficking situation and receiving services or engaging in survivor leadership. As the survey did not ask about the years during which the respondent was trafficked, it is impossible to determine how long respondents were removed from their trafficking situation. Therefore, social, cultural, or environmental changes may impact the current significance of some of these results. For example, some survivor respondents may have experienced trafficking during a time which pre-dates the general availability or pervasive use of social media.

Results of the survey also lean disproportionately to sex trafficking survivors (77 percent). This indicates that NGOs with a focus on sex trafficking were either more willing or able to widely distribute the survey to the populations they serve, or the anti-sex traf-

ficking NGOs had a much more expansive network of interested survivors. Relatedly, some NGOs which serve large populations of labor trafficking survivors indicated that unforeseen environmental and political events, which coincided with the open period for survey submissions, impeded their ability to distribute the survey to their networks. The need for these providers and their networks to focus on more urgent matters likely impacted the number of labor trafficking survivors who had access to the survey.

There were other design limitations which likely impacted the response rate and response content of the survey results. First, the limited languages in which the survey was distributed likely prevented survivors of certain types of trafficking from participating in the survey. Due to resource limitations, Polaris was unable to distribute the survey in other languages but would ideally have expanded the language services if possible. Second, the online platform of the survey likely excluded some individuals who did not have the resources available to access the internet or to do so in private locations. Third, the survey's lack of anonymity may have deterred people who would have otherwise chosen to take the survey but remain anonymous.

Finally, neither the Polaris survivor survey, nor the follow up Polaris focus groups should be compared to the findings of more rigorous academic studies or prevalence estimates.

Polaris Focus Groups

For Phase II of the research project, researchers sought to dive deeper into select areas of the survivor survey to gather personal narratives and survivor recommendations for systems and industries to enhance the report. To do this, five focus groups were assembled from the pool of survey respondents. Due to the extensive number of respondents who were sex trafficking survivors, four groups consisted of sex trafficking survivors and one group consisted of labor trafficking survivors.

The focus groups primarily sought to supplement the data Polaris already had access to from the National Human Trafficking Hotline. Therefore, the selection of focus group participants was strategic to ensure researchers were able to collect the specific type of information needed to gain necessary insights for each system/industry.

First, researchers identified the specific systems/industries where deeper information was needed:

Sex trafficking Groups:

- 1) Financial Services Industry
- 2) Social Media
- 3) Transportation
- 4) Hotels & Motels
- 5) Health Care

Labor Trafficking Groups:

- 1) Financial Services Industry
- 2) Transportation
- 3) Health Care⁷

Second, researchers then identified individual respondents whose survey answers indicated that they had significant interactions with or knowledge of these specific industries during their exploitation. Every survey response was reviewed individually, and each section of the survey (finance, transportation, etc.) was ranked on a scale of 0-2 in terms of how significant the respondent's interaction with that system/industry was:

- 0= Very little/no interaction or knowledge
- 1= Moderate interaction or knowledge
- 2= Significant interaction or knowledge

To determine this significance, researchers weighed some questions in the survey stronger than others, based on the specific research needs. For example, researchers prioritized a survivor's understanding of

how the finances were managed in his or her situation, as this information is not often revealed during regular Hotline interactions.

Based on their answers, 26 survey respondents were invited to attend one of five focus groups hosted in various cities across the country.

- Los Angeles, CA - 5 participants
- Denver, CO - 5 participants
- Dallas, TX - 4 participants
- Atlanta, GA - 5 participants
- Washington, DC - 5 participants

Due to unforeseen and extenuating circumstances, two participants intended for the focus groups could not attend, and therefore provided their input through remote one-on-one interviews with researchers.

Each focus group was two hours long and covered as many prioritized systems/industries as time would allow. Of course, due to the natural flow of discussion of focus groups, not every group addressed every question or every system or industry.

Each focus group or interview was transcribed and analyzed using basic content analysis to identify common themes across groups. These themes, in combination with the quantitative survey data, and findings from the National Hotline, informed the general structure and content of this report.



Health Care

The following matrix is meant to be an overview of some documented intersections that survivors or potential victims of various types of trafficking (See [Typology of Modern Slavery: A Summary](#) section of this report) have had with health care. Unless otherwise cited, all intersections were informed by Polaris’s operation of the National Human Trafficking Hotline since 2007, Polaris survivor survey, Polaris focus groups, or anecdotal information received through communication with clinicians. This matrix is by no means comprehensive, as trafficking survivors have the potential to access health care in any medical specialty. Each dot may represent one or more touch points throughout a trafficking life cycle including while the victim is being recruited, exploited, or after being trafficked. The absence of a dot may mean there is insufficient data or research on the intersection. Please note: in particular, the noted intersections with labor trafficking are very limited due to the lack of research on health care accessed by labor trafficking survivors. Polaris omitted the types of trafficking where research and data were lacking.

Please see [Methodology](#) section of this report, as Hotline data, the Polaris survivor survey, nor the Polaris focus groups should be compared to the findings of more rigorous academic studies or prevalence estimates. If you are a professional interested in this type of medical literature, please visit: [HEAL Trafficking’s Health Literature Library](#)

| | | Types of Health Care Services | | | | | |
|----------------------|--------------------------------|-------------------------------|------------|-----------------|----------------------------------|---------------------|-----------------------------|
| | | Emergency Medicine | Pediatrics | Mental Health | Substance Use Disorder Treatment | Reproductive Health | Residential Care Facilities |
| Types of Trafficking | Agriculture & Animal Husbandry | ● | ● | | | ● | ● |
| | Bars, Strip Clubs, & Cantinas | ● | ● | ● | ● | ● | |
| | Carnivals | ● | | | | | |
| | Construction | ● | ● | | | | ● |
| | Domestic Work | ● | ● | ● ⁸³ | | ● | ● |
| | Escort Services | ● | ● | ● | ● | ● | |
| | Factories & Manufacturing | ● | ● | | ● ⁸⁴ | ● | ● |
| | Forestry | ● | | | | | |
| | Health Care | | | ● | | | ● |
| | Illicit Activities | | ● | ● ⁸⁵ | ● | ● | |
| | Landscaping | ● | ● | | | | |
| | Outdoor Solicitation | ● | ● | ● | ● | ● | |
| | Personal Sexual Servitude | ● ⁸⁶ | ● | ● ⁸⁷ | ● | ● ⁸⁸ | ● |
| | Pornography | | ● | | | ● | |
| | Residential Sex Trafficking | ● | ● | ● | ● | ● | |
| | Restaurants & Food Service | ● | ● | | | ● | |

There is growing evidence on the range of health consequences faced by individuals who have experienced human trafficking. This includes, but is not limited to sexual and reproductive health issues, mental health concerns, on-the-job injuries caused by unsafe working conditions, and issues related to substance use.^{89,90} Getting care for these and other health needs while in a trafficking situation may be difficult for a myriad of reasons that this section will outline.

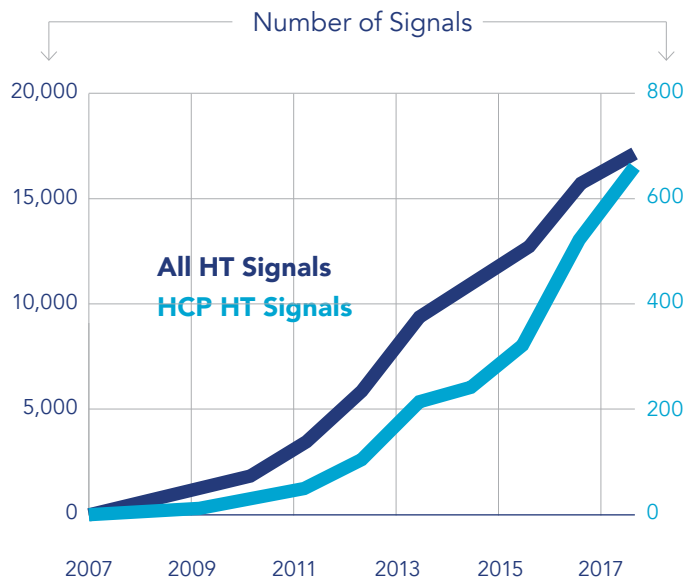
However, despite barriers to accessing care, in Polaris’s survivor survey, **69 percent of respondents reported having had access to health services at some time during their exploitation** and **85 percent of those said they had received treatment for an illness or injury directly related to their work or exploitation.** Indeed, other recent studies have found that anywhere between 50-88 percent,^{91,92,93} of human trafficking victims have accessed health care services during their trafficking situations. Clearly then, the health care system is rife with opportunities for alert and well-trained professionals and team members to identify and offer support to trafficking victims. Despite these numbers, one 2012 study found that only 6 percent of health care professionals reported treating a human trafficking survivor during their career⁹⁴ and **57 percent of survivors on Polaris’s survey reported never being asked trafficking or abuse assessment questions during any health care visit.**

Clearly there is work to be done, but there are also extremely encouraging signs of progress in the form of a massive uptick in signals from health care professionals to the National Human Trafficking Hotline.

In the 2017 article Training US Health Care Professionals on Human Trafficking: Where do we go from here?, researchers analyzed health care professional (HCP) call data from the National Hotline through 2015 and found that between 2012-2014, calls from health care professionals had significantly increased by 71.29 percent, which was higher than the general increase in calls and indicated greater awareness and behavior change in this field.⁹⁵ Polaris similarly replicated the statistical analysis with updated data through 2017 and found even more exciting trends. From December 7, 2007 - December 31, 2017, health care professionals con-

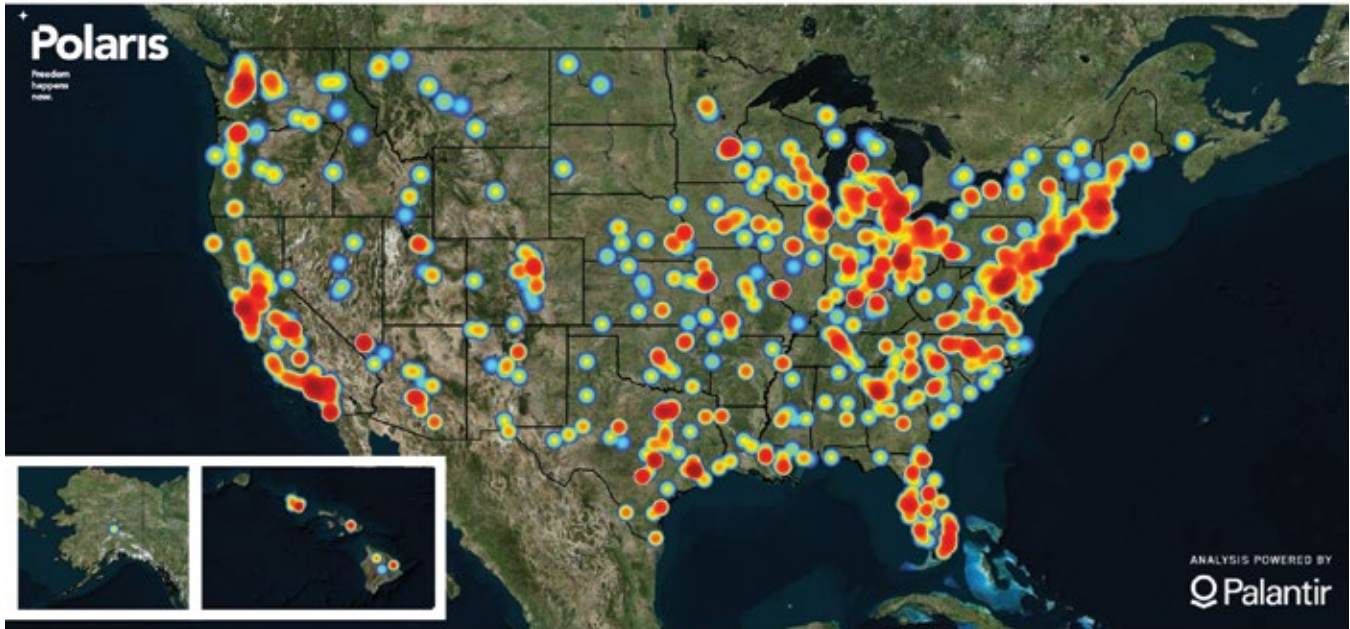
tacted the National Hotline about a potential human trafficking situation 2,109 times, ranking them as the 7th most frequent signaler type among the National Hotline’s list of 30 possible signaler types.⁹⁶ While the total number of human trafficking related signals to the National Hotline increased by 54 percent from 2014-2017, **the percentage increase of trafficking related signals from health care professionals during that time was a staggering 171 percent** (See Figure 6.0).

Figure 6.0:
Human Trafficking Related Signals on National Human Trafficking Hotline: Total vs. HCPs
December 7, 2007 - December 31, 2017



This documented increase in health care professional signals is by no means limited to one region of the U.S. as Figure 6.1 shows.

Figure 6.1: Locations of Health Care Professionals who've Contacted the National Human Trafficking Hotline December 7, 2007 - December 31, 2017



Health care professionals aren't just calling the Hotline at significantly increased rates, they're also proactively seeking education and resources to become better equipped in identifying and responding to potential trafficking victims in their care. In 2014, the National Hotline's online training resource, [Recognizing and Responding to Human Trafficking in a Healthcare Context](#), was viewed 340 times. In 2017, the same training resource was viewed an overwhelming 15,838 times. While some of this online traffic can be attributed to an upgrade to the Hotline's website and a general increase in visitors, there is a disproportionate increase in accessing this particular resource. In 2014, it was the 12th most-viewed resource on the Hotline's website, and in 2017, it was the 2nd most viewed.

Increased calls to the Hotline during that timeframe may also correlate with the expansion of targeted training for health care professionals from the U.S. Department of Health and Human Services (HHS). In 2014, HHS piloted the SOAR to Health and Wellness training for health care professionals. The training program has expanded in each subsequent year and is currently available online and in-person from the HHS Office on Trafficking in Persons (OTIP) through the National Human Trafficking Training and Technical Assistance Center (NHTTAC) with accreditation from the Postgraduate Institute of Medicine. The training equips practitioners, organizations, and communities to identify trafficking victims, offer trauma-informed and culturally appropriate care, and implement proper protocols and procedures for referring victims and survivors to appropriate services, including contacting the national Hotline.⁹⁷ Now health care and social service professionals of all disciplines can log on and complete the [SOAR Online](#) training modules and become an anti-trafficking change-maker in their office or health system.

Over 14 medical societies have created policies on trafficking⁹⁸ and a number of states have mandated education and training for health professionals on human trafficking.⁹⁹ For example, New York State requires all hospitals to have protocols on trafficking victim identification, assessment, and treatment in place.¹⁰⁰ With these dedicated professionals leading the way, along with the arsenal of knowledge that specialized trainings like the SOAR to Health & Wellness training can offer, there is confidence that the tides are indeed shifting in the health care industry, making the future more hopeful for trafficking survivors.



