



AchieveCE

Human Trafficking Course Rewrite

Course Description

This course is designed for health care professionals and those in allied professions who may come into contact with and be called upon to intervene on behalf of victims of human trafficking within the scope of their practice.

Learning Objectives

At the conclusion of this course, participants will be able to:

- Define human trafficking.
- Discuss the prevalence of human trafficking within the United States.
- Describe common forms and venues of human trafficking.
- Identify common misconceptions regarding human trafficking.
- Identify risk factors that may contribute to someone becoming a victim of human trafficking.
- Describe common tactics used by perpetrators of human trafficking to recruit victims.
- Describe the various stages of the human trafficking process.
- Understand how to document findings from victims of human trafficking.
- Describe the psychological, social, and physical impact of human trafficking on victims.
- Describe the role of health care providers in identifying potential victims of human trafficking.
- Identify potential warning signs of human trafficking.
- Describe how to report known or suspected cases of human trafficking.
- Discuss laws and penalties for human trafficking.
- Identify strategies for preventing and increasing awareness of human trafficking.

Course Outline

- Introduction

- Human Trafficking Defined
- Human Trafficking Statistics
- Data Collection Challenges
- Common Misconceptions About Human Trafficking
- Common Forms of Human Trafficking
- Risk Factors Contributing to Victimization
- Tactics Used by Perpetrators of Human Trafficking
- The Stages of Human Trafficking
- The Impact and Consequences of Human Trafficking on Victims
- The Role of Health Care Providers in Identifying Potential Victims of Human Trafficking
- How to Report Known or Suspected Human Trafficking
- Documenting Physical Findings
- Laws and Penalties for Human Trafficking
- Preventing Human Trafficking Through Awareness, Interventions, and Resources
- Conclusion

Introduction

Although the issue of human trafficking is receiving increased attention from the media, politicians, organizations, and even celebrities, it is not a new phenomenon. Often referred to as a modern form of slavery, human trafficking ranges from sex work and prostitution to forced labor in a variety of industries. Although the stereotype of a trafficking victim is a young woman or child (Hart, 2007), victims include women, children, and men of all ages and backgrounds. Human trafficking survivors are forced to live with the physical and emotional scars resulting from the abuse that they experienced at the hands of their traffickers. This course is designed to provide health care practitioners and those in related professions with insight into the realities of human trafficking and the types of sources and interventions available to assist those caught up in a trafficking situation.

Human Trafficking Defined

Defining human trafficking is somewhat difficult since trafficking often intersects with other issues, such as domestic violence, sexual abuse, forced marriage, and forced labor (Hume & Sidun, 2017). According to the United Nations, human trafficking involves the “recruitment, transportation, transfer, harboring, or receipt of persons by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation” (United Nations Human Rights Office of the High Commissioner, n.d.).

Under this definition, human trafficking requires the following elements (Parreñas, Hwang, & Lee, 2012):

- transportation of a person
- force or coercion of the victim
- the exploitation or abuse of the victim

It is also possible to divide the definition into the following sections (United Nations Office on Drugs and Crime, n.d.):

Act

This refers to the various activities of trafficking, such as the recruitment, transfer, transportation, receipt, and harboring of individuals.

Means

Trafficking is normally accomplished through coercion, force, fraud, abduction, deceit, abuse of power or vulnerability, or the giving of financial or other benefits to a person in a position of control over the victim.

Purpose

Traffickers carry out their activities for the purpose of exploitation and financial gain through forced labor, prostitution, sexual exploitation, forced servitude, slavery, or even the removal of organs.

About Human Trafficking

Link: [youtube.com/watch?v=TJIDBKZmRrE](https://www.youtube.com/watch?v=TJIDBKZmRrE)

Although the terms are sometimes used interchangeably, human trafficking is not the same thing as human smuggling. The act of human smuggling involves the transport of an individual into the country through illegal means and is voluntary in that the individual normally provides some form of payment to another person or party to accomplish this goal (Lusk & Lucas, 2009).

The Trafficking Victims Protection Act includes both sex and labor trafficking under the broad definition of human trafficking. Sex trafficking involves the obtaining, patronizing, or solicitation of a person for a commercial sex act through fraud, force, or coercion, or when the individual is under the age of 18. Labor trafficking includes the subjection of a person to slavery, debt bondage, involuntary servitude, or peonage by force, coercion, or fraud. The TVPA does not require that a person be physically transported from one place to another for trafficking to occur (U.S. Congress).

