Introduction to Domestic Trafficking in the U.S.

Jeff Barrows, D.O.
Health Consultant, Human Trafficking
Christian Medical Association
Founder: Gracehaven
Educational Objectives

• After participating in this activity, attendees should be more confident in their ability to:
  – Realize the extent of the phenomenon of domestic minor sex trafficking (DMST)
  – Identify the signs that a patient may be a potential victim of DMST
  – Take concrete steps if a patient is suspected of being a human trafficking victim.
Jill’s Story

• Runaway teen at age 14, escaping sexual and physical abuse
• Homeless until approached in a suburban mall by a man named Bruce
• Promised to help and provide work
Jill’s Story

• With few options, Jill agreed to go with Bruce
Jill’s Story

• Taken to his “office” which was a cellar in his home
  – Hung by her wrists from the ceiling with leather straps
  – Stripped, beaten, and tortured until she agreed to work as a prostitute
  – Torture included being hung by her neck which resulted in permanent scar and damage to her vocal cords affecting her speech
Jill’s Story

• Once she agreed to serve as a prostitute, Bruce brought paying clients into his home to have sex with Jill
• Some clients would “pay extra” to do unusual things to Jill
Jill’s Story

- During the next 3 years, she suffered horrible torture and repeated rape by clients of Bruce
- Jill eventually became pregnant
  - Bruce attempted unsuccessfully to perform an abortion
  - Jill began to hemorrhage
Jill’s Story

• Bruce took her to an ER in Los Angeles
Jill’s Story

• In order to protect himself and preserve his control over Jill, Bruce needed to come up with a good cover story…
Jill’s Story

- Bruce claimed he was Jill’s older brother
- Both of their parents had been killed 2 years prior in an automobile accident
Jill’s Story

- As a result of the accident and sudden loss of her parents, Jill suffered from Schizophrenia.
- Bruce was the only relative she had and he often had to “tie her down” so she wouldn’t run away.
Jill’s Story

- Because of her schizophrenia, Jill often hallucinated about very strange things...like being held captive.
Jill’s Story

• Story accepted without hesitation
Jill’s Story

• But if a closer look had been undertaken, there were many clues that were missed and pieces to the story that didn’t fit
Jill’s Story

• Abuse vs. restraint
  – Marks of strangulation are ONLY the result of abuse, never restraint
  – Permanent scars on the wrist and ankle do not occur from restraint...they result from abuse
Jill’s Story

• Bruce does all the talking
  – This should always be a HUGE red flag when interacting with patients
Jill’s Story

• Clinical situation
  – This is the major oversight... if Bruce is caring for Jill full time, how did she get pregnant????

• Pieces don’t fit
Jill’s Story

• Why was this missed in the ER?
  – Staff too rushed?
  – Lack of concern...only want to move patients through?
  – Overwhelmed staff?
  – Didn’t want to get involved...???
Jill’s Story

• What a proper investigation would look like:
  – Direct questioning of Jill alone
  – Psych consult to confirm diagnosis of schizophrenia
  – Social services consult to confirm story of parents death
Jill’s Story

• Jill was in the hospital for 3 days
  – Taken to the OR for uterine curettage to remove remaining products of conception
  – Received several units of blood due to prior blood loss
  – Antibiotics to prevent infection
Jill’s Story

• While in the hospital:
  – No mental health consultation
  – Never questioned regarding injuries without Bruce present
  – No social services consult
  – Discharged from the hospital without her having the ability to become free of her captor
Jill’s Story

• Jill was finally freed after 3 years of captivity by police on a drug raid to Bruce’s home
  – Found bound and gagged in a closet
Jill’s Story

- All this occurred prior to Jill reaching the age of 18!
One of the most common forms of human trafficking in the U.S. today…

Domestic Minor Sex Trafficking (DMST)

[Also known as Child Sex Trafficking (CST)]
This story illustrates the importance of training healthcare professionals and first responders to recognize potential victims of human trafficking.
Terminology

• Human trafficking = Trafficking in Persons
  = TIP

• Domestic Minor Sex Trafficking
  = DMST
  = Child sex trafficking
  = A subset of TIP

• Commercial Sexual Exploitation Children
  = CSEC
  = DMST
Human Trafficking (TIP): What Is It?