INDUSTRY SPOTLIGHT: HEAL Trafficking

HEAL Trafficking (HEAL) is a group of over 2000 multidisciplinary professionals, many in the health care industry, who are trailblazers when it comes to working to end human trafficking and supporting survivors using a public health, prevention-based perspective.

HEAL is a leading resource for anyone in the health care industry or related professions who want to connect and learn from other experts and stay updated on current trends, action items, latest research, trainings, and best practices. HEAL, through the leadership of their Executive Director and co-founder, Dr. Hanni Stoklosa, tirelessly focus on policy advocacy, enhancing clinical care by connecting practitioners, ensuring education and training resources are accessible to all, using media and technology, and elevating best practices in protocol development and cutting edge research, with committees dedicated to each.

Dr. Stoklosa and HEAL have been instrumental in shifting, not only the health care industry's perspectives on treating and preventing trafficking, but have also lent their expertise to policy makers, government initiatives, and the anti-trafficking field at large. HEAL's experts have been integral in the HHS SOAR National Technical Working Group, the Institute of Medicine's consensus report on Commercial Sexual Exploitation and Sex Trafficking of Children in the United States, and the United Nation's Alliance 8.7 Knowledge Platform. HEAL's Protocol Toolkit, a manual for health systems in developing plans for human trafficking response, has been downloaded over 1300 times in over 24 countries.

If you're a professional interested in learning more about fighting human trafficking from a public health perspective, please visit HEAL's website, www.healtrafficking.org and join the network, or email info@healtrafficking.org.

How Health Care, Health Conditions, and Disabilities may be used in Recruitment

A farm worker accepts a fraudulent job far from home because he is desperate to save money for a child's surgery. A woman stays with her abusive husband who sells her for sex because she relies on his health insurance to cover treatment for chronic pain. While the health care service and the disability service systems rarely serve as direct pipelines for recruitment into a human trafficking situation, stories like these reported to the National Hotline show how clearly health and disability-related needs can serve as an indirect recruitment tool for human traffickers.

Health Conditions and Disabilities as Vulnerabilities to Trafficking

Traffickers prey on people with chronic health concerns, exploiting the sense of isolation, the fears, the insecurities, and a perceived lack of options that are too often a part of growing up with and living with disabilities.

On the National Hotline, between January 2015 - December 2017, a total of 2,116 potential victims were recorded as having a pre-existing health concern including a possible physical disability, mental health diagnosis, substance use concern, or intellectual/developmental disability, either prior to or at the start of their recruitment into trafficking. Figure 6.2-6.4 breaks down the non-cumulative Hotline data within each form of human trafficking.

Figure 6.2: Pre-existing Health Concerns of Sex Trafficking Victims

National Hotline: January 1, 2015 - December 31, 2017

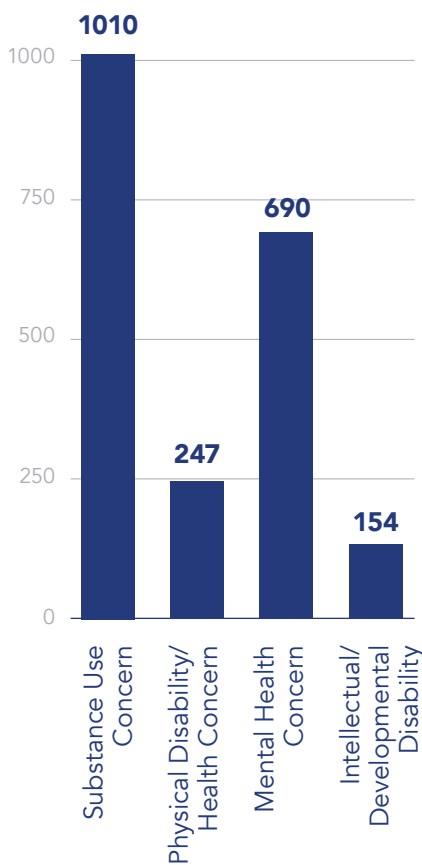


Figure 6.3: Pre-existing Health Concerns of Labor Trafficking Victims

National Hotline: January 1, 2015 - December 31, 2017

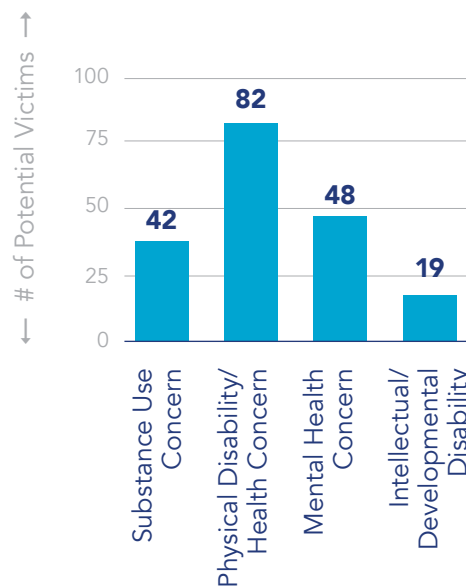


Figure 6.4: Pre-existing Health Concerns of Sex & Labor Trafficking Victims

National Hotline: January 1, 2015 - December 31, 2017



Data is non-cumulative. Individuals can have multiple health concerns. Please note the differing axis scales on each graph. These statistics do not include potential victims on cases where the form of trafficking was not identified to the hotline. Data from January 1, 2015 - December 31, 2017.

One sex trafficking survivor from a Polaris focus group explained how her trafficker leveraged her disability against her:

"I was born disabled and that is what led me to be vulnerable to being trafficked.... [My trafficker] played on that fear that my parents [instilled in me] that I couldn't hold down a real job or support myself. Like this is the only thing I'll ever amount to."

Similarly, the National Hotline managed one case of potential sex trafficking where an adult potential victim with a developmental disability was recruited at a local recreation and vocational training center. The potential trafficker, who eventually posed as a prospective boyfriend, made her believe that her counselors, caregivers, and parents didn't care about her and wanted to keep treating her as a child. He used her fear of being infantilized against her by claiming he was the only one who wanted to see her live independently and make money as an adult. She believed him and, according to the call, he further coerced her into commercial sex out of their shared home.

Individuals with disabilities also face prejudice and social discrimination, which can make it harder for them to leave an unsafe situation. Traffickers use these negative social attitudes to their advantage when they target potential victims with disabilities, knowing that authorities are less likely to believe such victims - particularly if the disability impacts intellectual, cognitive, or communication functions, or involves mental health diagnoses. The National Hotline has unfortunately heard of this first hand when potential victims have attempted to report to law enforcement, child protective services, or even their trusted friends and family, only to be met with disbelief or skepticism based solely on their mental capacity or a functional impairment. It is only when the National Hotline or another accredited service provider adds to their voice that the potential victim's circumstances are finally taken more seriously.

Traffickers will also specifically target individuals with a disability in order to gain access to their government benefits. In fact, according to the Human Trafficking Legal Center and National Hotline cases, some traffickers have been known to scout out local government social service buildings looking for people who receive disability income to target.¹⁰¹

One recent example of Social Security benefit theft involved S.E., the victim in the 2014 federal criminal case of U.S. v. Callahan. S.E. was vulnerable due to her cognitive disability caused by a traumatic brain injury when she was a teenager, and the fact that she was homeless and desperate for help to care for herself and her small child. Prosecutors presented evidence that the traffickers forced her to care for their home and their many pets from morning until night, locked her and her child in an unfinished basement, and subjected her and the child to unimaginable physical, sexual, and emotional torture.¹⁰²

Traffickers Offering Therapeutic or Residential Care

The National Hotline has documented cases of labor trafficking situations which begin with potential victims entering what they are led to believe are legitimate therapeutic group homes, but in fact the residents who live there are allegedly used for their unpaid and exploited labor. On the Hotline it has been revealed that some facilities may get local courts or health systems to unwittingly appoint vulnerable individuals to their care as an alternative to state institutionalization. Once housed, these potentially unscrupulous facilities then put the residents to work - in agriculture, retail, landscaping, peddling and begging, and/or extremely laborious domestic work according to a few cases from the Hotline.

Similar circumstances were present in the 2013 landmark disability discrimination case filed by the Equal Employment Opportunity Commission (EEOC) against Henry's Turkey Service. According to at least one investigative article, the potential victims were transported decades earlier from Texas to Iowa, allegedly to provide them with employment opportunities.¹⁰³ In this case, the EEOC presented evidence that dozens of adult men with intellectual disabilities lived in deplorable and sub-human conditions in Atalissa, Iowa. According to the EEOC, potential victims were exploited for their labor in a turkey evisceration plant, all while being subjected to unfathomable abuse such as verbal degradation, physical abuse and punishment, restricted movement, sickening and unsanitary working conditions, and neglect such as a lack of health care and severe malnourishment. Moreover, the EEOC noted that the men were paid about \$65 a month, regardless of how many excessive

hours they worked, after deductions for their dilapidated dormitory housing and limited food. This exploitation went unchecked for decades and many of the men spent most of their adult lives in the worst forms of servitude. The case ended with a jury awarding the largest monetary verdict in the EEOC's history.¹⁰⁴ Because of their intellectual disabilities and lack of social connections with family, these men were unaware of their rights as workers and human beings. Like many exploiters, the company preyed and profited off the men's conditions and lack of options, all under the guise of providing the individuals with a community and services.

Another example along these lines is the 2009 federal criminal case of *U.S. v. Kaufman*, in which the Kaufmans, a social worker and a registered nurse, ran an unlicensed residential care facility for individuals living with mental illness and developmental delays for almost 20 years, according to court documents. The prosecution presented evidence that victims were forced to perform farmwork in the nude and film pornographic films for the personal use of the traffickers. Worse still, the defendants actually claimed the abuse constituted legitimate psychotherapy for which the Kaufmans billed Medicare and the victim's families.¹⁰⁵

For more information on human trafficking recruitment involving individuals with disabilities, please visit the following outstanding resources:

- [The National Human Trafficking & Disabilities Working Group](#) (A multi-organizational effort managed by the International Organization of Adolescents)
- [Trafficking of Persons with Disabilities in the United States Factsheet](#). (Human Trafficking Legal Center).
- [How to Identify and Communicate with Human Trafficking Victims with an Intellectual and/or Developmental Disability Webinar](#). (Office for Victims of Crime and Technical Assistance Center).
- [Human Trafficking and Health Care Providers: Lessons Learned from Federal Criminal Indictments and Civil Cases](#) (HEAL Trafficking and Human Trafficking Legal Center)
- [Human Trafficking of People with Disabilities Online Resources](#). (Disability Justice).
- [Victims with Physical, Cognitive, or Emotional Disabilities](#) (Office for Victims of Crime and Technical Assistance Center).



Substance Use & Recruitment

As opioid addiction tears through this country, destroying individual families and cutting swaths of destruction through entire communities, Americans are slowly beginning to see substance use disorder for what it truly is - a disease - not a crime. While this is a shift in thinking for officials making public policy, human traffickers have long recognized that because of the brain changes of addiction, substance use can potentially make someone more vulnerable to exploitation.

Since January 2015, the National Hotline has learned of 1,133 individual potential victims who have engaged in substance use prior to their trafficking situation and which may have played a role in their entry into trafficking. However, because this information is not always revealed during National Hotline calls, the numbers are likely even greater.

While the link between sex trafficking and substance use is the more widely understood, National Hotline data shows that substance use has been identified as a risk factor in types of labor trafficking such as domestic work, traveling sales crews, begging and peddling, illicit activities in drug selling, smuggling, or production, and small scale construction jobs.

What ties these together is vulnerability -- individuals are desperate for income and sometimes have a criminal record associated with their substance use that makes it difficult for them to land and keep a mainstream, legitimate job. Traffickers often leverage these barriers and potential victims' desperation by offering fraudulent job opportunities.

Besides a job offer, traffickers of victims with substance use issues are also known to pose as benefactors offering to help these individuals by offering free/low-cost housing, a supply of drugs, settling a previous drug debt, or offering recovery from substances.

In many cases reported to the National Hotline, the trafficker starts out as the drug dealer. The shift comes when the dealer potentially coerces the victim into commercial sex or various forms of labor to satisfy a drug debt - or to earn further substances. Potential vic-

tims on the National Hotline have described how they can feel at the mercy of these dealers because they are terrified of possible consequences, including physical assault, painful withdrawal, or facing past trauma without the dulling effect of drugs.

In other scenarios, an intimate partner with a substance use disorder of their own becomes the trafficker in order to support his or her addiction.

The National Hotline has also received numerous cases of well-intentioned drug courts, drug diversion programs, and drug rehabs unknowingly facilitating some victim's recruitment into less-than-legitimate recovery homes. Much like the so-called therapeutic residential group homes described previously, individuals struggling with addiction that find themselves in the criminal justice system may be appointed to drug recovery programs or transitional recovery housing as an alternative to jail time. Struggling residents that have reached the National Hotline, think they are being given a redeeming chance at a healthy life coupled with supportive housing. Instead, these individuals report being forced to spend their days, not searching for legitimate jobs, repairing their familial relationships, or pursuing mental health counseling, but potentially in grueling labor.

Potential victims in these unscrupulous programs often report not being paid in addition to working excessive hours, being verbally abused and humiliated, threatened with jail time or homelessness, and even induced with the very substances they are attempting to recover from in order to force their compliance. Because these victims are typically not thought of as anything more than "addicts" or "manipulators," they are often not believed if they choose to speak up. Subsequently, the referring court systems or drug rehabs that helped appoint them to these potentially exploitative facilities often have no idea this conduct is occurring on site.

Similar circumstances were allegedly present in recent lawsuits in Arkansas and Oklahoma. According to court documents, two drug rehabilitation programs may have forced their clients, many of whom were appointed to their care by local drug courts, to work in a chicken processing plant and at a plastics manufacturing facility. The plants were allegedly owned and operated by

the same individuals who operated the rehab. Potential victims have stated that instead of being provided with substance use disorder treatment, they were required to work in the plants for no pay and under constant threat of imprisonment if they refused. The cases are still pending, as potential victims are seeking unpaid wages.^{106,107}

Another trend present on the National Hotline is in the context of familial-based sex trafficking. In these cases, caregivers or parents struggling with substance use will begin trafficking their young children for sex in order to fund their addiction. The National Hotline typically hears of these potential cases occurring within the family's private residence. In addition to data from the Hotline, in a 2015 study of 142 anti-trafficking service providers in Kentucky, parental substance use was a vulnerability factor in 29.4 percent of sex trafficking cases across all areas of the state. In about 63 percent of these cases, the trafficker was a family member.¹⁰⁸

Recruitment at Health Care Facilities

The National Hotline has also learned of recruitment happening on site or within drug rehabilitation centers and behavioral and mental health centers, although more research and data is needed. Since January 2015, the National Hotline has learned of 105 potential victims of human trafficking that were recruited at such facilities, mostly leading to potential sex trafficking situations. Potential traffickers may monitor the immediate surroundings of these facilities looking for potential targets, but more often National Hotline cases have indicated the recruiter may be a fellow patient. Some callers on Hotline have explained that individual sex traffickers will sometimes send other potential victims into these clinics with the express purpose of luring new victims who may be questioning their decision to continue treatment.