Human Trafficking Statistics

Video Link: https://www.youtube.com/watch?v=CKVhwHmBeal&feature=emb_title

Because the issue of human trafficking is so complex and because both the perpetrators and victims often remain hidden, it is difficult to determine the true scope of the problem. The following are a few published estimates from researchers and scholars as well as organizations and agencies tasked with tracking and monitoring human trafficking cases:

- The International Labour Organization estimates that there are more than 40 million human trafficking victims globally (International Labour Organization, n.d.).
- Although nearly 80,000 human trafficking victims were reported to the U.S. State Department in 2019, only 0.2% were rescued (Mason, 2018).
- Since 2007, the National Human Trafficking Hotline has received more than 51,000 reports of human trafficking cases (National Human Trafficking Hotline, n.d.).
- It is believed that 40,000 to 50,000 people are trafficked in the U.S. annually; however, the estimates vary drastically from year to year (Weitzer, 2006).
- Because of its sensational nature, sex trafficking tends to be the focus of a vast majority of antitrafficking campaigns (Saiz-Echezarreta, Alvarado, & Gómez-Lorenzini, 2007).
- The U.S. Department of Justice secured 1,045 convictions for human trafficking-related offenses in 2017, which was an increase of 78% over 2015 (International Labour Organization, n.d.).

- The International Labour Organization estimates that 4.8 million individuals are victims of sex trafficking, and more than 15 million are in forced marriages (International Labour Organization, 2017).
- Sixty-two percent of trafficking victims are in the Asia and Pacific regions (International Labour Organization, 2017) Common Forms of Human Trafficking.
- There are approximately 25 million victims of forced labor trafficking globally (International Labour Organization, 2017).

Data Collection Challenges

While more and more providers are trained to identify and document victims of forced (labor) or sexual exploitation, the existing ICD-10-CM abuse codes fell short of differentiating victims of human trafficking from other victims of abuse. Without proper codes, there was no way for clinicians to classify adequately a diagnosis and to plan for the resources necessary to provide appropriate treatment. This also prevented critical tracking of the incidence and/or recurrence of labor or sexual exploitation of individuals.

What's New

As urged by the AHA's Hospitals Against Violence initiative, the first ICD-10-CM codes for classifying human trafficking abuse were released in June 2018. AHA's Central Office on ICD-10, in partnership with Catholic Health Initiatives and Massachusetts General Hospital's Human Trafficking Initiative and Freedom Clinic, proposed the change. Effective FY 2019, unique ICD-10-CM codes are available for data collection on adult or child forced labor or sexual exploitation, either confirmed or suspected. These new codes, which drew support from other hospitals and health systems, may be assigned in addition to other existing ICD-10-CM codes for abuse, neglect and other maltreatment. In addition, new codes are also available for past history of labor or sexual exploitation, encounter for examination and observation of exploitation ruled out, and an external cause code to identify multiple, repeated, perpetrators of maltreatment and neglect.

The ICD-10-CM classification system in medicine serves a purpose analogous to that of the penal code in criminal jurisprudence. The use of penal codes to classify and record crimes facilitates the tracking of criminal activity patterns in order to inform new legislation and resource allocation decisions meant to enforce the law more effectively. Similarly, the use of ICD-10-CM codes facilitates the tracking of health and risk trends in order to inform health policy and resource allocation decisions. Although other data collection and tracking tools exist, the ICD-10-CM is the coding system required under US legislation and represents a comprehensive classification system that lends itself to epidemiological and population health data analyses.

Required Action

- As coding professionals review a patient’s medical record to identify the appropriate ICD10-CM codes to include, they should be aware of and begin utilizing the ICD-10-CM codes for forced labor and sexual exploitation.
- Hospitals and health systems should educate necessary individuals, including physicians, nurses, other health care providers, and coding professionals of the important need to collect data on forced labor or sexual exploitation of individuals.
- Tracking confirmed and suspected cases in the health care system will allow hospitals and health systems to better track victim needs and identify solutions to improve the health of their communities. It also provides another source for data collection to inform public policy and prevention efforts, as well as support the systemic development of an infrastructure for services and resources.

Factors	Focused Medical Assessment and Documentation	Comprehensive Medical Assessment and Documentation
Diagnostic coding	In order of presumed causation: <ul style="list-style-type: none"> • L02.414: Left arm abscess • L03.114: Left arm cellulitis 	In order of presumed causation: <ul style="list-style-type: none"> • Y07.0: Spouse or partner abuse and violence • Z59.0: Homelessness • F32.9: Depression • F19.10: IV drug use • L02.414: Left arm abscess • L03.114: Left arm cellulitis
Health care response and	<ul style="list-style-type: none"> • Incision and drainage 	<ul style="list-style-type: none"> • Incision and drainage • Antibiotics

Factors	Focused Medical Assessment and Documentation	Comprehensive Medical Assessment and Documentation
treatment offered	<ul style="list-style-type: none"> • Antibiotics 	<ul style="list-style-type: none"> • HIV counseling and testing +/- treatment • Hepatitis testing +/- treatment • Addiction counseling and referral to treatment • Suicide screening • Psychiatry consultation +/- treatment • Social work consultation for danger assessment, safety planning, housing/shelter assistance, and referral to domestic/partner violence services
Long-term resources needed	No additional resources needed	<p>Policy and resource allocation needed for:</p> <ul style="list-style-type: none"> • Resources and reimbursement for screening, brief intervention, referral, and treatment efforts for substance use and suicide • Funding for prevention strategies, treatment programs, and community services

Common Misconceptions About Human Trafficking

There is a stereotype that human trafficking involves the kidnapping and transportation of young women and girls across state or international boundaries for commercial sex. This perception ignores

the fact that human trafficking victims can be of any race, gender, or national origin and that it can occur virtually anywhere and in any industry. The following are just a few of the common misconceptions regarding human trafficking (National Human Trafficking Hotline, n.d.):

Myth: Human trafficking normally involves physical violence.