- TIP is any form of extreme exploitation of one human being by another for personal/financial gain
In 2000 Congress passed The Trafficking Victims Protection Act (TVPA)

• To be convicted of TIP, must show one of these 3 elements used in the course of the exploitation:
  – Force
  – Fraud
  – Coercion
TVPA

The TVPA contains ONE exception to the need to prove force, fraud, or coercion for trafficking:

• The use of a minor (<18) in commercial sex.
• Any minor involved in commercial sex is automatically a victim of severe sex trafficking
Domestic Minor Sex Trafficking (DMST)

- **DMST:**
  - When a U.S. citizen or legal permanent resident who has not attained 18 years of age is engaged in a commercial sex act.¹

¹ Trafficking Victims Protection Act (TVPA) of 2000
Domestic Minor Sex Trafficking

- "Commercial sex act"
  - means any sex act on account of which anything of value is given to or received by any person.
  - Value:
    - Money
    - Food
    - Drugs
    - Shelter
Domestic Minor Sex Trafficking

“Commercial sex act” includes:
- Prostitution
- Exotic dancing/stripping
- Pornography\(^1\)

\(^1\)TVPA of 2000
But, I'm going to tell you something. If you pay the price, you can get what you want and I can get it for you.

Really?
Where do these girls come from?

- Vast majority are American teenagers who runaway to escape abuse in their homes
  - End up being picked up on the streets by traffickers (pimps) and placed into commercial sex
How many young people are we talking about?

Solid accurate statistics on the incidence of human trafficking are unfortunately non existent…
So we are forced to rely on estimates based on known statistics such as the number of runaways...
Homeless, runaway or “throwaway” youth

- Between 1.6 and 2.8 million children run away each year¹

- Youth within the foster care system & child protective services
  - Over 400,000 children in the U.S. currently reside in some form of foster care.²

²From The American Academy of Child and Adolescent Psychiatry
CHILD SEX TRAFFICKING

1 in 6 endangered runaways reported to NCMEC in 2014 were likely sex trafficking victims.

That is up from 1 in 7 in 2013

68% of these likely sex trafficking victims were in the care of social services or foster care when they ran.

32%

68%
Numbers as Magnitudes

- Global number of children being prostituted
  - Millions

- Number of minors in the U.S.
  - Tens of thousands

- Number of minors in a state
  - Hundreds...perhaps 1000+

- Number of minors in major city
  - Tens...

\(^1\)Willis & Levy.
Cases of Child Trafficking in U.S.

National Human Trafficking Resource Center (NHTRC) 2014 Report on Minors
So why is this such a huge problem?

Demand!
The number of buyers of sex
So why is this such a HUGE problem?

Which translates into money!
Average girl will make between $500 to $1000 per day selling sex
(But must give all the money to the trafficker)
Risk Factors for DMST

IOM (2014)
Vulnerabilities of Minors

- Attraction to material goods
- Desire to escape an oppressive home
- Innate longing for affection
- Instinct to survive after leaving home

Macias-Konstantopoulos et al. 2015
Risk Factors- Abuse

• Individuals with documented physical, sexual abuse or neglect were more than twice as likely to engage in commercial sex than non-abused children
  – OR=2.35 p <.001

Wilson & Widom (2010)
Who are the traffickers?

Who are the traffickers?

Immediate family: 36%
Boyfriends: 27%
Friends of family: 14%
Employers: 14%
Strangers: 9%

Recruitment by strangers

Background

- Girls usually come out of abusive home
- Suffer from low self esteem
- Susceptible to the recruiting tactics of the trafficker
Two types of traffickers

Gorilla Trafficker
- No effort to sweet talk a girl other than initial encounter
- Uses brutal force and threats to control her
- Bruce
- Less common

Finesse (Romeo) Trafficker
- Acts like a boyfriend
- Treats them special
- Buys them gifts
- Traps them in the relationship
- Most common of the two
Finesse Trafficker Recruiting

Step One

- Initial seduction
  - Telling the girl:
    - How beautiful she is
    - How much he likes/loves her
  - Giving the girl gifts
    - Jewelry
    - Clothing
    - Cell Phone
Ernie Allen
President & CEO
National Center for Missing & Exploited Children

STOP HUMAN TRAFFICKING

Christian Medical & Dental Associations®
Changing Hearts in Healthcare
Finesse Trafficker Recruiting

Step 2

- Exerting increasing control:
  - Wanting to know where she is all the time
  - Must call when she gets home from school
  - “worries about her”
Finesse Trafficker Recruiting

Step 3

- Separation
  - Gets the girl to leave her support system
  - May take her to another city
    - Makes the girl more reliant on the trafficker
Finesse Trafficker Recruiting

Final Step

- Seduction into prostitution!
  - Need $
  - Only need to do “it” once
  - That wasn’t so bad
  - Look at all the money you can make for “us”
## Recruitment Trends

Dank et. al 2014

<table>
<thead>
<tr>
<th>Location</th>
<th>Frequency (Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social network</td>
<td>42.5% (31)</td>
</tr>
<tr>
<td>Home neighborhood</td>
<td>38.4% (28)</td>
</tr>
<tr>
<td>Clubs or bars</td>
<td>30.1% (22)</td>
</tr>
<tr>
<td>Other neighborhood</td>
<td>26.0% (19)</td>
</tr>
<tr>
<td>Internet</td>
<td>21.9% (16)</td>
</tr>
<tr>
<td>On the track</td>
<td>21.9% (16)</td>
</tr>
<tr>
<td>School</td>
<td>11.0% (8)</td>
</tr>
<tr>
<td>Mall</td>
<td>4.1% (3)</td>
</tr>
<tr>
<td>Transit stations</td>
<td>2.7% (2)</td>
</tr>
</tbody>
</table>
Recruiting with “apps”