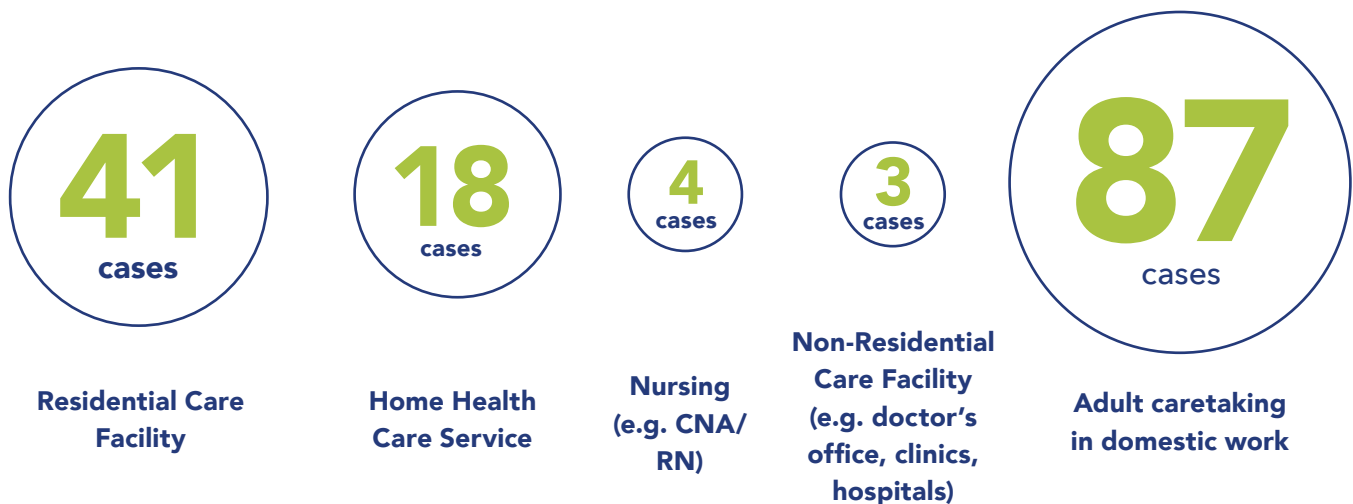
How Health Care and Substances may be used in Trafficking Operations

Labor Trafficking in Health Care Industry

Labor trafficking victims are found not only among health care clients and patients but also among workers in the health care industry. Since the 2007 inception of the National Hotline, a total of 64 potential labor trafficking cases have been documented, with 53 additional cases of potential labor exploitation involving health care workers. According to this Hotline data, potential labor trafficking victims in the health care industry are primarily found in nursing homes and as home health aides and are typically employed by health care staffing agencies. Nearly a third of the potential trafficking and labor exploitation victims reported in health care industry Hotline cases since January 2015 were women from the Philippines.

According to Hotline data, potential victims are typically recruited into this type of work under guest worker visa programs such as the H-1B, and more rarely H-2B, B-1, and J-1 visas. Like many other industries that rely on migrant labor supported by guest worker visas, workers are promised lucrative wages and career opportunities. Instead, often after paying substantial portions of their income in recruitment fees, potential victims from the Hotline are met with little or no pay, extreme isolation and restricted movements, document confiscation, debt-bondage, excessive working hours, and threats of deportation and blacklisting. However, much like the labor trafficking occurring in the hospitality sector, the obtuse labor supply chains drastically obfuscate who along the recruiter to supervisor spectrum is responsible for a potential victim's abuse.

Figure 6.5: Health Care Roles in Health Care Labor Trafficking



Data is non-cumulative. Cases can involve multiple facilities and services.

The lines between domestic work and in-home health care can be difficult to draw as live-in domestic caregivers can be often expected to provide medical services in their adult caregiving duties without proper training or certification. In addition to the data described above for health care workers, the National Hotline has also recorded an additional 87 potential cases of labor trafficking involving domestic work in the context of adult caretaking in a private residence. Because of the intersections with home health care and domestic work, it is important to consider both industries. As the Baby Boomer Generation ages and becomes in need of long-term services and supports, an estimated 1,208,800 personal health aides will be needed by 2026.¹⁰⁹ In an industry already fraught with low wages, poor working conditions, gender disparities, and a lack of benefits, this creates a possibility that more exploitation will flourish in this industry in the coming years if serious structural changes are not explored.¹¹⁰ For more information on proposed industry changes for home health care workers, please see [Preparing for the Elder Boom: A Framework for State Solutions](#), a report by Caring Across Generations.

One 2013 example of a federal civil case of potential labor trafficking in the health care industry is *Access Therapies v. Mendoza*, which involved a staffing agency for physical therapists in nursing homes. In this case, college students were allegedly recruited in the Philippines under H-1B visa contracts, either by

Access Therapies' employees or foreign labor recruiters contracted by the company. According to the court documents, upon the potential victim's arrival, they were made to sign new contracts that contradicted and superseded the original contract they were given when applying for their H-1B visa. These new contracts were allegedly in a language potential victims could not understand, drastically reduced their hourly wage, threatened them with a laundry list of possible charges they would be responsible for if they chose to leave, and informed them of a \$20,000 debt for recruitment, visa fees, and training costs. Potential victims in the suit attested that any worker who would contest these "bait and switch" tactics, was threatened with deportation. Potential victims also stated they saw deductions, allegedly counting toward their debt, come out of every paycheck. Court documents claim that these payments were in addition to the payments Access Therapies were allegedly charging the nursing homes for placing each worker, thereby creating a "double profit." This case ended in an undisclosed settlement.¹¹¹

Sex & Labor Trafficking in the Illicit Drug Economy

Although not as direct a link with the health care industry, the business of human trafficking and the illicit drug economy fueling the public health issue of substance use can often go hand-in-hand, according to the data from the National Hotline.

Figure 6.6: Drug-related Illicit Activities: Sex & Labor Trafficking
National Human Trafficking Hotline

| Illicit Activities Sub-Type | # of Cases since December 2007 | # of Potential Victims identified since January 2015 |
|--------------------------------|--------------------------------|--|
| Drug Selling or Drug Smuggling | 181 (61%) | 180 |
| Drug Production/Cultivation | 21 (7%) | 23 |

*NON-CUMULATIVE

*Data is non-cumulative. Cases can involve multiple types of illicit activities. In some cases the type of illicit activity is not drug related or is not disclosed or known.

As mentioned before, illicit activities is an entire type of sex and labor trafficking present in the Typology of Modern Slavery that is most commonly centered around potential victims being forced into the labor of drug dealing, drug smuggling, and/or drug production/cultivation. National Hotline data shows that many potential victims are also forced into commercial sex in conjunction with this labor. Since December 2007, the National Hotline has received 194 cases of sex and labor trafficking for the purpose of drug-related illicit activities, which is 65 percent of the total number of trafficking cases involving illicit activities.

This trend has recently been documented among runaway and homeless youth (RHY), specifically in a 2017 study which found that the vast majority (81 percent) of labor trafficked RHYs were forced to sell drugs. The same study found that nearly 7 percent of all RHYs interviewed were forced into the drug trade at some point.¹¹² A young male survivor in the same study, told his story of joining a local gang for personal protection, but soon found himself forced to deal drugs for the gang's profit:

"[It was] fully forced. Because at first, I just wanted to have friends to back me up, you know. A little bit of money in my pocket. But then it got serious to where you do what he says or you'll be hurt."¹¹³

National Hotline data also shows that the illicit activities business model includes unaccompanied foreign minors who have trusted individuals (typically known as "coyotes") who have promised to facilitate their safe passage into the United States across the southern border. Instead, these children, many of whom are often fleeing immense violence from drug cartels in their home countries in Central America, have reported being threatened with death or abandonment unless they agree to carry drugs. Potential victims forced to cultivate illegal marijuana or concoct methamphetamines are also reported to the Hotline. The National Hotline has also learned of potential victims who are intimate partners of drug dealers who are forced to sell drugs as well as provide commercial sex to supplement the trafficker's profits.

Another sub-type of trafficking with a nexus to substance use learned of through the Hotline is residential sex trafficking occurring in private or abandoned residences used informally for drug dealing purposes (a.k.a. "trap houses"). According to potential victims on the Hotline, these makeshift drug distribution homes primarily operate as a central hub for neighborhood drug dealers to manage their businesses, but can potentially involve women and runaway and homeless youth being forced or coerced into commercial sex by their drug dealer affiliates or intimate partners.



How Elements of Health Care and Substances may be Used as a Means of Control

“When I did go [to receive medical treatment] [my trafficker] was always right there... He wouldn’t let me talk to the medical people. He answered every question.”

A handful of focus group participants experienced sex trafficking perpetrated by a parent. While a parent accompanying a child during a health care visit may have appeared more normal to health care professionals, at least one focus group participant notes there were still pretty clear signs that something was wrong:

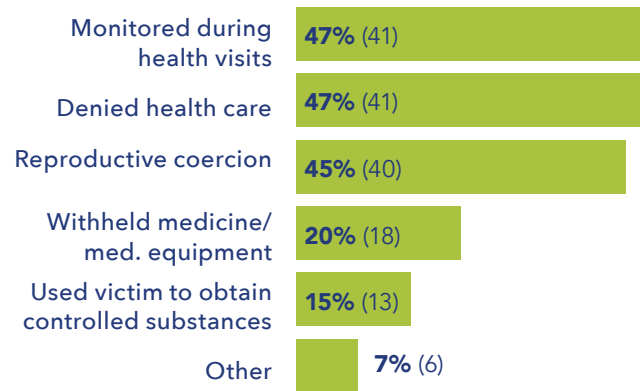
“My bio [father] would often go with me [to the doctor]. He was standing right beside me when they were doing my pelvic exam as a teenager... making sure no conversation would take place. I was fully exposed. That’s a definite red flag.”

Monitoring During Health Care Visits

While many of the survivors who took part in the survey indicated they had access to health care, nearly half of them - **47 percent** - said that they were monitored in some way during their health care visits. In focus groups, survivors recalled their trafficker being present in the exam rooms, sometimes even answering questions or otherwise speaking for the patient. If the trafficker wasn’t monitoring, a “bottom” (a term some pimps use to refer to a victim still under their control but has “earned” a higher ranking among the other victims), was sent to keep watch and report back. One focus group participant explained how her trafficker didn’t need to be directly with her. His intimidation from the parking lot served the same purpose:

“He or one of the girls sat in the parking lot and watched me go in and I better as hell be coming out. I went in alone and went out [alone]. There were cameras in the hospital [that he could access] is what I was told.”

Figure 6.7: Health Care Used as a Means of Control
Polaris Survivor Survey (n=88)



While clearly there are far too many cases where this monitoring is not recognized, many of the 2,109 trafficking-related signals the National Hotline has received from health care professionals since December 2007 resulted from medical facility staff noticing disquieting monitoring behavior from potential controllers. Some commonly reported behaviors from potential controllers are insisting on being present at all times during the health care visit, holding the patient’s ID or documents, filling out paperwork without consulting the patient, or claiming they are related to the patient, but

not knowing critical details about their medical history or identity. Potential victims may also defer to their controllers when asked even the most basic questions.

Limiting or Denying Health Care

While many survivors in the survey reported having access to health care some of the time, **47 percent also indicated that their access to health care was extremely limited or fully denied in other cases**, sometimes despite severe injuries and illnesses. When they were finally allowed to seek medical services, it was often only because the situation was dire enough that it would have prevented them from continuing to work or provide commercial sex. One survivor of labor trafficking explained how the physical and mental exhaustion led to him finally being permitted to access emergency medical care:

"Sometimes I had physical [symptoms] when I was mentally tortured. I didn't know [if] it was from the stress or something [else]... I wanted to go to the hospital, but my trafficker would not allow me to go... When I fainted, I [had] worked continuously for 14 or 15 days... Then one of my colleagues made sure I got to the hospital... [It was a] panic attack. I knew this word later on."

The experience of survey respondents and focus group participants mirrors that of potential victims documented on the National Hotline. Since January 2015, the Hotline has learned of 351 potential victims who were restricted from adequate medical care as an intentional method of control designed to keep them complicit. However, it is believed this number could be even greater, since this information is not consistently disclosed during all Hotline interactions.

This restricted medical care isn't always limited to health care visits, but often includes withholding medications until the victim complies with their traffickers' orders. This includes transgender potential victims who may have their gender affirming hormone therapy medications withheld by their traffickers. This serves as an additional layer of abuse since removal of these medications often affects their physical gender expression which can have serious implications on their safety if their gender expression does not match their stated gender identity.

Substances Used as a Means of Control

Substances may be used as an effective means of control in both sex and labor trafficking situations, according to Hotline interactions. Traffickers may escalate a potential victim's existing substance use by constantly supplying them with an ever increasing supply of drugs, thereby increasing their dependence on their trafficker. Hotline callers have also revealed that potential traffickers may instigate a new addiction, either by forcefully inducing illicit substances to incapacitate a potential victim into compliance, or more commonly, subtly manipulating a potential victim into an addiction.

"He introduced me to heroin and he used me. Once I became addicted to heroin, that was his form of controlling me and intimidating me and making me believe that there was no way out, and in a sense that I was responsible for my own addiction and that I was responsible for his."

Audrey Morrissey, Survivor & Associate Director of My Life My Choice, Boston, MA¹⁴

The tactic of addiction facilitation is used in the context of intimate partner-based sex trafficking, and can be coupled with intense trauma bonding, similar to “Stockholm Syndrome,” which unite the couple under the guise of shared adversity, danger, and/or fear. A trafficker often manipulates the victim’s devotion and facilitates an addiction by framing it as a way to grow closer, have fun, or escape reality together. This mutual dependency only strengthens a victim’s attachment to a significant other, making it harder to leave or discontinue the commercial sex.

Since January 2015, the National Hotline has learned of **2,853 potential victims (or 12 percent of all potential victims identified during this time) who had drugs or alcohol used against them during their potential trafficking situation.** The vast majority (88 percent) were potential sex trafficking victims. Research on the role of substances in human trafficking situations notes similar patterns. For example, in the same 2015 Kentucky study referenced previously, nearly 24 percent of victims were controlled with illicit substances.¹¹⁵

The federal criminal case of U.S. v. Fields portrays this tactic the most clearly. According to a Department of Justice press release, Andrew Blane Fields targeted women and girls with existing substance use issues, and calibrated the victims’ supply of addictive prescription opioids like Oxycontin and Dilaudid in such a way as to intensify their addiction. The press release explained that Fields would methodically control their supply of these addictive drugs so that when they were at the breaking point of withdrawal symptoms, he would only give them relief if they continued providing commercial sex out of strip clubs for his financial benefit. According to the Department of Justice, “One of the victims testified that Fields, while watching her suffer through the onset of the excruciating physical and psychological withdrawal symptoms, would compel her to serve another prostitution client by saying, “I’ll give you one pill. I’m not going to give you another until you get up and go to work. And you know you need another.”¹¹⁶

In a labor trafficking example, this time in a prosecuted agricultural case in Florida, court documents show that Ronald Evans recruited homeless men at soup kitchens and shelters and provided them with crack cocaine to not only control them and make them dependent, but to accrue an increasing drug debt the victims would have to continue working to pay off.¹¹⁷

Reproductive Coercion

Reproductive coercion is a form of abuse that typically involve an abusive intimate partner attempting to control or interfere with their partner’s reproductive health and pregnancy outcomes.¹¹⁸ Specifics might include barring victims from using condoms or denying access or mandating birth control despite the victim’s preferences. Reproductive coercion is a common thread in the experience of sex trafficking victims and domestic violence victims. Forty-five percent of those who answered the Polaris survey asserted that their trafficker used behaviors to control or interfere with their reproductive health.