While physical violence is a factor in many human trafficking cases, perpetrators often use nonviolent means, such as fraud, manipulation, threats, and trickery, to force their victims into exploitive situations.

Myth: Human trafficking always involves sexual exploitation.

Human trafficking for commercial sexual exploitation is common and is probably the most well-known form of human trafficking. Experts, however, believe that labor trafficking is more prevalent globally.

Myth: Human trafficking only involves undocumented foreign nationals.

The Polaris Project, which runs the National Human Trafficking Hotline, has worked on thousands of human trafficking cases involving foreign nationals who are working or living in the United States legally.

Myth: Human trafficking only occurs in illegal or underground industries.

There have been instances of human trafficking involving legal industries, such as construction, restaurants, factories, cleaning services, and many others.

Myth: Human trafficking involves transporting a person across state or national boundaries.

The transporting of a person across state or national borders illegally is known as human smuggling. Human trafficking can occur without any movement across state or national boundaries. It is even possible for a person to be trafficked within their own home or hometown.

Myth: The commercial sex trade always involves human trafficking.

Commercial sex involving minors is always considered human trafficking. Commercial sex involving adults is only considered human trafficking if the victim is forced to do it against his or her will through force, coercion, or fraud.

Myth: A person cannot be a victim of human trafficking if they consented to their initial situation.

Initial consent or payment is not relevant to the crime.

Myth: Victims of human trafficking are physically held against their will and unable to leave their current situation.

While many victims of human trafficking are physically unable to leave, they may remain in their current situation for a variety of reasons. For example, the victim may be unable to leave because they lack transportation or have another place to live. Some perpetrators even manipulate their victims so effectively that the victim does not even realize that they are being controlled and exploited.

Myth: Labor trafficking only occurs in developing countries.

There are instances of labor trafficking in the United States and other developed countries; however, the rate of labor trafficking in developed countries tends to be lower than sex trafficking.

Myth: Perpetrators of human trafficking tend to target individuals they don't know.

Perpetrators of human trafficking often include spouses, family members, and romantic partners.

Common Forms of Human Trafficking

Sex Trafficking

The Trafficking Victims Protection Act defines sex trafficking as “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act” (U.S. Congress). The act further defines a commercial sex act as “any sex act on account of which anything of

value is given to or received by any person” (U.S. Congress). Sex trafficking often involves the transportation of individuals across international borders for the purposes of sexual exploitation for financial gain (Bertone, 2000). When the trafficking does not involve transporting the victim from one region to another, it is referred to as internal trafficking (Reap, 2019). Victims of sex trafficking can be forced into a variety of activities, including pornography, prostitution, stripping, escort services, and other sexual services (Kotrla, 2010). Although women and girls are the most frequent victims of sex trafficking, men can also be victims. The term “domestic minor sex trafficking” refers to the selling, buying, or trading of children under the age of 18 for the purposes of sexual exploitation within the United States (Kotrla, 2010; Greenbaum, 2018). Since children are considered inherently vulnerable, the use of fraud, force, or coercion is not required (Greenbaum, 2018). The children at highest risk for becoming a victim of minor sex trafficking are those who are abused, homeless, runaways, or who are in child protective services (Kotrla, 2010).

Although extremely controversial, some scholars and experts in the field of human trafficking say that there is a distinction between sex trafficking victims and prostitution in that sex trafficking victims are forced to perform sexual services involuntarily and are typically not paid. Sex trafficking also encompasses other activities, including forced erotic dancing, pornography, and mail-order brides (Reap, 2019). Prostitutes, on the other hand, are viewed as voluntarily providing sexual services for a fee. This distinction does not take into account the fact that someone who becomes a prostitute willingly can still become a victim of trafficking, that the individual may not have chosen prostitution if other options were available, or whether the person has the option of choosing sexual partners or activities (U.S. Department of State, 2018; Batsyukova, 2007).

Bonded Labor/Forced Labor

According to the United Nations, debt bondage is “the status or condition arising from a pledge by a debtor of his personal services or of those of a person under his control as security for a debt, if the value of those services as reasonably assessed is not applied towards the liquidation of the debt or the length and nature of those services are not respectively limited and defined” (United Nations, 1956). In simple terms, an individual pledges his or her labor or that of another person for an unspecified amount of time as collateral for a debt (U.S. Department of Labor). Many victims of labor trafficking are transported from one country to another. Because they are all major points of entry for international travel, it is believed that the majority of forced labor cases in the United States occur in California, New York, Texas, and Florida (Free the Slaves and Human Rights Center of the University of California, Berkeley, 2005).