- Apps such as “YouNow” allow users to broadcast themselves onto the Internet at no cost.
- Recruiters search these chat rooms for vulnerable girls.
Recruiting - Snapchat

- Snapchat automatically deletes all chats and photos
- Encourages teens to say and show more than they otherwise would
“You promise a girl heaven, and she’ll follow you to hell”

Quote from a trafficker
Once the girls are recruited into prostitution...

They are not usually sold on the street...but on the “new street”...

The Internet!
Backpage.com

A website very similar to craigslist...where you can buy anything...
$100 SPEACILS.... ready and waiting all night - 20 (incall/outcall)

STOP what ur doing and CALL ME!!! - 20 (incall/outcall)

»★-» »★-» JUST »★-» HOW »★-» YOU »★-» WANT »★-»- 21 - 21 - 21 (ky / in surrounding)

~*~ Sexy Slender Seductive Redhead ~*~ - 19 (louisville,ky)

*** Amazingly HOT, Flirty and Friendly*** beautiful vixens*** working day/night *** - 22 (Louisville)

Extremely gorgeous buxey seeking one generous gentlemen for relationship! - 99 (louisville)

come have a magnificent time with Allie! - 22 (louisville/Indiana)

TIME f0R A S E C O N d £00K! bRITTS $UPER $PÆCIAL» 502.794.4942 - 21 (louisville)

Your wish is my Comand 270.304.8106 - 32 (discret hotel incalls.. east lou)

Nights After 8... - 37 (My Website www.dotmeow1dotcom)

Hot ReAdY To PlEase YoU! OuTcAl! OnLy (♥♥) Special Rate 120!!! - 24 (louisville and surr)

sick of CHOPPED MEAT when u want FILET MIGNON?my pics are guaranteed real! NEW # JUST POSTED - 21 (New albany 5 min from the 65 bridge!)

***IF You Want A Moutful OF Sexy SweeT ChocolatE???!! - 23 (louisville)

let.. ME.. be.. UR.. late.. NITE.. treat - 22 (LOUISVILLE, OutCall only!!!!)

Slim»★-» Tall »★-»Sexy »★-»100% Me - 24 (East End)

«*- S E X Y & & S A T i $ f y i N G «*-» (502)794.4942 M0NdAY $PÆcIAl - 21 (Louisville)
Very suspicious listing for minor using code words of: “New” and “Petite”
Role of Healthcare Professionals

Finding and Caring for victims of human trafficking
Sexually Exploited Youth

- 77% of youth identified as sexually exploited in Oakland CA stated that they see a physician regularly
  - 33% are currently on prescribed medications
  - 49% had been hospitalized

Missey Data Report- June 2009; available online at:
Experience of New York CSEC Youth with healthcare

- >75% had visited a physician within the previous 6 months
- **Reason for presentation:**
  - General exam- 43%
  - STI testing- 34%
  - HIV testing- 21%

Curtis R et. al (2008)
Experience of New York CSEC Youth with healthcare

- STI’s
  - 21% overall
  - 6% had syphilis
  - 3.6% had GC
  - 2% were HIV +

Curtis R et. al (2008)
Identifying Victims of Trafficking in Persons (TIP)

As a frontline health provider, you play an important role in identifying and helping trafficking victims.
Identifying Victims of Trafficking in Persons (TIP)

While trafficking is largely a hidden social problem, many trafficking victims are in plain sight if you know what to look for. You have likely come in contact with a trafficking victim without realizing it and, therefore, missed an opportunity to help this individual escape bondage.
3 Categories of Indicators

• Indicators of control

• Strange Red Flags

• Physical Indicators
Indicators of Control

- Child is accompanied by an adult who is:
  - Domineering
  - Speaks for the child
  - May appear to intimidate or frighten the child

- Adult male who is not the guardian

Adapted from: Greenbaum, VJ (2014)
Indicators of Control

• Patient may exhibit body language displaying:
  – Fear
  – Nervousness
  – Hyper-vigilance
  – Submission
  – Depression

• Older “boyfriend”

• Avoids eye contact

Adapted from: Greenbaum, VJ (2014)
Indicators of Control

- If alone, may exhibit the following:
  - Frequent texting
  - Phone calls during or after exam
  - Appear in a hurry or unwarranted anxiety
Suspicious Red Flags