In one qualitative study of sex trafficking survivors in the U.S., conducted by Dr. Anita Ravi, one female survivor explained:

“...that’s my first STD – I caught an STD from a pimp... that was his choice not to use a condom. He told me that I couldn’t use a condom with him, but I had to use it with the johns.”¹¹⁹

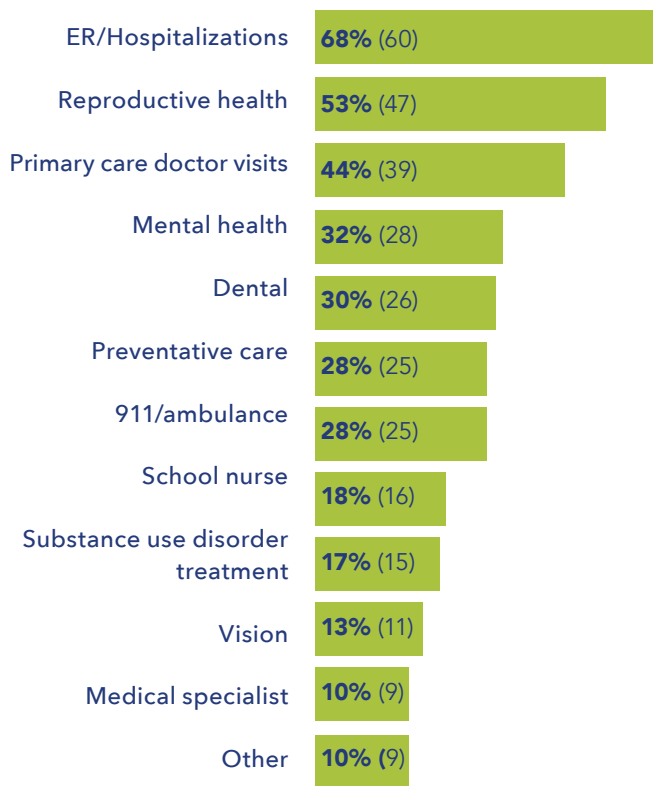
The 2013 federally prosecuted case of U.S. v. Weston is a profound example of reproductive coercion in an attempt to facilitate pregnancy in victims. In this case, prosecutors presented evidence that defendants targeted at least six individuals with developmental disabilities. Defendants not only stole victims’ Social Security benefits, but forced some victims into commercial sex and personal sexual servitude with each other for the express purpose of conceiving children in order to obtain additional government benefits. Court documents show that one victim gave birth three times.¹²⁰

How Victims & Survivors may Use & Experience Health Care

The comparative frequency with which individuals who are actively being trafficked have access to the health care system suggests that this is where increased education and meaningful interventions can be made. Testimonies from our Polaris focus groups attest to these opportunities - albeit most of them opportunities that were tragically lost. As noted in previous sections, the majority of focus group participants experienced their trafficking situations at a time in the not too distant past when health care professionals were less educated about the complexities of interpersonal violence. Those

negative experiences are reflected here. They are real but they may not necessarily mirror the experience of victims engaging with health care systems today. Respondents also acutely felt the effects of the social stigma attached to their involvement in the sex industry. But there is hope that can improve with changing cultural attitudes. By sharing their painful experiences, in this report and in other contexts, these survivors are helping to move change forward and continue to address the difficulties that remain in accessing health care in America for many who live in the margins of society - and indeed for many who simply can't afford care, or don't know how to access the help that is available to them.

Figure 6.8: Types of Health Services Accessed by Victims During their Trafficking
Polaris Survivor Survey (n=88)



Data is non-cumulative. Survey participants could select multiple options.

The solution then is multifaceted. Health care professionals can make an enormous difference by understanding and remaining alert for indicators of trafficking in their patients, but systems must be put in place to ensure that survivors are not just recognized and well-treated, but treated with dignity and provided with the continuum of health services and support they need to find and maintain freedom.

“I was only able to see [health care providers] on [a] dire emergency basis. [Even] when I had broken bones, and I’ve had 85 broken bones that were documented, many more that were never documented because I couldn't go.”

Survivor Use of Emergency Medicine

Emergency Departments (EDs) were the most common venue for medical care reported by survivors who responded to Polaris's survey. Although a surprising number of survey respondents (44 percent) reported also interacting with primary care or other infrequent doctor visits, a prevailing 68 percent of survivors stated they interacted with EDs and hospitals during their trafficking.

The National Hotline has heard of potential victims of sex and labor trafficking presenting at EDs with any number of pressing medical issues directly related to their potential trafficking experience such as serious injuries from physical assault, trauma-related mental health issues, symptoms of malnourishment, advanced infections from a lack of medical care and/or poor hygiene, severe workplace injuries (see Injuries & Illnesses in Labor Trafficking and Labor Exploitation), or drug overdoses (see Substances Used as Coping Mechanisms). The Polaris focus groups also revealed that sex trafficking survivors sought forensic exams at EDs for instances of sexual assaults.

Additionally, there are many Hotline cases that have involved potential victims seeking emergency medical care for an injury or illness potentially unrelated to the trafficking such as appendicitis, flu, heart concerns, or complications with pre-existing health issues.

"The only time I was ever admitted to the hospital, I had a UTI that got so bad that I had some type of E-Coli strain. So I was actually like two days away from kidney failure by the time I went in."

"After I escaped I... went with law enforcement to... the ER. The treatment at the ER wasn't what I expected. It's not respecting us as human being[s]. The judgement. That you are a 'street girl.'"

Restriction and control of medical access, coupled with a potential lack of access to regular preventative care, means minor infections or illnesses are often left untreated until they become an acute or emergency situation. Therefore, this delay of care or unusual advancement of injury or illness, is a red flag that may indicate human trafficking. One survivor from a Polaris focus group offers a case-in-point experience.

"[After a cesarean section delivery] They put in staples... Those staples are supposed to stay in for 4-5 days and then you take them out and the sutures heal. I got pregnant right again afterwards. I was locked in an apartment for the entire time. When I went into labor I went to the hospital and I still had staples in me and I was toxic from it... I just feel like somebody should have noticed at that point and taken me aside [and asked] 'what is really going on?'"

Potential victims may also present at hospitals with one ailment or illness, but discover a whole host of unrelated, yet untreated and undiagnosed conditions. Another labor trafficking survivor explained how she was denied medical care and subsequently learned of other untreated illnesses:

“When I was with my previous employer, I was [doing a repair] and I fell down... and got a broken tailbone. When I told her not to [make me] work, she told me to work for three days more. And then, when I told her, “Ma’am, I cannot really do it,” she told me “no, you need to work.” Then I filed [for] work[er’s] compensation... Then, luckily there was work[er’s] comp for us employees. And I went to the hospital and they treated me. That’s where I found out that I was having high blood pressure [and] had diabetes.”

A female survivor of domestic work in a Polaris focus group offered a similarly disturbing story. She had grown extremely ill and experienced dramatic weight loss that she attributed to overwork, lack of food, and emotional distress. For several weeks, her symptoms grew worse as her trafficker refused her medical care. When the survivor was finally permitted to see a doctor friend of the trafficker, she disclosed her daily conditions out of desperation. Despite the doctor initially offering to help the victim leave her situation, he had an unexplained change of heart and instead betrayed the victim’s confidence by telling the trafficker what the victim had disclosed. Then he simply prescribed medication to help her gain weight and sent her right back to the harmful conditions. Upon escape from her trafficker’s home, she was hospitalized and eventually diagnosed with life-altering diseases, malnourishment, and depression, all of which went undiagnosed and untreated during her time working for her trafficker, and which required subsequent hospitalizations.

Another indicator of human trafficking that may be evident in emergency medicine is if the potential victim unexpectedly leaves, refuses care, or is removed from the hospital against medical advice.¹²¹ One survivor at a Polaris focus group elaborated on two separate instances:

“[The doctor] said “yeah, well you’ve got double pneumonia and you’ve coughed so hard you’ve torn the cartilage from your breast bone. And we need to admit you”. I said “no, just give me an antibiotic I’ve got to go back to work.” So, that’s what they did.”

“I was in the hospital for a female surgery... I had the surgery and one of my regulars called. And I actually had to take out the IVs and leave the hospital go visit my regular, collect that money, and my pimp was waiting for the money in the room when I got back. They had to hook me back up to everything and I ended up staying for another 3-4 days. Nobody ever asked, “Where did you go? [and] Why?” I went and had sex and I had just had female surgery.”

It is crucial for health care professionals to assess why a patient may feel compelled to leave or intentionally not follow the course of recommended care. A potential trafficker could be behind the scenes, using debt, threats, manipulation, and coercion to pressure the victim to return to work quickly. In some cases revealed in the Polaris focus groups, sex traffickers may not allow victims to use prescribed pain medication because it may impede their ability to remain conscious for buyers.

Human Trafficking Indicators in Health Care Settings

Because of the intimate and confidential nature of health care visits, there are certain indicators that might be apparent to health care professionals that would not be present in other situations. Moreover, indicators can be witnessed by professionals at all levels of the health care facility such as receptionists or administrative professionals, nurses, medical technicians, social workers, mid-level providers, or physicians. The following lists of indicators, compiled in combination from SOAR

Online and Polaris, are meant as a guide to identify patients potentially at-risk for human trafficking. Each individual indicator should be taken in context, not be considered in isolation, nor should be taken as “proof” that human trafficking is occurring. Additionally, cultural differences should also be considered. Of course, proper assessments and screening tools should always be used to supplement these indicators (See Industry Recommendations & Opportunities for screening tools).

| Physical Indicators | Behavioral Indicators | Environmental Indicators |
|--|---|---|
| <ul style="list-style-type: none"> • Delayed care or an unexplained progression of an illness or injury • Physical impacts of long-term trauma • Workplace injuries, especially from a high-risk industry identified in the Typology of Modern Slavery • Bruising or burns in various stages of healing • Unprotected exposure to toxic chemicals • Physical and sexual abuse • Respiratory issues • Communicable and non-communicable diseases (e.g. TB, hepatitis) • Malnourishment • Poor hygiene • Substance use • Significant dental issues • Suspicious tattoos or evidence of branding that may indicate ownership • High number of sexual partners • Multiple pregnancies/abortions • Frequent testing or treatment for STIs | <ul style="list-style-type: none"> • Leaving against medical advice or refusing care • Shares scripted, confusing or inconsistent stories • Is unwilling or hesitant to answer questions about the injury or illness • Protects the person who hurt them or minimizes abuse • Overly fearful or nervous behavior, lacks eye contact • Is resistant to assistance or demonstrates hostile behavior • Inability to focus or concentrate • Unaware of location, date/time • Symptoms associated with Post-Traumatic Stress Disorder • Depression and anxiety symptoms • Patient defers to their accompanying person before answering questions • Suicidal ideation or suicide attempts | <ul style="list-style-type: none"> • Patient accompanied by another individual who may monitor them, speak for them, and/or insist on being present at all times during health visit • Accompanying person has possession of patient’s documents and/or money • Accompanying person attempts to fill out paperwork without consulting the patient • Accompanying person claims to be related to the patient but does not know critical details about their medical history or identity • Accompanying person exhibits physically aggressive or controlling behavior toward patient • Patient lives at work or in overcrowded conditions • Patient lacks a fixed address • Fragmented, missing, or inconsistent health records |



Above all, in every single focus group, survivors told story after story depicting their overwhelmingly negative, demoralizing, and often traumatic experiences with emergency health professionals. The concerning treatment often went beyond health care professionals simply not recognizing signs, or being uninformed or lacking context about the nuances of trafficking or complex trauma. In the vast majority of instances, survivors at Polaris focus groups attributed these poor interactions to the unconscious stigma or implicit bias held against individuals engaged in the sex industry. One survivor detailed her experiences:

"I had frequent contact with health care workers, just through different incidents from becoming injured. I was beat up in a hotel room so I went to a hospital. My cheekbone was fractured and the nurse was just awful to me, treated me less than human. It was because of the [commercial sex] lifestyle, that was the thing. So instead of receiving compassionate care, they didn't even give me pain medication. It was just about getting me out of their hospital."

Survivors consistently reported disheartening interactions ranging from a dismissal of their pain or symptoms, snide or insensitive comments or questions, to more overt harassing behavior such as victim blaming, or even abuse by emergency health professionals.

"I did [go to the hospital] one time because I was pretty beat up....I sat there for 6 hours and the nurses... they were talking back there and looking at me, and [saying] "You know, well she looks like she deserved it."

Although these experiences may very well be indicative of a time period before victim blaming behavior was more widely challenged and brought into collective consciousness, this reveals the importance of equipping emergency health professionals with proper training to recognize and address implicit bias when working with patients from certain communities or demographics.¹²²

Reproductive Health & Sex Trafficking Victims

Beyond emergency health care, the other arena in which potential victims may regularly appear and seek services is in reproductive care. Indeed, **53 percent of Polaris survey respondents and the majority of focus group participants stated that they utilized reproductive health services during their trafficking**, including but not limited to preventative OB/GYN care, prenatal care, childbirth, and other visits to reproductive health clinics. This type of health care was the second most reported in the survey - which is consistent with the fact that 77 percent of the survey sample identified as sex trafficking survivors.

While pregnancy was not a standard question asked in Polaris's survey or focus groups, many females in the sex trafficking focus groups disclosed that they sought at least some prenatal care for pregnancies during their exploitation. This makes obstetrics and gynecology care a particular arena for identification and support as this may be one of the only times a victim could be in regular contact with the same physician, as one survivor in a Polaris interview explained:

"When I was pregnant with my babies that's when I finally went to a regular doctor. But it was just for the babies."

In every focus group where health care was even remotely addressed, sex trafficking survivors explained that they would visit outpatient reproductive health clinics, sometimes monthly, to receive preventative screenings for STIs, HIV, and pregnancy. One focus group survivor explained:

"I went to [outpatient reproductive health clinic] every month to get tested and [to get] birth control. That was really it other than emergency services."

Although this access to health care may have been frequent in nature, the visits may not always be in the same location with the same medical team or health system, which, for a health professional may result in a fragmented view of the patient's health record and more importantly prevent ongoing rapport building.

Survivors in focus groups also revealed that STIs did sometimes occur which led them to outpatient reproductive health clinics to seek treatment.