Although the original loan or debt may have been incurred willingly, the circumstances surrounding repayment, such as low wages and exorbitant interest rates and fees, are such that it is virtually impossible for the individual to ever repay the debt. This can subject the individual and his entire family to a cycle of debt that is passed down for generations. Although bonded labor is most common in

Bangladesh, India, and Pakistan (Patterson & Zhuo, 2018), there are cases in the United States. Bonded laborers in the U.S. may be forced to work long hours in factories, restaurants, agriculture, and other industries. To ensure compliance, traffickers may monitor the individual's movements, isolate them, confiscate the victim's identification, and threaten them with deportation. The following is a breakdown of the sectors where forced labor is most likely to occur (Free the Slaves and Human Rights Center of the University of California, Berkeley, 2005):

- Prostitution and sex industry—46%
- Domestic servitude—27%
- Agriculture—10%
- Sweatshops and factories—5%
- Restaurant and hotel work—4%

Child Labor

According to the International Labour Organization, child labor is labor performed by a child under the age of 15 or hazardous labor performed by a child 18 years old or younger. While child labor is a specific form of forced or bonded labor, not all child laborers are the victims of trafficking (International Labour Organization, n.d.). The ILO estimates that there are approximately 152 million child laborers globally (International Labour Organization). Overall, the number of child laborers decreased by nearly 38% between 2000 and 2016. Asia and the Pacific region have the largest number of child laborers; however, the number of cases in Africa appears to be increasing (International Labour Organization). Extreme poverty, infrastructure and political instability, and market forces are often contributing factors to increased rates of child labor (Otis, Pasztor, & McFadden, 2001).

The distinction between child work and child labor can be difficult to define and can vary based on cultural and societal norms in the area (Bhukuth, 2008). In general, child work is viewed as activities that are appropriately supervised and that promote the growth and development of the child. Child labor, on the other hand, does not benefit the child and is typically poorly compensated, involves working long hours, deprives the child of educational and other opportunities, and has negative emotional, physical, and developmental consequences (International Labour Organization, n.d.; Bourdillon, 2006; Murshed, 2001). In the United States, homeless and runaway youths are at higher risk of being lured into a child labor situation. The most common forms of child labor in the U.S. include peddling, traveling sales crews, and begging (Walts, 2017).

Child Conscriptio

At any given time, 250,000 to 300,000 children under the age of 18 are serving as child soldiers (Johannessen & Holgersen, 2014; UNICEF, n.d.). Traffickers often target children for conscription because they can be easily indoctrinated to not question orders and are less expensive than adult soldiers (Breen, 2007). In addition to kidnapping and forced conscription, children may be lured into becoming soldiers “voluntarily” through a narrative that leads them to believe that they are fulfilling a higher purpose or through the promise of economic rewards (Kohrt, et al., 2016; Hurtado, Iranzo Dosdad, & Gómez Hernández, 2018). Many child soldiers perceive soldiering as their only hope for a better future. From witnessing and participating in brutal ritualized killings to forced sexual activity, the atrocities experienced by child soldiers produce significant psychological, emotional, cognitive, and behavioral problems that can be almost impossible to overcome (Bayer, Klasen, & Adam, 2007; U.S. Department of State, 2018). Even if the child manages to escape their conscription, the stigma that they face when they return to their families and villages can make it difficult to reintegrate back into society and carry on any semblance of a normal life (Johannessen & Holgersen, 2014; Van Leeuwen, Miller, & Zamir, 2018).

Risk Factors Contributing to Victimization

Globalization

Globalization refers to the interconnectedness between countries and nations. In other words, globalization makes the world a smaller place. Globalization helps promote the growth and development of legitimate businesses by making communication easier and facilitating the exchange of ideas, goods, services, and capital. Unfortunately, it also promotes the growth of human trafficking by creating a demand for cheap labor, goods, and services across international borders (Patterson & Zhuo, 2018; Jones, Engstrom, Hilliard, & Diaz, 2007; Aquilar-Millan, Foltz, Jackson, & Oberg, 2008; Majeed & Malik, 2018).

Extreme Poverty

Family poverty and ongoing economic stress caused by a natural disaster, civil war, and government corruption or collapse contribute to high rates of human trafficking (Hart, 2007; Greenbaum, 2018; Gezie & Yalew, 2019). For example, a severely impoverished family may feel that selling a child or sending a child to work in a questionable situation may be the only hope for family survival (Gezie & Yalew, 2019; Rao & Presenti, 2012; Bettio & Nandi, 2010). According to one study, individuals who felt extremely hopeless about their financial security and opportunity for upward mobility were nine times more likely to be trafficked compared to individuals with lower levels of hopelessness and insecurity (Gezie & Yalew, 2019).

History of Social or Family Instability

Unemployment, high crime, and violence within the community all contribute to a higher risk of trafficking. At the family level, child abuse, domestic violence, and chronic unemployment can increase an individual's risk of being trafficked (Greenbaum, 2018).

Corruption

Human trafficking rarely occurs in the absence of corruption within infrastructures. For example, it is common for police officers, local leaders, and even high-ranking government officials in areas with high rates of human trafficking to take bribes in exchange for providing protection for those involved in human trafficking (Jones, Engstrom, Hilliard, & Diaz, 2007; Majeed & Malik, 2018; Contreras, 2018).