• Inconsistent or scripted history
• Discrepancy between history and clinical presentation
• Patient unable to give address
• Patient doesn’t know current city
Suspicious Red Flags

- Minor trading sex for something of value (food, shelter, drugs, or money)
- Unusually high number of sexual partners
- Hx of multiple STI’s
- Late presentation
Suspicious Red Flags

- Carrying large amount of cash
- Appearance younger than stated age
- History of running away
- History of drug use
- History of truancy
Physical Indicators- Domestic

- Psychological stress, PTSD, evidence of substance abuse
- Dental trauma
- GI Somatic complaints
- STI’s including HIV/AIDS
- Highly abnormal pap
- Frequent need for pregnancy test
- Sleep deprivation
- Weight loss
- Physical trauma such as burns
- Evidence of sexual trauma
- Tattoos signifying “property of”
Tattoo’s
Tattoo’s
What do you do if you suspect a patient may be a victim of human trafficking?
Step 1

Separate them from any accompanying person including “family”
Step 2

Have someone who is “trauma-informed” take time to interview the patient
Potential “trauma-informed” personnel

- SANE/SAFE nurse
- Trauma trained social worker
- Trauma trained community nurse
- Trauma trained mental health professional
DMST Questions to ask:

• Where are you living now and with whom?
• Do you go to school?
• Do you have a boyfriend/girlfriend? How old?
• Are you sexually active? How many partners in the past 6 months?
• Is anyone pushing you to do something you don’t want to do?
DMST Questions:

• Has anyone ever asked you to have sex in exchange for something you wanted or needed? (Food, shelter, money or other items)
• Has anyone ever asked you to have sex with someone else?
• Have you been asked to have sex with multiple men each night?
• Do you have to meet a quota of money before you can safely return home?
DMST Questions:

• Has someone forced you to perform sexually before a camera?
• Has anyone taken sexually suggestive photo’s of you to post on the Internet?
How should you respond if suspicions are confirmed?
The most efficient and safe response will occur if you have prepared a response protocol in advance.
Good response protocol will contain:

- List of local trafficking indicators
- How to separate potential victim and trafficker
- Designated interviewer
- Mandatory reporting procedures
Good response protocol will contain:

- Reporting contacts for law enforcement and social service agencies
- Steps to ensure security/safety of victim
- Guidelines for when to intervene
- Procedure when patient refuses intervention
If you do not have a response protocol in place:

Gather as much information about the patient as you possibly can!
Information gathering

• As healthcare professionals, we are routinely gathering information about:
  – Demographics such as addresses and phone numbers
  – Past history
  – Make sure all information is current and accurate. Tell trafficker that it is important in order to reach patient about results of tests
Information gathering:

- In addition, try to get the following information:
  - Phone number of the “family member”
  - License plate of their vehicle (by surreptitiously finding their vehicle)
  - Consider even photographing the minor if possible
Be prepared for the minor patient to give evidence of being trafficked but not be willing to leave trafficker.
This condition is known as “Trauma Bonding” or “Stockholm Syndrome”

Syndrome named after a 1973 bank robbery in Stockholm Sweden where hostages were held for 5 days and became emotionally attached to their captors
Trauma bonding/Stockholm Syndrome

• Causes the victim to become emotionally attached to the trafficker even though they have been brutally abused
• With this emotional attachment, the victim may show hesitation or lack of desire to be separated from the trafficker
If your suspicions are strong or confirmed:

As a healthcare professional, in most states you are a mandated reporter of abuse in minors. Therefore, you must report your suspicions to the proper authorities.
In the case of suspected trafficking of minors, law enforcement is the preferred authority to notify if possible.
Important Issue

• Local law enforcement may not be trained on the phenomenon of human trafficking
• Reinforces the importance of preparing to respond in advance by contacting law enforcement ahead of time to investigate their knowledge of human trafficking and preferences for reporting
Research

Trained law enforcement officers can be found through contacting local anti-trafficking organizations or by contacting the national human trafficking hotline number:

888-3737-888
Getting Victims of Human Trafficking the Help They Need

Trafficking Information and Referral Hotline
1.888.3737.888.

• This hotline will help you:
  – Identify local community resources to help victims
  – Determine if you have encountered victims of human trafficking
  – Coordinate with local social service organizations to help protect and serve victims so they begin process of restoring their lives

www.acf.hhs.gov/trafficking.

Call local police if victim at risk of imminent harm

1.888.3737.888
www.acf.hhs.gov/trafficking
References


References


References


Post Test –
Your success in gaining knowledge through this module is important to us. To measure what you have learned, click on the following link and take a brief self evaluation:
https://www.surveymonkey.com/r/PZYMTVB

To receive continuing education credits for this module, you MUST complete the online evaluation through the link above and pay any appropriate fees (see http://www.cmda.org/library/doclib/tipcepaymentform.pdf for more information).