"I used to go every month to [outpatient reproductive health clinics] [for testing]... They would say, "No, you can't get an HIV test every 30 days." I would just tell them that I have to. I wouldn't necessarily say that I was a sex worker, but that I had multiple partners. But somebody that's getting tested so frequently, that should be a huge red flag."

Because of the social stigma that individuals in the sex industry and sex trafficking survivors can often face in health care settings, many patients may not feel comfortable disclosing to their health care provider that they engage in commercial sex. According to intake statistics by St. James Infirmary, a medical clinic dedicated to providing health care to individuals engaged in the sex industry, 70 percent of their patients never disclosed their sex trade involvement to their other medical providers "for fear of discrimination or diminished health care."¹²³ As mentioned, these fears were a reality expressed by many survivors in Polaris focus groups, including one survivor who did choose to disclose at least once.

"After I was assaulted by [a] trick, I went to [a reproductive health clinic] because I ended up getting gonorrhea from this trick. So in that visit... I found out I was pregnant, and I found out I had all these STDs... I told them "I need help, I'm in a situation I don't want to be in." ...When they hear that I went back [to my trafficker], they're like "you chose that [life]." Really I didn't! I was still... brainwashed. It took many years to deprogram myself."

"I think that posters about sex work or trafficking might serve as an indicator to show that they at least know what that is. But I think the main thing is empathy and just asking the right questions."

One survivor at a Polaris focus group discussed her non-disclosure experience with her regular gynecologist due to a perceived lack of training and understanding:

"I had private insurance when I was trafficked. So I was seeing my gynecologist. I had been seeing him since I was 18 and I wasn't trafficked until I was 21. So he knew me... I was seeing him just about every other week because I had an infection or an STD or something. It got to the point when he would ask me "oh, what do you do for work?" [and I would answer] "I'm a student." [I] could tell he knew but he didn't know how to approach it."

These stories and many like them, not only highlight the ever pressing need for health professionals to be trained in trafficking assessment, but also emphasizes the critical need for implicit bias training, rapport building, trauma-informed care, and the general creation of safe spaces for honesty and voluntary disclosure.

Sex Trafficking as Child Abuse

One issue that the anti-trafficking field is still battling today is the recognition of child sex trafficking as a form of child sex abuse. In 2015, the Justice for Victims of Trafficking Act (JVTA) changed the national definition of child abuse under the Child Abuse Prevention Act of 1990, to include child sex trafficking, and compelled states to change their state/local definitions as well. Despite the progress made with the JVTA and other initiatives bringing domestic minor sex trafficking into consciousness, some health care professionals may still be unaware or reluctant to recognize that anyone under the age of 18 engaged in the commercial sex industry, with or without a controller or "pimp", is indeed a victim of sexual exploitation. They are entitled to the same response and trauma-informed treatment as any other suspected victim of child sexual abuse.

Although perceptions may be shifting, one adult survivor of child sex trafficking in a Polaris focus group revealed the alarming reproductive health concerns her pediatricians failed to identify as something more and the disturbing blame placed on her:

"I had PID [Pelvic Inflammatory Disease] five times as a teenager. I was hospitalized three times. Hospitalized! It was so bad! The first time I was 13. Not once, not once [were any questions asked]. They ambulated me from the school....I was [viewed as] a sexually promiscuous child. It was [viewed as] my fault."

While it's assumed that this negligence is hopefully less likely to occur in today's culture with recognition of child sex abuse as a mainstream health care priority, this historic lack of training and awareness has unfortunately set the stage for a lifetime of fragile and distrustful relationships between survivors and health care professionals (See Health Care Experiences Post-Trafficking).

Injuries and Illnesses in Labor Trafficking and Labor Exploitation

While serious workplace injuries can of course occur by accident, these risks are often increased due to many factors within the control of exploiters. According to many potential victim accounts from the National Hotline, employers in potential labor trafficking and labor exploitation cases have been documented to have a flagrant disregard for their workers' health and safety, often denying workers appropriate safety equipment, requiring strenuous and excessive working hours, withholding food, water, and sleep, or otherwise exposing workers to preventable hazards. As discussed previously, health concerns may be compounded when victims are prohibited or delayed from accessing appropriate medical care if an illness or injury does occur.

This was the case of Roberto*, a potential victim of labor trafficking in a restaurant reported to the National Hotline. He presented to a local Emergency Department with third-degree oil burns after his employer reportedly forced him to work with his injury for multiple days, causing serious infections to the already severe wounds. When his potential traffickers, the owners of the restaurant, finally took him to the ED they insisted on being present at all times. After vigilant hospital staff successfully separated Roberto from his employers and assessed his situation, Roberto disclosed that he typically works up to 16 hours a day, seven days a week, does not have access to what he earns, and was threatened with deportation if he spoke out. A nurse reported non-identifying details to the National Hotline, who was able to connect the nurse with the local human trafficking task force to develop a safety and service plan for Roberto.

While there are now a wide range of educational resources available for health care professionals to spot red flags of potential sex trafficking, similar resources related to potential labor trafficking are either not available or extremely limited in scope.

Part of the difficulty may be the wide range of potential signs and symptoms, since each industry where potential trafficking and exploitation could occur carry its own unique health and injury risks. Furthermore, funders are less likely to fund initiatives related to labor trafficking.

There are some comparatively common conditions related to agriculture work, for example, such as Green Tobacco Sickness. GTS, as it is referred to in health care settings, is a form of nicotine poisoning that results from handling tobacco leaves without the proper gloves or protective clothing. The nicotine in the tobacco leaves mix with the moisture of water or sweat, allowing the nicotine to pass into the bloodstream more easily.¹²⁴ Symptoms can include intense nausea, vomiting, dizziness, and headaches,¹²⁵ which may bring workers to the ED, or to reach out to the National Hotline for help. Because of this danger, tobacco is the single most reported crop in potential agricultural trafficking cases reported to the National Hotline. Potential victims of labor trafficking and labor exploitation on tobacco fields are particularly at risk for GTS since their exploiters often do not provide workers with proper protective gear such as gloves, masks, or proper safety training, according to Hotline accounts. Although the symptoms are said to pass within 24 hours after handling the leaves, because agricultural workers are handling these plants all day every day, and are sometimes not educated on the cause and risks of GTS, the symptoms can persist. One study found that about one quarter of tobacco workers in North Carolina suffered from GTS during a single season.¹²⁶

But this is just one set of symptoms that might occur in an agriculture setting when a person is forced to work in unsafe conditions. The National Hotline tends to hear of associated injuries and illnesses in agriculture such as heat exhaustion or heat stroke, pesticide poisonings, respiratory issues caused by pesticide inhalation, and severe dehydration. Potential victims in the related industries of forestry and landscaping can also report similar health concerns to the Hotline.

*Names and other details changed or omitted to protect the confidentiality of potential victims.

Employer-controlled victim living quarters may also contribute to health concerns, specifically for agriculture workers under the H-2A visa program which requires employers to provide suitable housing. Countless cases from the National Hotline report potential victims who are not given access to running water, proper ventilation, or food refrigeration. One such case involved potential victims who reported living outdoors in the barn, sleeping amongst the farm animals' feces and various pests and rodents.

In construction cases involving potential labor trafficking and exploitation, the National Hotline has heard from potential victims who have suffered severed fingers, serious head, neck, and back injuries from falls, and electrical burns. In cases of potential trafficking and exploitation in domestic work, potential victims reaching the Hotline often report suffering from malnourishment, back problems, skin and respiratory issues from unprotected exposure to harsh cleaning chemicals, and exhaustion resulting from a lack of sleep due to their constant 24/7 working hours.

Some potential victims in carnivals are also deprived of sleep due to long working hours, which put them at serious risk of injury since they must operate, construct, and dismantle heavy machinery and ride equipment.

While reports directly from potential victims in nail salons are scarce on the National Hotline, health studies on nail technicians have shown that chronic exposure to unregulated chemicals in unventilated salons may be linked to cancer, respiratory issues, asthma, skin ailments, congenital malformations, miscarriages, and infertility.^{127,128}

It's also important to note that labor trafficking survivors can be exposed to similar psychological trauma as sex trafficking survivors due to the often frequent nature of verbal abuse, threats, heavy monitoring, and isolation. While potential victims of labor trafficking often do not freely disclose these issues in the context of the National Hotline, one 2015 study conducted by the International Organization for Migration (IOM) and the London School of Hygiene and Tropical Medicine found common symptoms of psychological stress in migrant workers and labor trafficking survivors in the studied populations in Argentina, Peru, and Kazakhstan.¹²⁹

Since all of these health concerns could result in the potential victim seeking medical intervention, it underscores the importance for all health care professionals to be vigilant in identifying similar work-related injuries and illnesses for potential indicators of labor trafficking and labor exploitation.



Florida Star
Florida Star

HOLLISTER
Calif

Substances Used as Coping Mechanisms

While the Polaris survey nor the focus groups specifically asked about substance use during trafficking, **17 percent of survey respondents reported seeking substance use disorder treatment at some point during their exploitation.** Additionally, 430 potential human trafficking cases reported to the National Hotline involved a drug recovery center coming into contact with the victim in some way. Furthermore, in all focus groups concerning sex trafficking, drug and alcohol use was brought up voluntarily by survivors, as something many struggled with or occasionally partook in.

This is in line with the general understanding among substance use and addiction research that individuals experiencing chronic trauma, including survivors of trafficking, will often use substances to assist in numbing or dissociating from the painful reality of their current circumstances and/or early trauma. Survivors of all forms of trafficking may also use substances long after their exploitation to cope with the uncomfortable and exhausting post-traumatic responses that their bodies have developed and maintained due to the trafficking, such as intrusive thoughts, re-experiencing symptoms (i.e. “flashbacks”), and hypervigilance.

In one 2016 study of 250 treatment-seeking youth, those who were involved in sex trafficking were found to have a higher prevalence of substance use compared to youth who were sexually assaulted but not trafficked.¹³⁰

Audrey Morrissey, Survivor & Associate Director of My Life, My Choice in Boston, MA, explained why she relied on substances during her exploitation:

“As I continued in the life... whether I was on a street corner or on a stage, I began to drink alcohol. And alcohol was a way for me to feel [numb]. Like I’m here, but I’m not here. What I can tell you is that substances were a form of numbing that felt okay, particularly when I had to perform sex with a bunch of strangers, I found that opioids kind of helped me to kind of leave the building.”¹³¹

Other Survivor Mental Health Issues

Beyond substance use, potential victims reaching out to the National Hotline and survivors in Polaris focus groups have shared their experiences dealing with the mental health consequences of trafficking. From the literature, it is understood that labor and sex trafficking survivors experience high rates of PTSD, depression, suicidal ideation and suicide attempts.¹³² Some survivors in Polaris focus groups discussed visits to hospital psychiatric units both during and after their exploitation, like the story from one sex trafficking survivor below:

“After several weeks of literal torture, both physically and mentally, and not being allowed to sleep sometimes as long as 5 days [as I] worked around the clock... at one point I tried to kill myself. I had gone into the hospital to try to have them admit me one late afternoon. And they said “no, I think you’re fine” and just set [an] appointment. So I left, and I don’t even remember taking pills, but ended up having convulsions and stuff. My trafficker drove me to the same hospital that night and they kept me for several days. Psychiatric people talked to me. Then, they called [the trafficker] to come pick me up, with my daughter. They were saying what a terrible person I was and that I was trying to kill myself. My trafficker was in the room. What was I going to say? My daughter was in the room. [I replied] ‘No, it was a mistake, I was just in a hurry and thought I took one pill and must have forgotten and kept taking more. You know, it’s close to my daughter’s birthday, I just want to get home for the holidays to have my daughter’s birthday.’...And they said that I was just trying to get attention.”

Despite the great need for comprehensive, trauma-informed, services, the mental health discipline is another field where the potential lack of knowledge seem to be noticeable by survivors in Polaris focus groups and potential victims on the National Hotline. At any given time on the National Hotline, a potential victim is likely calling to request a referral to a psychologist that specializes in treating survivors of human trafficking. Potential victims on the Hotline and survivors in Polaris focus groups often discussed their inability to feel understood or accepted at traditional mental health

clinics, and even in centers specializing in related issues such as intimate partner violence. One survivor of sex trafficking talked about her ongoing struggle with mental health professionals:

"I will say the lack of empathy has been a really big problem for me as well. And the lack of knowledge about trafficking. Even the therapist I am seeing now doesn't know anything about trafficking. I have a couple of good health care professionals I trust now that are reasonably empathetic and knowledgeable and can actually treat some of the stuff that's going on."

Health Care Experiences Post-Trafficking

The trauma of being trafficked does not disappear when the survivor leaves a trafficking situation. Nor does the need for regular health care.

One survivor of sex trafficking at a Polaris focus group reported that because of her frequent visits to the ED during her sex trafficking situation, she was deemed by hospital staff as a habitual "resource seeker" or "frequent flyer," potentially thought to be intentionally draining the hospital's time and resources. As a result of this label, health care professionals were more resistant or reluctant to give thorough care. This history still inhibits her ability to get care at these facilities today, long after she's left her situation. How she received this label is still puzzling to her, as all her interactions with medical facilities were a direct result of injuries inflicted on her during her trafficking. She explains:

"I was labeled as a frequent flyer in the hospitals there. To me it was a little shocking because I was never coming in looking for painkillers. I was never coming in high or anything like that. I was always coming in with broken bones and broken fingers, and broken toes, and I had my back broken twice. I guess it was just because my trafficker was a female that no one really questioned it."

This sort of reaction is all too common. Many survivors in focus groups also elaborated on how their poor experiences during their trafficking situation have made seeking care for themselves or their family a disruptive trigger in their post-trafficking life. One survivor of sex trafficking explained:

"I can't go to the hospital. I can't bring my kid to a doctor because there is no bigger trigger for me. One of the things that has been on my heart since I got free was that trauma-informed care piece, because the doctor at Juvenile Hall told me that they don't do rape kits on prostitutes. They [allegedly] "don't have the funding.""

Other reactions from health care professionals were less overtly dismissive, but still made survivors feel as though they felt unprepared or ill-equipped to care for a survivor of trafficking. One survivor of sex trafficking from a Polaris focus group discussed her new gynecologist's seemingly startled stare and lack of verbal response when she told the doctor of her sexual trauma history due to sex trafficking. Other participants even disclosed invasive and inappropriate questions from health care professionals upon their disclosure.

"I have told male professionals that I was trafficked and they would say really creepy [statements] or inappropriate questions."

Case Study: Kate's Story

Kate*, a survivor of outdoor solicitation sex trafficking from a Polaris focus group, discussed a troubling situation she experienced during a recent emergency department visit due to a severe panic attack, brought on by her intrusive night terrors and general anxiety. She presented to the ED and proudly explained during the focus group:

"There is no shame in my game. I self-disclose [my trafficking history]. It's my story and it empowers me. I'm honest with my health care [providers] today."