Digital Technology

The anonymity of the internet and various social media sites makes it easy for traffickers to identify and groom potential victims as well as advertise and conduct their business (Hughes, 2002).

Racial, Ethnic, and Sexual Stereotypes

Race, ethnicity, and sexual stereotypes prevalent in certain cultures contribute to trafficking patterns by devaluing and dehumanizing marginalized populations. For example, internet pornography sites in the U.S. often have an over-representation of Asian women fueled by the stereotype that Asian women are exotic, submissive, and eager to please (Chung, 2009; Bryant-Davis & Tummala-Narra, 2017). In some countries, the power of the state is used to promote and perpetuate cultural practices and attitudes that contribute to the marginalization and trafficking of certain groups (Hua & Nigorizawa, 2010).

Culture

While it is important to never stigmatize or impose judgment on a particular culture, certain cultural ideologies can lead to the toleration of bonded labor, child labor, and other trafficking practices (Chung, 2009; Murshed, 2001). For example:

- Many cultures value male children more highly than female children. In some cases, these attitudes are reinforced by official population policies. This can lead to young girls being forced into child marriage, slavery, and other forms of trafficking (Chung, 2009).
- Some cultures prioritize the needs of the group or family over those of the individual, which may lead to individuals sacrificing themselves for the good of the family when promised a job or money (Chung, 2009).
- Cultures that adhere to strict social hierarchies often have higher rates of child labor because of the belief that children at the lower levels of society should be taught their position and role in society at an early age (Murshed, 2001).

Tactics Used by Perpetrators of Human Trafficking

In general, human traffickers use variations of a few basic strategies to recruit and traffic their victims (Hodge, 2008; Hodge, 2014; Reed, Kennedy, Decker, & Cimino, 2019; Reid, 2016):

- Traffickers may forcibly abduct their victims or kidnap them with promises of food, treats, or shelter. Victims with few social or family ties are the most vulnerable since their disappearance is less likely to be noticed and reported.
- Traffickers may target poor families, especially in developing countries. For example, traffickers may convince a family living in abject poverty that selling their child is the only way to provide the child with opportunities for a better life or to ensure that the family can survive.
- Traffickers targeting young girls may pose as boyfriends by developing a false romantic relationship with their victims. By professing their love and plying the victim with gifts and attention, it makes it harder for the victim to believe that the perpetrator would hurt or deceive them.
- Traffickers may use dating, marriage, modeling, or employment agencies as fronts for illegal trafficking and lure their victims in with promises of lucrative employment or marriages.
- Trafficking activities are sometimes incorporated into the activities of otherwise legal businesses. This is particularly common in the leisure, entertainment, and tourism industries.

- Traffickers may purchase prostitutes from brothel owners or entice them with promises of more money or a better future. Traffickers may also groom prostitutes to recruit younger victims.

Sadly, human trafficking is often more lucrative than many legitimate businesses. The profits from various forms of forced labor and trafficking are estimated to be \$150 billion annually (International Labour Organization, 2014). The location of the trafficking has a significant impact on the amount of profit to be expected. For example, a young girl sold in India may fetch \$1,000. Once trafficked to the United States, the same child may be sold for as much as \$20,000 (Hodge, 2008). The average income for a trafficker in the United States is estimated at \$300,000 per victim lifetime (Peck, 2018).

The Stages of Human Trafficking

The phenomenon of human trafficking normally takes place in stages in which the victim is recruited, transported to their work situation, and then subjected to continued exploitation (Zimmerman, Yun, & Shvab, 2003; Jones, Enstrom, Hilliard, & Sungakawan, 2011; Pascual-Leone, Kim, & Morrison, 2017).

Predeparture Stage

During the predeparture stage of human trafficking, the perpetrator lures or recruits the victim into the network (Zimmerman, Yun, & Shvab, 2003; Jones, Enstrom, Hilliard, & Sungakawan, 2011; Pascual-Leone, Kim, & Morrison, 2017).

Travel and Transit Stage

Once the victim has been successfully recruited, the trafficker must then get the victim to their work destination. As stated earlier, the journey can take many different forms. It can be as complicated as an international journey requiring false identification papers or as simple as moving into a new living situation within the current hometown (Zimmerman, Yun, & Shvab, 2003; Jones, Enstrom, Hilliard, & Sungakawan, 2011; Pascual-Leone, Kim, & Morrison, 2017).

Destination Stage

Once the individual is at their destination, the exploitation, abuse, coercion, and victimization begin in earnest. The individual may be isolated and confined to their living or work environment physically or through threats and intimidation (Zimmerman, Yun, & Shvab, 2003; Jones, Enstrom, Hilliard, & Sungakawan, 2011; Pascual-Leone, Kim, & Morrison, 2017).

Detention, Deportation, and Criminal Evidence Stage

If the victim is arrested, either by police for committing illegal acts or by immigration officials for living or working in the country without proper authorization, the victim becomes embroiled in the justice system where they face jail time, possible deportation, and retaliation from their traffickers (Zimmerman, Yun, & Shvab, 2003; Jones, Enstrom, Hilliard, & Sungakawan, 2011; Pascual-Leone, Kim, & Morrison, 2017).

Integration and Reintegration Stage

Victims who survive and successfully escape their trafficking situation face a long process of reintegrating back into society and their community. Victims can receive services and other types of assistance from government and nongovernment agencies and organizations to facilitate the process of re-entering the community (Zimmerman, Yun, & Shvab, 2003; Jones, Enstrom, Hilliard, & Sungakawan, 2011; Pascual-Leone, Kim, & Morrison, 2017).

The Impact and Consequences of Human Trafficking on Victims

It can be difficult for someone who has not been a victim of trafficking to comprehend why so many victims remain silent or seem so willing to comply with their traffickers (Johnson, 2012). The Silence Compliance Model offers insight into the factors that contribute to the victim's silence and compliance (Baldwin, Fehrenbacher, & Eisenman, 2015):

Coercion

Traffickers coerce victims into submission through brutality, threats, and withholding basic necessities. In addition to physical coercion, traffickers may use psychological tactics, such as induced exhaustion, degradation, and isolation. The result is that the victim feels helpless and has a distorted perception of reality.

Collusion

Fear, isolation, complete dependence, and even a sense of identifying with the trafficker can lead to the victim colluding with their traffickers in trafficking or other illegal activities.

Contrition

Even though the collusion was forced, the shame and remorse that victims feel over their actions only help to ensure their silence (Johnson, 2012).

Impact on Psychological and Mental Health

Given the immense physical, emotional, and sexual trauma suffered by most trafficking victims, they are likely to experience a host of psychologic and mental health consequences, including (Greenbaum, 2018; Zimmerman, Hossain, & Yun, 2008):

- anxiety
- depression
- suicidal ideation
- substance use
- post-traumatic stress disorder

The trauma experienced by trafficking survivors can occur during the recruitment phase, the transit phase, and once they arrive at their destination. During transit, victims may be subjected to dangerous modes of transport, dangerous border crossings, sexual assault, and various types of physical injuries and beatings. Once they reach their destination, many trafficking victims are deprived of necessities, have all of their personal possessions confiscated, and are socially isolated or physically confined. The ongoing fear for their safety and the safety of their loved ones fosters a sense of loss of control and helplessness (Zimmerman, Yun, & Shvab, 2003; Oram & Domoney, 2018).

There is evidence that human trafficking survivors experience a particularly complex form of post-traumatic stress disorder that involves changes in their sense of who they are, how they relate to others, and their relationship with God or other higher beings. In addition to being angry with their perpetrators, trafficking victims also often direct anger inward. Not only can this cause the victim to lose faith in themselves and others, but self-directed anger can also lead to substance abuse and other self-

destructive behaviors (Pascual-Leone, Kim, & Morrison, 2017; Oram & Domoney, 2018; Blumhofer, Shah, Grodin, & Crosby, 2011).

Victims may also have trouble expressing or managing their feelings or experience dissociative episodes (Oram & Domoney, 2018). For example, one study of child soldiers from Uganda found that many were seemingly able to distance themselves from the atrocities that they witnessed or committed and discuss the events with little emotion. The researchers also found that the children who had lost their mother were more traumatized by that experience than by the violence they witnessed or were a party to as child soldiers (O'Callaghan, Storey, & Rafferty, 2012).

Practitioners must remember that it can be difficult to apply standard diagnostic criteria for post-traumatic stress disorder across various cultures and circumstances. The fact that a particular victim does not meet the diagnostic criteria for post-traumatic stress disorder does not mean that they did not experience trauma or that they are not suffering from long-term effects of traumatization (Breslau, 2004).

Trafficked women are often forced to use alcohol or other substances in order to work longer hours, service more clients, lower inhibitions so that they will perform acts that they would not perform under normal circumstances, or numb themselves emotionally. Victims may experience confusion, shame, or sexual or gender identity issues if forced into sexual relationships outside of their normal identity (Zimmerman, Yun, & Shvab, 2003; Pascual-Leone, Kim, & Morrison, 2017).

Social Consequences

Even when trafficking victims manage to escape their traffickers, they often face difficulties when trying to reintegrate into their communities. They may be viewed with suspicion, perceived as damaged or unclean, unable to find employment, and excluded from their families (Van Leeuwen, Miller, & Zamir, 2018; Kohrt, Jordans, & Tol, 2008; Reda, 2018; Burman & McKay, 2007).

Health-Related Consequences

Victims of human trafficking are vulnerable to a variety of health complaints, including sexually transmitted infections, unwanted pregnancies, traumatic injuries, and chronic conditions related to poor working conditions or malnutrition. It is important to remember that some cultures tend to experience and describe emotional problems as bodily sensations or somatic symptoms. For example, fatigue, headaches, and gastrointestinal problems may be symptoms of depression, stress, or anxiety

(Greenbaum, 2018; Zimmerman, Hossain, & Yun, 2008; Zimmerman, Yun, & Shvab, 2003; Pocock, Tadee, & Tharawan, 2018).