She explained her story of being sexually exploited from age 17-19 and how it's was seriously affecting her overall mental health and sleep patterns. She admitted she had been self-medicating with marijuana but no longer had access, therefore the traumatic symptoms were becoming debilitating. She then discussed how her doctor became combative, as if to question her traumatic history, and dismissive of her story. When he did try to engage her on her history, it became clear he required education on what sex trafficking even was. She disclosed to the focus group how she felt and how she questioned her choice to self-disclose:

"[They treated me like] I was drug seeking because I smoke pot. [Like] I'm this huge drug addict. And that's not even the case! But [the doctor] just treated me like I was a piece of shit and I was just this dirty person. Even though I had been out of the life for so long... Even the nurses were just brash and abrasive... Maybe if I had said I'm having a panic attack because [someone] died they would have been more empathetic towards me?"

She eventually called her advocate from her local anti-trafficking service provider who arrived to the hospital and advocated for her needs and helped educate the medical team. It wasn't until this advocacy that the treatment and understanding from the health care workers improved.

This survivor's experience highlights the vital importance for trafficking and trauma-informed care training, but also shows the immense benefit building partnerships with anti-trafficking service providers can have on both ends of the patient-provider relationship.

*Names and other details have been changed or omitted to protect the confidentiality of survivors.

This is not to say that all survivor interactions with health care professionals were overtly negative. A handful of survivors in both the sex trafficking and labor trafficking focus groups reported positive or neutral experiences with health care professionals in their post-trafficking life. One survivor who works with health care professionals as a survivor leader in her community, explained the essential and trail-blazing role of hospital social workers:

"I think the clinical social workers... in [state redacted], have really been that point of contact in the hospitals. They've been huge advocates for awareness [among their colleagues]!"

Another survivor of sex and labor trafficking provided her story:

"I've had some amazing experiences with health care providers in the last couple years. So, I think it's double-sided where both education on how to identify potential victims needs to take place, as well as training health care providers on trauma and ways to provide trauma informed care. For example, I had an anesthesiologist who called me the night before a major surgery and spent a whole hour talking to me so I could get used to her voice. She said, "I know you have complex trauma background, this is my protocol for complex trauma..." The next day when I came in for surgery, she spent a whole hour with me, prepping me and helping me feel safe... It was a very complex surgery and coming out of it was going to be very difficult. When I came out of that surgery though, it was amazing, I felt comfortable and protected. Her sensitive, trauma-informed care made a difference."

Health Care Industry: Recommendations and Opportunities

1. Require Completion of Human Trafficking Training for all Staff at Health Care Facilities

Health care facilities should require staff at all levels, from receptionists and registration staff and security, to physicians and nursing staff, to complete substantive training on human trafficking. One of the most comprehensive options available is [SOAR Online](#), a new, free-of-charge series of self-paced online training modules that individual health care professionals can complete to receive Continuing Education Units (CEUs) or Continuing Medical Education (CMEs). SOAR online is designed to reach professionals in health care, behavioral health, public health, and social service roles to ensure all personnel in these systems are on the front lines to support trafficking survivors. The training includes an introductory module on the SOAR framework, educates practitioners on what human trafficking looks like in the United States, the possible indicators and barriers apparent in health care and social service settings, and how to screen patients and assess their needs. Additional modules are dedicated to providing trauma-informed interventions, culturally and linguistically appropriate services, and real world case studies that apply the training content in practice.

Coupled with a foundational human trafficking training like SOAR, health care facilities should also ensure that health professionals are aware of their local and national resources and mechanisms to access them.

Although a number of human trafficking trainings for health care professionals exist, the quality of these trainings is highly variable. For example, some trainings for health care professionals completely omit labor trafficking considerations, and some have sensationalized

images and language that does not line up to the reality of how human trafficking may present in health care settings. Other trainings have misinformation or incomplete information about reporting to law enforcement or create a sense of fear among health providers to get overly involved in a potential trafficking situation. There are vetted government and non-government resources that provide technical assistance for health care professionals, including resources available through HHS NHTTAC, in addition to HEAL Trafficking's "[Essential Components for a Health Professional Trafficking Training](#)," which sets standards for any trafficking training for health professionals, including common pitfalls to avoid.

While some health systems and/or state associations may already provide human trafficking training tailored for a more local context or specific need, health care facilities are strongly encouraged to add the SOAR modules focused on providing trauma-informed care and culturally and linguistically appropriate services into a facility's training requirement. HHS NHTTAC also offers an option for health systems to deliver the online SOAR trainings directly through their respective learning management systems.

2. Urge Congress to Pass the SOAR to Health and Wellness Act

The Stop, Observe, Ask, and Respond (S.O.A.R.) to Health and Wellness Act of 2018 (H.R. 767), sponsored by Congressman Steve Cohen (D-TN), would extend the important work of the SOAR to Health and Wellness program already underway at the Department of Health and Human Services (HHS). The bill would re-authorize and expand funding to ensure that health care and related professionals have access to comprehensive training and technical assistance to help trafficking victims. Additionally, the bill would authorize grants to health

care sites and organizations and would centralize data collection on the program's reach. There are over 12 million people employed in health care occupations, which is over 9 percent of the national workforce.¹³³ Imagine the possibilities if all of these professionals had access to quality, data-driven training on human trafficking. In February, the bill successfully passed the House and was referred to the Senate Committee on Health, Education, Labor and Pensions later that month. As of this publication, no hearings have been scheduled. Polaris encourages the national health care workforce to join in urging the Senate to pass the SOAR to Health and Wellness Act of 2018, to ensure this industry remains equipped to provide survivors the care they deserve.

3. Seek Out Resources to Address Implicit Bias

Implicit bias, or preconceived notions about particular groups of people that may unconsciously affect interpersonal interactions or treatment, has been well documented across many social systems, and health care is no exception. As evident in the many disheartening reactions shared by sex trafficking survivors at Polaris focus groups, some health care professionals may unconsciously hold such bias against individuals engaged in the commercial sex industry, or even those who may be victims of interpersonal violence. Microaggressions and victim-blaming are just two symptoms of implicit bias that can be felt by patients. Research shows that people tend to victim-blame in order to make sense of unjust circumstances and to emotionally distance themselves from the harsh reality that devastating things can happen to innocent people like us.¹³⁴ Recognizing symptoms of implicit biases, like victim-blaming, and where they may be coming from is the first step to dismantle barriers and power dynamics and improve trusting interactions between practitioners and patients. The second step may be to use this information to re-think individuals previously deemed as "difficult patients."¹³⁵ Currently, it does not appear that there are any available trainings or resources specifically geared toward implicit bias against individuals in the sex industry. While development of such materials may be an interesting area for researchers to pursue, it may be important to start with some foundational resources designed to help health professionals understand, address, and overcome

implicit bias more generally. Some beginner resources to consider are below:

- [Project Implicit](#)
- [What Is Bias, and What Can Medical Professionals Do to Address It?, Institute for Healthcare Improvement](#) [YouTube Video]
- [Implicit Bias -- how it affects us and how we push through](#), Melanie Funchess [TEDx Talk]
- [The New Science of Unconscious Bias: Workforce and Patient Care Implications, Critical Measures](#) [PowerPoint Presentation]

4. Create Human Trafficking Identification & Response Protocols or Adapt Existing Protocols

Awareness is not enough. Health care professionals should be equipped with strong protocols, including knowledge of how to approach a potential victim, and connect them to the services they need. This may not require an entirely new process, but may instead, in some cases, be adapted from and integrated within existing strong protocols on intimate partner violence, sexual abuse, or child abuse.

According to HEAL Trafficking, an effective protocol should aim to create "safe procedures and spaces where professionals can provide exploited adults and minors education about their options and empowerment to seek assistance."¹³⁶ Survivors in Polaris focus groups, strongly supported this approach, stressing that protocols and assessments should not be exclusively focused on prompting a victim's disclosure or immediately removing the individual from the trafficking situation. Rather, they'd like to see health care professionals engage them in safety planning, assess their needs and desires, offer resources for support, and ultimately work collaboratively with them as partners in determining the best course of action for their unique situation going forward.

There are numerous resources available to help in the creation of strong protocols. HEAL Trafficking and Hope for Justice's [Protocol Toolkit](#) is an example that walks through, in detail, every component of a successful pro-

tol including, interview strategies, safety considerations, strategies for working with minors, procedures for documentation, multidisciplinary treatment and referral plans, the steps to successfully implement the protocol at your facility, and much more. Additionally, while SOAR Online also offers general guidance on how to apply the SOAR framework to workplaces, NHTTAC also offers technical assistance for health care institutions looking to further channel this knowledge into creating organizational protocols. Please visit NHTTAC's website or email info@nhttac.org to learn more about NHTTAC's training and technical assistance.

“Since I was often taken to different doctors and to the ER to treat trafficking related injuries, I wish that someone would have taken me aside and asked those [screening questions] or even asked me if I was okay. Had they simply separated me from my mother, my father, or the people that they would send with me, and just ask me if I was okay... You know what, I might have been too scared to disclose the first time, but maybe if they would have done this several times in a row, I think I would have found that to be a place of safety and perhaps even divulged what was happening.”



Human Trafficking Assessment Resources

Human trafficking specific assessments are a fundamental part of any good health care protocol. However, 57 percent of Polaris survey respondents reported they were never asked any trafficking or abuse screening questions by health care professionals during their exploitation. We have learned from other fields, such as intimate partner violence, that creating an environment which is safe for disclosure is vital before asking sensitive questions about abuse and exploitation. While there is not currently a screening tool validated for health care settings,¹³⁷ below are some examples of screening tools health care facilities could consider adapting and incorporating into their protocols.

- [Adult Human Trafficking Screening Toolkit and Guide](#) (NHTTAC)
- [Trauma-Informed Human Trafficking Screenings](#) (National Human Trafficking Hotline)
- [Human Trafficking: A Guidebook on Identification, Assessment, and Response in the Health Care Setting](#) (Massachusetts General and Massachusetts Medical Society)
- [A Short Screening Tool to Identify Victims of Child Sex Trafficking](#)¹³⁸
- [Out of the Shadows: A Tool for the Identification of Victims of Human Trafficking](#) (VERA Institute of Justice)

Above all, survivors at Polaris focus groups strongly emphasized the need for the patient to be alone during any screening questions, no matter the relationship of the accompanying party, and offered some suggestions on separating the potential victim, as one survivor mentioned:

“If [a health care professional] thinks something is going on, order an X-ray whether or not she needs one or not. Split her up from [the potential controller]!”

HEAL Trafficking and Hope for Justice’s [Protocol Toolkit](#) offers additional strategies for implementing a separation protocol in order to interview patients alone.

According to survivors from focus groups and SOAR Online, trafficking assessments in a health care setting should focus on the patient’s emergency, medium, and long-term needs and should not be invasive or require in-depth details of their exploitation. Survivors also discussed the importance of asking assessment questions in a warm, trauma-informed manner that facilitates comfort in disclosure, as one survivor explained:

“I think that the health care workers being able to be trained in the way that they ask those questions [is important]. Because if you ask somebody questions off a monitor [it will affect] the way that they respond. But if they ask them in a more compassionate way... I think it would just be a huge difference in the way that care is given.”

5. Post the National Human Trafficking Hotline Numbers for Patients to Access

“Yeah, it’s very important to put [the Hotline number] in the ER bathrooms... If you can purchase a short clip or video that the hospitals can put on their TVs. And not only sex, labor [too]! Just a short clip how the hospital could help.”

Survivors in all Polaris focus groups largely supported posting information about the National Human Trafficking Hotline numbers in areas where potential victims and at-risk patients could access. Some states such as Texas¹³⁹ and California¹⁴⁰ already have this built into their mandatory Hotline posting legislation. Generally though, survivors warned that handing the patient information directly - through a card or a pamphlet for example, may cause harm since the trafficker may find it and throw it out or target more violence to the victim. Instead, survivors offered a number of ideas including scrolling video clips on waiting room televisions, stickers inside bathroom stalls, and window clings in private patient bathrooms (typically where urine tests are administered, since patients are alone at this time). Survivors frequently explained that even if they are not ready to call for help or initiate leaving that day, seeing that help was available could “plant the seed” for when they start to reconsider reaching out.

Materials should use language most relatable to potential victims, such as experiences or red-flags of unsafe or abusive behavior commonly present in trafficking situations. They should also address



experiences of both sex and labor trafficking victims. Exceptional materials should remind patients that the facility is a safe and confidential space and explain what supportive services the facility can provide if a patient is in need. Any images should be diverse in ethnicities, genders, and ages, and not be sensationalized, which will cause survivors to disconnect their experience from the message. As always, consulting with survivor leaders throughout the outreach material design is crucial.

“[Post the hotline number] where they do the urine tests in the back, not just the public bathrooms in the [waiting room]. Because if you go back for a urine test, they’re not going to have your trafficker or anyone go with you.”

Federal government resources on public awareness materials include the HHS [“Look Beneath the Surface”](#) campaign and the Department of Justice Office for Victims of Crime [“Faces of Human Trafficking”](#) video series, among others. For example, the HHS public awareness campaign provides specific posters, brochures, and PSAs tailored for health care settings. Additional materials including a videos, stickers, and web graphics are available for general audiences.

6. Integrate Trauma-Informed Care as a “Universal Precaution”

One of the biggest takeaways from Polaris focus groups was the strong emphasis that health care professionals should approach care from a trauma-informed perspective. Unfortunately many of the survivors in Polaris focus groups shared that they were traumatized by their experience with health care. Not only did these negative experiences with health care possibly prevent them from disclosing their exploitation, but in some cases it caused survivors to avoid seeking future health care. We know that trauma in its many forms is a pervasive human experience. Applying a trauma-informed care approach to all patient interactions, therefore, allows health professionals to provide an environment that is safer for all survivors of abuse, including trafficking victims. A trauma-informed approach requires a fundamental shift in perspective from “what is wrong with you?” to “what happened to you?”^{141,142} The principles of trauma-informed care, as outlined by SAMHSA include safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical and gender issues.¹⁴³ By transforming our health systems and health professional approaches to embrace trauma-informed principles, we will allow for all patients who have experienced trauma to be healed, rather than additionally traumatized by their health care interactions.

7. Develop Interdisciplinary Partnerships with Anti-Trafficking Service Providers

While the impactful role of health care professionals is apparent, they cannot entirely fulfill all the needs of a trafficking survivor. Therefore, it’s essential to establish local partnerships with anti-trafficking programs who can provide or coordinate services such as ongoing case management, housing, independent life skill training, substance use disorder treatment, legal advocacy, and other psychosocial services. A model already widely adopted in domestic violence and sexual assault (DV/SA) cases, is a hospital advocacy model where an advocate is sent for every consenting DV/SA patient that presents to the hospital. YWCA of Metro St. Louis Crisis

Intervention is just one example of an anti-sex trafficking agency who has a partnership with 17 of its area hospitals and clinics. These advocates can provide emotional support for potentially trafficked patients, explain the services available to them, and be a liaison between the patient and medical staff. Many anti-trafficking NGOs also provide training and systems change for staff. If you are not aware of the anti-trafficking service providers in your area, please visit the [National Human Trafficking Referral Directory](#) or call the Hotline for a local referral.