A survey of women and adolescent victims of human trafficking identified a range of adverse reproductive, sexual, and health consequences at each stage of the trafficking experience (Zimmerman, Yun, & Shvab, 2003):

During the Predeparture Stage

All of the victims surveyed advised that they had limited knowledge of the potential health consequences of having sex with strangers, and less than 1% advised that they were well-informed about the risks of HIV and other sexually transmitted infections and how they could be prevented.

During the Travel and Transit Stage

Half of the victims interviewed experienced physical trauma, including confinement, beatings, or rape, during their journey.

During the Destination Stage

The majority of victims surveyed reported suffering intentional injuries, isolation and confinement, inadequate nutrition, and physical ailments after reaching their destination. All of the respondents had experienced sexual abuse or coercion, and 25% had experienced at least one unintended pregnancy. Many of those who had become pregnant also experienced negative outcomes related to abortions performed in unsafe and unsanitary conditions. Trafficking victims subjected to forced prostitution are less likely to take safeguards against infection and pregnancy, seek early diagnosis and treatment of gynecological conditions, and are 11 times more likely to become infected with HIV than women who entered into prostitution voluntarily.

Child victims of human trafficking are susceptible to growth and development issues including (U.S. Administration for Children and Families, 2019; Narayan, 1997; Amon, Buchanan, Cohn, & Kippenberg, 2012):

- poorly formed teeth
- delayed bone growth

- early dental cavities
- repetitive stress injuries
- neurologic symptoms caused by repeated exposure to toxins
- chronic respiratory problems

The Role of Health Care Providers in Identifying Potential Victims of Human Trafficking

Although health care providers are likely to encounter trafficking victims and have an opportunity to intervene, many providers feel like they lack the training and confidence necessary to identify and provide meaningful assistance to the victims that they encounter. For example:

- A survey of 110 health care providers working in hospital emergency departments found that although 76% were familiar with the issue of human trafficking, only 13% felt that they could identify a trafficking victim, and only 22% felt that they could adequately care for trafficking victims. Only 3% of providers surveyed reported having received specific training on the issue of human trafficking (Chisolm-Strike & Richardson, 2007).
- Another survey of social service and health care providers found that only 37% had received training in identifying and assisting trafficking victims (Beck, et al., 2015).
- The fact that traffickers frequently move their victims from one area to another and use other techniques to avoid detection makes the process of identifying and assisting victims even more difficult. In many cases, your first encounter with the victim may be your last (Macy & Graham, 2012).

According to an article published in the journal *Annals of Health Law*, nearly 88% of human trafficking victims had at least one encounter with some type of health care provider while being trafficked. Approximately 63% of these encounters took place in the emergency room (Lederer & Wetzel, 2014). Much like encounters with victims of domestic or intimate partner violence, there will often be something unsettling about the encounter that will lead you to suspect that the individual is being victimized. For example, (U.S. Administration for Children and Families, 2019; Hemmings, Jakobowitz, & Abas, 2016; Moynihan, 2006; Baldwin, Eiseman, & Sayles, 2011):

- There may be a companion present who seems overly controlling, refuses to allow the patient to be alone with you, or insists on filling out forms or speaking on behalf of the patient.

- The victim or their companion will likely insist on paying cash and lack identification or insurance documents.
- The victim or their companion may refuse to answer questions.
- The victim may decline additional testing and follow-up care.
- The victim may have physical injuries, sexually transmitted diseases, and signs of psychosocial stress.
- The victim may not know the city and state that they are in.
- The victim may appear fearful when asked questions or in the presence of their companion.
- The victim may exhibit feelings of shame, guilt, helplessness, or humiliation.
- You may notice inconsistencies in basic information, such as age, name, address, work history, or information regarding living status and daily activities.
- If the patient does not speak English, where is he or she from, and how did they arrive here?
- If the patient is a minor, who and where is the guardian?
- The victim may have unusual tattoos to indicate that they are the “property” of their trafficker.

Recognizing the Signs of Human Trafficking

Video: <https://www.youtube.com/watch?v=hrxhptvEOTs>

By understanding the common warning signs of human trafficking, you put yourself in a better position to identify potential victims and provide appropriate interventions. The following are common indicators of human trafficking. Of course, not every indicator will apply to every victim or type of trafficking.

Work and Living Conditions (National Human Trafficking Hotline, n.d.):

- The victim may not be able to come and go on their own or leave their current home or work situation.
- Human trafficking victims are often minors who are forced to engage in commercial sex acts.
- The individual may work in the commercial sex industry and be under the control of a pimp or manager.
- The victim may be required to work unusual or excessively long hours.
- The victim may receive little, if any, pay or may only receive tips.
- The victim may be subjected to unusual or extreme restrictions at work or may not be allowed to take breaks.
- The victim may owe a large debt to their “employer.”
- The victim may have been lured to their current work or living situation through false promises about the nature of their work or living environment.
- There may be unusually high security at the victim’s home or work location, such as opaque or boarded up windows, bars on windows, high fences, and security cameras.
- The victim may be required to live at their work location.