8. Develop Interdisciplinary Partnerships within Health Care¹⁴⁴

When trafficking survivors access health care, they have a myriad of physical and mental health conditions that require treatment. Unfortunately, as U.S. health care delivery is fragmented, accessing necessary health practitioners can prove difficult, confusing, traumatizing, and expensive. While this system may be frustrating for many health care consumers, this can further discourage patients experiencing trafficking to build trust and seek the proper care to address their unique needs. Thankfully, there are a couple models of health care delivery which address this fragmentation of care.

First, community health centers, which are integrated into their local communities, are uniquely poised to care for trafficking victims. Dr. Kimberly Chang explains,¹⁴⁵ “We [community health centers] are a little bit different because we’re based on the ground in the community, in underserved communities,” she says. “We also have community health workers that are internal that help the patients navigate our system, and sometimes external, going out into the community...As a system, I believe we’re much more integrated into the community and into the populations that we see.” Moreover, many health centers already focus on the integration between primary care and behavioral health, as well as integration of oral health care and primary care.

Another model of care to consider is human trafficking clinics, which specifically serve to provide holistic health care services to trafficking survivors. The design allows for the patient to see all of their health providers in one physical location. Such clinics currently exist in Florida, Massachusetts, New York, California, Illinois, Hawaii,

and Texas. In some cases these specialized clinics provide care exclusively for trafficking survivors, and others serve victims of other forms of violence as well, such as asylum seekers and victims of sexual assault. Many of these clinics rely on community health workers, or patient navigators, who serve as a communication point for, and support in and outside of the health care setting for the survivor.

Regardless of the health care delivery model to achieve it, trafficking survivors require whole-person care which integrates services across medical specialties to address their medical and non-medical needs.

9. Engage in Prevention with Patients at Risk¹⁴⁶

Health professionals are not only on the front lines of identifying and caring for victims currently being trafficked, but also preventing trafficking before harm occurs in the first place. Prevention is an essential component of the public health response to trafficking. Populations that are vulnerable to trafficking, such as homeless youth, immigrants, those within the commercial sex industry, those with substance use disorders, or those with disabilities may come into contact with a health professional prior to being recruited by a trafficker, or even during the recruitment process. By working with multidisciplinary teams to address social determinants of health while also building on a patient resilience, some of the factors that make someone vulnerable to trafficking may be mitigated. While populations who are at risk for trafficking may present to a diverse range of health specialties, notably emergency departments and community health centers are seen within the health care system as caring for the most vulnerable and underserved patients. These venues may be ideal locations for innovative pilot programs and funding streams targeted for human trafficking prevention, intervention, and evaluation efforts.

10. Advocate for a Comprehensive Labor Trafficking Health Study¹⁴⁷

Much of the research on the health needs of trafficking victims in the United States has focused on sex trafficking victims. It is past time for us to have a comprehensive understanding of the unique health concerns of the thousands of individuals trapped in forced labor in the United States. Additional research and data can inform health care professionals to develop data driven treatments and response protocols for all survivors of human trafficking. Such a study should:

- Address a full scope of the physical, psychological, and environmental health concerns and symptoms of labor trafficking victims both during and after their trafficking experience.
- Include labor trafficking survivors representing all types of labor trafficking business models or industries.
- Include diverse genders, ethnicities, ages, sexual orientations, education backgrounds, and not be limited in scope to one state or region of the United States.
- Collect data on health care access during exploitation such as types of health care facilities used, presenting health issues, health care coverage, workers compensation access, and experiences with health care professionals.
- Provide survivor-informed recommendations for health care professionals when assessing and treating labor trafficking survivors.

If you're a health care professional interested in learning more about fighting human trafficking from a public health perspective, please visit HEAL's website, www.healtrafficking.org and join the network, or email info@healtrafficking.org.

Glossary

| Systems and Industries | |
|---|--|
| Financial Services Industry | Encompasses anything within the purview of the formal financial services industry including institutions and initiatives such as retail banks, commercial banks, financial crimes monitoring, money transfers, formal paychecks/payroll, credit/debit cards, investments, virtual currency exchanges, etc. |
| Health Care | Includes but is not limited to, preventative care, emergency health, reproductive health, other medical specialties, mental health, dental, vision, and substance use disorder treatment. This report also includes the services and benefits afforded to individuals with disabilities. |
| Hotels/Motels | Business establishments whose primary purpose is to provide short-term lodging and accommodations for travelers. |
| Housing & Homelessness Systems | Encompasses either: <ol style="list-style-type: none"> a. Any institution or agency whose primary purpose is providing safe and operational housing for a community. This includes governmental agencies like HUD and local housing authorities, and private entities such as apartment management companies, landlords, etc. OR; b. Any system or agency which provides safe shelter services to individuals experiencing homelessness or unstable housing. This includes, but is not limited to emergency shelter, transitional shelter, domestic violence shelters, and long-term supportive housing. |
| Social Media | Encompasses online websites or platforms whose intended purpose is to foster the connection of people to share ideas, interests, and information. Examples include: Facebook, Instagram, chat services, dating sites, etc. <ul style="list-style-type: none"> • NOTE: This DOES NOT include online platforms whose primary intended purpose is to connect people to commercial goods or services (e.g. Backpage, Craigslist, john boards, Yelp, Groupon, etc.) |
| Transportation Industry | Encompasses any type of publicly or privately owned and operated mass transportation systems including buses, subways, trains, airlines, taxis, and ridesharing services, as well as private transportation like a personal vehicle or rental car. |

Miscellaneous Terms

| | |
|--|---|
| "Bottom"/"Bottom girl" | A slang term used by some American pimps to refer to a victim still under their control but who has "earned" more "privileges" and a higher ranking among the other potential victims. Bottoms are typically manipulated into sharing some the recruitment and enforcement responsibilities with the actual trafficker, but are often still victims themselves. For more information on the plight of a bottom girl, Polaris recommends reading the four-part blog series, Unavoidable Destiny, by survivor leader Shamere McKenzie on the Shared Hope International blog. ¹⁷⁰ |
| Case | A data record from the National Human Trafficking Hotline which refers to an individual situation of potential human trafficking. Polaris and the National Hotline use the U.S. federal definition of human trafficking when assessing cases. (Data timeframe of December 7, 2007 - December 31, 2017) |
| In-calls | Occurs when buyers go to the victim's location for commercial sex acts. |
| Individual potential victim profile | A data record from the National Human Trafficking Hotline which refers to a potential victim uniquely identified in potential human trafficking and labor exploitation cases. (Data timeframe of January 1, 2015 - December 31, 2017) |
| Labor exploitation | A labor situation involving workplace abuse and/or related labor violations, which does not contain at least moderate elements of force, fraud, or coercion compelling the person to remain in the situation. |
| "The Life"/"The Game" | The commercial sex industry. |
| National Hotline | National Human Trafficking Hotline: 1-888-373-7888 or Text BeFree (233733) |
| Out-calls | Occurs when a victim goes to or is delivered to a buyer's location for commercial sex acts. |
| Survival sex | The exploiter is supplying the victim with basic living necessities (shelter, food, clothing, drugs, medication, etc.) in exchange for sex. This arrangement could be voluntary (with adults 18+), exploitative, or rise to the level of sex trafficking (See: Personal Sexual Servitude), depending on the conditions. However, unless otherwise stated, when referenced in this document, it is solely regarding instances of sex trafficking. |
| Track/Stroll/Blade | An outdoor section of a street block used to solicit sex. |

Miscellaneous Terms

| | |
|---|---|
| <p>Trauma-informed care</p> | <p>“A program, organization, or system that is trauma-informed:</p> <ul style="list-style-type: none"> • Realizes the widespread impact of trauma and understands potential paths for recovery; • Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; • Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and • Seeks to actively resist re-traumatization.”¹⁷¹ |
| <p>“Trick”/“John”/Buyer</p> | <p>A buyer of commercial sex acts.</p> |
| <p>Type (e.g. Type of Human Trafficking)</p> | <p>Polaris has defined a particular type of human trafficking as a unique industry or business model used to exploit people for commercial sex or labor/services. Each type becomes distinct when aspects regarding business operations, trafficker and victim profiles, recruitment, and institutional systems and industries used are sufficiently different from another. Please see our preceding report, The Typology of Modern Slavery for more information.</p> |
| <p>Voluntary services model</p> | <p>“Voluntary services, as opposed to mandatory services, means that clients do not need to complete a program or take part in other services as a condition of receiving housing. Services are offered based on each person’s specific needs.”¹⁷²</p> |

References

Methodology

1 Labor exploitation statistics are non-cumulative. A single labor exploitation case may involve multiple types.

2 Polaris uses the United States federal definition of human trafficking as defined by the Trafficking Victims Protection Action (TVPA) to determine if a situation described through the Hotline has indications of human trafficking. Cases which fully meet the TVPA's standard are labeled as having "high-level indicators of trafficking." Cases which partially meet the TVPA's standard but are missing pieces of information needed to make an assessment are labeled as having "moderate-level indicators of trafficking."

3 Please see the methodology for *The Typology of Modern Slavery*, which can be found at: <https://polarisproject.org/sites/default/files/Polaris-Typology-of-Modern-Slavery.pdf> (pg. 7).

4 In these cases, the signaler could have been reporting a situation that had at least moderate indicators of human trafficking, but the signaler's proximity to the situation prevented him or her from being able to identify individual victims. For example, a signaler could report a known potential trafficker, but not have any details about the trafficker's potential victims.

5 In order to protect the identity of survey respondents, Polaris chose not to disclose information about types of trafficking associated with fewer than three survivors.

6 The survey also had sections dedicated to the child welfare system, business regulatory systems, and temporary work visas to help inform other/future Polaris initiatives. This data is omitted from this report.

7 Labor trafficking focus group also covered discussion on temporary work visas in order to inform other Polaris initiatives.

Health Care

83 Nguyen, P.T., Lamkin, J., Coverdale, J.H., Scott, S., Li, K., Gordon, M.R. (2017, October 2). Identifying Human Trafficking Victims on a Psychiatry Inpatient Service: a Case Series. *The Psychiatric Quarterly*. 89(2):341-348. doi: 10.1007/s11126-017-9538-3.

84 Harris, A.J., Walter, S. (2017, October 26). Third lawsuit this month filed over forced labor at chicken plants. *Reveal*. Retrieved from: <https://www.revealnews.org/blog/third-lawsuit-this-month-filed-over-forced-labor-at-chicken-plants/>

85 Nguyen, P.T., Lamkin, J., Coverdale, J.H., Scott, S., Li, K., Gordon, M.R. (2017, October 2). Identifying Human Trafficking Victims on a Psychiatry Inpatient Service: a Case Series. *The Psychiatric Quarterly*. 89(2):341-348. doi: 10.1007/s11126-017-9538-3.

86 Ravi, A., Pfeiffer, M.R., Rosner, Z., Shea, J.A. (2017, January 23). Identifying Health Experiences of Domestically Sex-Trafficked Women in the USA: A Qualitative Study in Rikers Island Jail. *J Urban Health*. 94:408–416. DOI 10.1007/s11524-016-0128-8.

87 Chisolm-Straker, M., Stoklosa, H. (2017). *Human Trafficking Is a Public Health Issue: A Paradigm Expansion in the United States*. Springer International Publishing.

88 Ravi, A., Pfeiffer, M.R., Rosner, Z., Shea, J.A. (2017, January 23). Identifying Health Experiences of Domestically Sex-Trafficked Women in the USA: A Qualitative Study in Rikers Island Jail. *J Urban Health*. 94:408–416. DOI 10.1007/s11524-016-0128-8.

89 Zimmerman, C., Hossain, M., & Watts, C. (2011). Human Trafficking and health: A conceptual model to inform policy, intervention and research. *Social Science & Medicine*, 73, 327-335. Retrieved from https://www.mensenhandelweb.nl/system/files/documents/15_percent20apr_percent202014/Zimmerman_percent202003.pdf

90 Ottisova, L., Hemmings, S., Howard, L. M., Zimmerman, C., & Oram, S. (2016). Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: an

updated systematic review. *Epidemiology and psychiatric sciences*, 25(4), 317-341.

91 Baldwin, S.B., Elsenman, D.P., Sayles, J.N., Ryan, G., Chuang, K.S. (2011, July). Identification of Human Trafficking Victims in Health Care Settings. *Health and Human Rights*, 13(1), E36-49. Retrieved from: http://publichealth.lacounty.gov/ha/present/Staff_researchpapers/Susie_Baldwin_Articles/BaldwinHHR2011.pdf

92 Lederer, L. J., & Wetzel, C. A. (2014). The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities. *Annals of Health Law: The Health Policy and Law Review of Loyola University Chicago School of Law*, 23(1), 61-91. Retrieved from <http://www.globalcenturion.org/wp-content/uploads/2014/08/The-Health-Consequences-of-Sex-Trafficking.pdf>

93 Chisolm-Straker, M., Baldwin, S., Gaïgbé-Togbé, B., Ndukwe, N., Johnson, P. N., & Richardson, L. D. (2016). Health care and human trafficking: we are seeing the unseen. *Journal of health care for the poor and underserved*, 27(3), 1220-1233.

94 Chisolm-Straker, M., Richardson, L.D., & Cossio, T. (2012). Combating Slavery in the 21st Century: The Role of Emergency Medicine. *Journal of Health Care for the Poor and Underserved*, 23(3), 980-987. doi:10.1353/hpu.2012.0091. Retrieved from: <https://healtrafficking.files.wordpress.com/2015/03/23-3-chisolm-straker.pdf>

95 Powell, P., Dickins, K., Stoklosa, H. (2017, January). Training US Health Care Professionals on Human Trafficking: Where do we go from here? *Medical Education Online*, 22(1). Retrieved from: <https://www.tandfonline.com/doi/full/10.1080/10872981.2017.1267980>

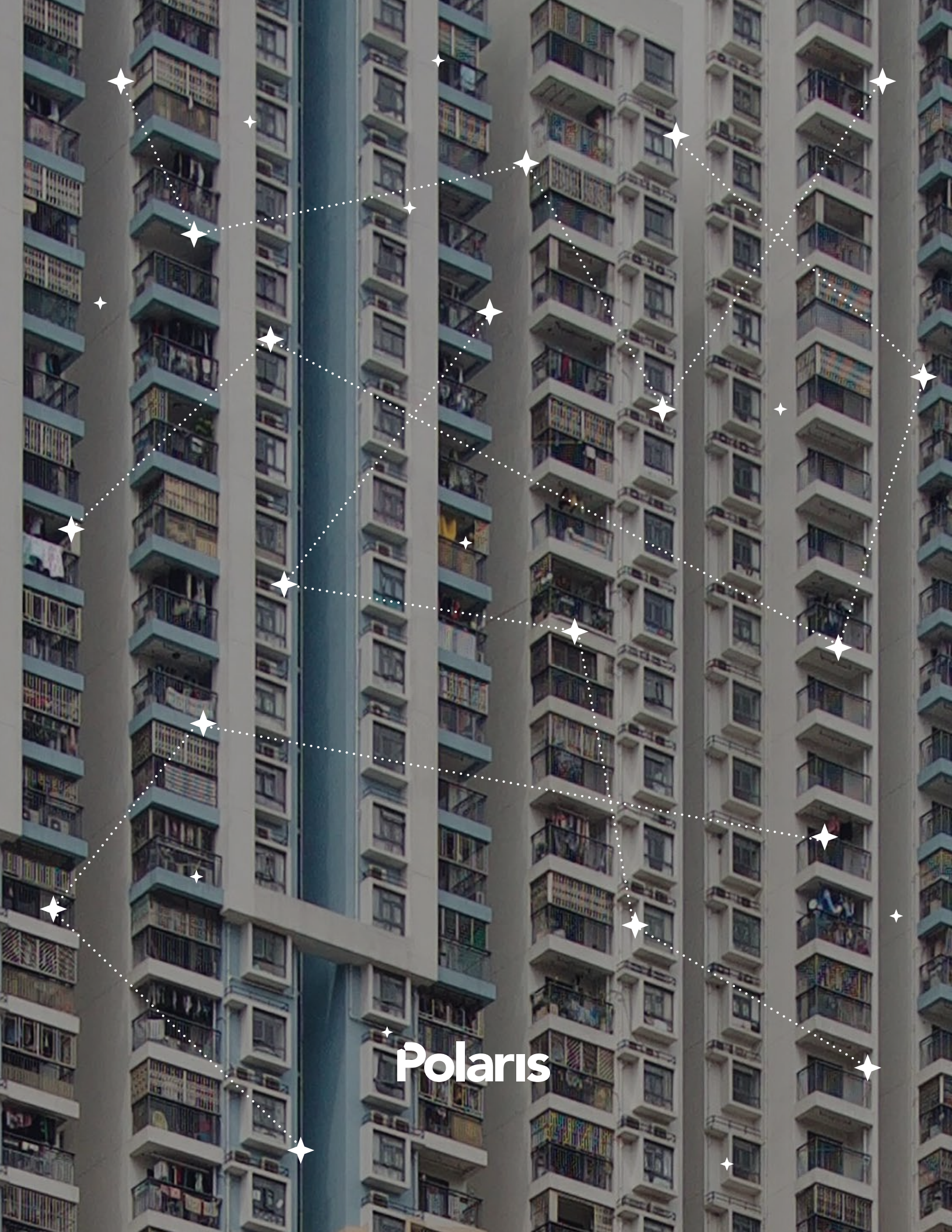
96 Other signaler types from the National Hotline's internal database include, but not limited to, potential victims of human trafficking, friends/family of potential victims of trafficking, law enforcement, non-governmental organizations, community members, government representatives, potential victims of other crimes, and more.

- 97 U.S. Department of Health and Human Services (HHS). (2018, April). *SOAR to Health and Wellness Training*. Retrieved from: <https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training>
- 98 HEAL Trafficking. (n.d.) Health Societies. Retrieved from: <https://healtrafficking.org/health-societies/>
- 99 Atkinson, H. G., Curnin, K. J., & Hanson, N. C. (2016). US state laws addressing human trafficking: education of and mandatory reporting by health care providers and other professionals. *Journal of Human Trafficking*, 2(2), 111-138.
- 100 NY Pub Health L § 2805-Y (2016). Retrieved from: <https://codes.findlaw.com/ny/public-health-law/pbh-sect-2805-y.html>
- 101 Human Trafficking Legal Center. (2017, March). Trafficking of Persons with Disabilities [Webinar].
- 102 US v. Callahan, Nos. 14–3771/3772 (6th Cir. 2015) Retrieved from: <https://caselaw.findlaw.com/us-6th-circuit/1712588.html>
- 103 Barry, D. (2014, March). The ‘Boys’ in the Bunkhouse. *New York Times*. Retrieved from: <https://www.nytimes.com/interactive/2014/03/09/us/the-boys-in-the-bunkhouse.html>
- 104 U.S. Equal Employment Opportunity Commission. (2013, May 1). *Jury Awards \$240 Million for Long-Term Abuse of Workers with Intellectual Disabilities*. Retrieved from: <https://www.eeoc.gov/eeoc/news-room/release/5-1-13b.cfm>
- 105 U.S. v. Kaufman, Nos. 06-3099, 06-3124, 06-3125, 07-3151. (10th Cir. 2008). Retrieved from <http://caselaw.findlaw.com/us-10th-circuit/1487970.html>
- 106 Fochtman v. C.A.A.I.R., Inc., No. 04CV-17-2190. (W.D. Ark. 2017). Retrieved from: <https://www.documentcloud.org/documents/4117276-CAAIR-Class-Action-Law-suit.html>
- 107 Copeland v. C.A.A.I.R., Inc., 4:17-cv-00564 (N.D.Okla.) Retrieved from: Federal Civil Human Trafficking Case Database maintained by the Human Trafficking Legal Center.
- 108 Cole, J., Sprang, G. (2015, February). Sex trafficking of minors in metropolitan, micropolitan, and rural communities. *Child Abuse & Neglect*, 40, 113-123. doi: 10.1016/j.chiabu.2014.07.015.
- 109 United States Department of Labor, Bureau of Labor Statistics. (October 2017). *Home Health Aides and Personal Care Aides*. Retrieved from: <https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>
- 110 Kalipeni, J. (2017, January). *Preparing for the Elder Boom: A Framework for State Solutions*. *Caring Across Generations*. Retrieved from: <https://www.domesticworkers.org/preparing-elder-boom>
- 111 Access Therapies v. Mendoza, No. 1:13-cv-01317 (S.D. Ind. 2015). Retrieved from: Federal Civil Human Trafficking Case Database maintained by the Human Trafficking Legal Center.
- 112 Murphy, L.T. (2017). *Labor and Sex Trafficking Among Homeless Youth: A Ten-City Study*. Retrieved from <https://static1.squarespace.com/static/5887a2a61b631bfbbc1ad83a/t/59498e69197aea24a33a640b/1497992809780/CovenantHouseReport.pdf>
- 113 Ibid., 31.
- 114 Morrissey, A. (2018, March). *Human Trafficking and the Opioid Crisis* [Webinar]. Office of Trafficking in Persons (OTIP) and National Human Trafficking Training and Technical Assistance Center (NHTTAC). Retrieved from: <https://www.acf.hhs.gov/otip/resource/nhttacopioidcrisis>
- 115 Cole, J., Sprang, G. (2015, February). Sex trafficking of minors in metropolitan, micropolitan, and rural communities. *Child Abuse & Neglect*, 40, 113-123. Retrieved from: <http://daneshyari.com/article/view/344703.pdf>
- 116 U.S. Department of Justice. (2014, January). *Convicted Sex Trafficker Sentenced to More Than 30 Years in Prison*. [Press Release]. Retrieved from: <https://www.justice.gov/opa/pr/convicted-sex-trafficker-sentenced-more-30-years-prison>
- 117 U.S. v. Evans et al, 3:05-cr-00159-TJC-MCR. (M.D. Fla. 2005). Retrieved from <http://www.humantraffickingdata.org/search/616>
- 118 Committee on Health Care for Underserved Women. (2013, February). *Committee Opinion No. 554: Reproductive and Sexual Coercion*. American College of Obstetrics and Gynecologists. Retrieved from: <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-health-care-for-Underserved-Women/Reproductive-and-Sexual-Coercion>
- 119 Ravi, A., Pfeiffer, M.R., Rosner, Z., Shea, J.A. (2017, January 23). Identifying Health Experiences of Domestically Sex-Trafficked Women in the USA: A Qualitative Study in Rikers Island Jail. *J Urban Health*. 94:408–416. DOI 10.1007/s11524-016-0128-8.
- 120 U.S. v. Weston, No. 13-025-1 (E.D. Pa. 2013). Retrieved from: https://www.justice.gov/sites/default/files/usao-edpa/legacy/2014/10/22/weston_indictment.pdf
- 121 Bessell, S., Baldwin, S.B., Vandenberg, M.E, Stoklosa, H. (2017). *Human Trafficking and Health Care Providers: Lessons Learned from Federal Criminal Indictments and Civil Trafficking Cases*. Human Trafficking Legal Center and HEAL Trafficking. Retrieved from: <http://www.htlegalcenter.org/wp-content/uploads/Medical-Fact-Sheet-Human-Trafficking-and-Health-Care-Providers.pdf>
- 122 Stoklosa, H., MacGibbon, M., Stoklosa, J. (2017, January 01). Human Trafficking, Mental Illness, and Addiction: Avoiding Diagnostic Overshadowing. *AMA J Ethics*. 19(1):23-34. PMID: 28107153.
- 123 St. James Infirmary. *SJI Research, Publications, & Presentations*. Retrieved from: http://stjamesinfirmary.org/word-press/?page_id=30
- 124 Occupational Safety and Health Administration (OSHA). (n.d.) *Green Tobacco Sickness*. Retrieved from: https://www.osha.gov/SLTC/green_tob_sickness/index.html#ref2
- 125 Center for Disease Control and Prevention. (2015, March). *Green Tobacco Sickness*. Retrieved from: <http://www.cdc.gov/niosh/topics/greentobaccosickness/>
- 126 Arcury T.A., S.A. Quandt, J.S. Preisser, D. Norton. (2001). The incidence of Green Tobacco Sickness among Latino farmworkers. *Journal of Occupational and Environmental Medicine*, 43(7) 601-609. Retrieved from: <https://pdfs.semanticscholar.org/4845/c41b977f5be57013b2b8d2d01cfe392339ee.pdf>

- 127 Quach, T., Nguyen, K., Doan-Billings, P., Okahara, L., Fan, C., Reynolds, P. (2008, May). A Preliminary Survey of Vietnamese Nail Salon Workers in Alameda County, California. *J Community Health*. 33:336–343. DOI 10.1007/s10900-008-9107-7
- 128 Quach, T, et al. (December 2011). Characterizing Workplace Exposures in Vietnamese Women Working in California Nail Salons. *American Journal of Public Health*, 101(Suppl 1): S271–S276. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222474/>
- 129 Buller, A.M., Vaca, V., Stoklosa, H., Borland, R., Zimmerman, C. (2015). Labour exploitation, trafficking and migrant health: Multi-country findings on the health risks and consequences of migrant and trafficked workers. *International Organization for Migration and London School of Hygiene and Tropical Medicine*. Retrieved from: https://publications.iom.int/system/files/pdf/labour_exploitation_trafficking_en.pdf
- 130 Cole, J., Sprang, G., Lee, R., Cohen, J. (2016, January). The Trauma of Commercial Sexual Exploitation of Youth: A Comparison of CSE Victims to Sexual Abuse Victims in a Clinical Sample. *Journal of Interpersonal Violence*. Vol. 31(1) 122–146. doi: 10.1177/0886260514555133
- 131 Morrissey, A. (2018, March). *Human Trafficking and the Opioid Crisis* [Webinar]. Office of Trafficking in Persons (OTIP) and National Human Trafficking Training and Technical Assistance Center (NHTTAC). Retrieved from: <https://www.acf.hhs.gov/otip/resource/nhttacopioidcrisis>
- 132 Ottisova, L., Hemmings, S., Howard, L. M., Zimmerman, C., & Oram, S. (2016). Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: an updated systematic review. *Epidemiology and psychiatric sciences*, 25(4), 317-341.
- 133 United States Department of Labor, Bureau of Labor Statistics. (2018, March 30). *Occupational Employment and Wages Summary*. Retrieved from: <https://www.bls.gov/news.release/ocwage.nr0.htm>
- 134 Roberts, K. (2016, October). The Psychology of Victim Blaming. *The Atlantic*. Retrieved from: <https://www.theatlantic.com/science/archive/2016/10/the-psychology-of-victim-blaming/502661/>
- 135 Stoklosa, H. (2018, March). Human Trafficking in 2018: An Overview of Current Progress and What Lies Ahead, presented at *Human Trafficking Convening*, Washington, DC.
- 136 Baldwin, S.B., Barrows, J., Stoklosa, H. (2017). *Protocol Toolkit for Developing a Response to Victims of Human Trafficking*. HEAL Trafficking and Hope for Justice. Retrieved from: <https://healtrafficking.org/2017/06/new-heal-trafficking-and-hope-for-justices-protocol-toolkit-for-developing-a-response-to-victims-of-human-trafficking-in-health-care-settings/>
- 137 Ibid.
- 138 Greenbaum, V.J., Dodd, M., McCracken, C. (2018, January). A short screening tool to identify victims of child sex trafficking in the health care setting. *Pediatric emergency care*, 34(1), 33-37. doi: 10.1097/PEC.0000000000000602
- 139 TX H.B. 2552 2017. Retrieved from: <https://capitol.texas.gov/BillLookup/History.aspx?LegSess=85R&Bill=HB2552>
- 140 Richardson, L. (2013, April). *Hospitals Required to Post New Sign*. California Hospital Association. Retrieved from: <https://www.calhospital.org/cha-news-article/hospitals-required-post-new-sign>
- 141 Lewis-O'Connor, A., & Alpert, E. J. (2017). Caring for survivors using a trauma-informed care framework. In *Human Trafficking Is a Public Health Issue* (pp. 309-323). Springer, Cham.
- 142 Lewis-O'Connor, A., & Chadwick, M. (2015). Engaging the voice of patients affected by gender-based violence: informing practice and policy. *Journal of forensic nursing*, 11(4), 240-249.
- 143 Substance Abuse and Mental Health Administration (SAMHSA). 2014. *Guiding Principles of Trauma-Informed Care*. Retrieved from: https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html
- 144 Fehrenbacher, A. (2013, January). *First, do no harm. Designing a model of trauma-informed care for survivors of human trafficking in Los Angeles County*. UCLA Center for the Study of Women. Retrieved from: <https://escholarship.org/uc/item/8m39h3jq>
- 145 Chang, K. S., & Hayashi, A. S. (2017). The Role of Community Health Centers in Addressing Human Trafficking. In *Human Trafficking Is a Public Health Issue* (pp. 347-362). Springer, Cham.
- 146 Ibid.
- 147 Rothman, E. F., Stoklosa, H., Baldwin, S. B., Chisolm-Straker, M., Kato Price, R., Atkinson, H.G., & HEAL Trafficking. (2017, July). Public health research priorities to address US human trafficking. *American Journal of Public Health (AJPH)*. Retrieved from: https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2017.303858#_i4

Glossary

- 170 McKenzie, S. (2012, March-May). *Unavoidable Destiny*. [Blog series]. Retrieved from: <https://sharedhope.org/author/shamere/page/2/>
- 171 Substance Abuse and Mental Health Services Administration (SAMHSA). (2018, April 27). *Trauma-Informed Approach and Trauma-Specific Interventions*. Retrieved from: <https://www.samhsa.gov/nctic/trauma-interventions>
- 172 U.S. Department of Justice, Office on Violence Against Women. (2016, June). *Twenty Years of the Violence Against Women Act: Dispatches from the Field*. Retrieved from: <https://www.justice.gov/ovw/file/866576/download>



Polaris