- The victim may experience verbal or physical abuse at the hands of their employer.
- The victim may not be paid directly. Instead, the money is directed to the supervisor or manager who deducts a large percentage for living expenses and other debts.
- The victim may be forced to meet unreasonable daily quotas.
- The victim may be forced to work in unsafe work environments without the proper safety equipment.

Abnormal Behavior and Poor Mental Health (National Human Trafficking Hotline, n.d.):

- Perpetrators of human trafficking often use drugs and alcohol as a way to control their victims, so the victim may show signs of substance abuse or addiction.
- The victim may appear extremely fearful or anxious when discussing the subject of law enforcement or immigration officials.
- The victim may appear overly submissive, paranoid, tense, fearful, depressed, or anxious.
- Poor Physical Health (National Human Trafficking Hotline, n.d.):
- The victim may show signs of physical and/or sexual abuse, torture, confinement, or physical restraint.
- The victim may appear malnourished, overly fatigued, and have poor hygiene.

Lack of Control (National Human Trafficking Hotline, n.d.):

- The victim may not have control or access to their own passports or other identification documents.
- The victim's movements, activities, and access to others are closely monitored.
- The victim has few, if any, personal possessions.
- The victim may not have control over their own money, bank, accounts, or financial documents.
- A third party may insist on being present to speak for or interpret for the individual.

Other (National Human Trafficking Hotline, n.d.):

- The victim may provide inconsistent, confusing, or overly scripted responses to questions about their injuries, identity, and personal history.
- The victim may not have a sense of time or knowledge of their whereabouts.
- The victim may claim that they are just visiting the area and be unable to clarify where they are living or staying.
- The victim may try to downplay their situation, minimize the abuse, or protect the perpetrator.

If you identify one or more red flags and suspect that a patient is a victim of human trafficking, the following assessment tool can help you determine the appropriate intervention. When performing the assessment, you should speak with the patient alone, and you should never use family members or friends as interpreters (Byrne, Parsh, & Ghilain, 2017; Hachey & Phillippi, 2017; Mumma, et al., 2017).

- Is anyone stopping you from coming and going as you wish?
- Is anyone forcing you to do something you don't want to do?
- Does anyone hold your identification documents for you?
- Have you ever been forced to engage in sex to pay off a debt or for any other reason?
- Are you being threatened or forced to stay at your job or your home?

- Has anyone lied to you about the kind of work that you would be doing?
- Has anyone threatened you with deportation or jail if you tried to leave your current situation?

Best Practice Guidelines for Interviewing Trafficking Victims

As a health care professional, you must continually assess the risks and benefits of various actions at each stage of the interview process. Above all, practitioners must set aside preconceptions and assumptions about the victims and their actions and engage with the individual in a manner that builds trust and ensures safety (Hodge, 2014; DeBoise, 2014; Eastern Missouri, Southern Illinois Rescue and Restore Consortium, 2012; Hemmings, Jakobowitz, & Abas, 2016). The following recommendations established by the World Health Organization can serve as guidelines for each stage of the interview process (Zimmerman & Watts, 2003):

- It is important to remember that each trafficking situation and survivor is unique, so it is important to listen to and believe each story.
- It can be difficult for victims to develop trust and rapport, so it may take time for them to be willing to discuss the full details of their experience.
- You should assume that the victim is at risk of psychological, physical, social, and legal harm, so you should take steps to ensure the safety of you and the victim.
- The interview process itself can be traumatizing, so you should weigh the risks and benefits before starting the process to avoid further traumatizing the victim.
- While you should refer victims to resources when appropriate, you should avoid making promises or guarantees that you aren't sure you can keep.
- The timeframe for being ready to accept change can vary widely among trafficking victims. Some victims may be eager to change their situation and seek out new opportunities. Others may be less inclined to accept help out of fear of reprisal from their trafficker or because they have not reached the point where they can trust others.
- Depending on the circumstances, it may be necessary to have interpreters or various service providers present during the interview. Everyone participating in the interview process should have a working knowledge of human trafficking, how traffickers control their victims, and how to engage with the victim in a culturally sensitive manner. You should avoid using interpreters known to the victim or from the same community as the victim to prevent breaches in confidentiality and to ensure that the victim is able to speak openly and honestly.
- It is important to have an emergency safety plan in place to protect the victim from harm from others as well as self-harm.
- You must always obtain informed consent for the interview and for any interventions. This may be an unfamiliar concept to many victims who have never experienced autonomy or self-determination.
- Avoid using legal or technical jargon.

It is also important to keep in mind that the trauma experienced by the victim can impact all areas of the victim's life, so ensuring psychologic, emotional, and physical safety is paramount. You should assume that the individual is describing their experience to the best of their ability at that particular moment. Belligerence, defensiveness, and guarded responses may simply be the individual's way of coping with their trauma (Greenbaum V., 2017).

How to Report Known or Suspected Human Trafficking

If the patient answers yes to the assessment questions or your findings suggest that the individual may be a victim of human trafficking, you should call the National Human Trafficking Hotline at 1-888-373-7888 or via text telephone by dialing 711. You can also send a text message to 233733. You will be asked to provide basic information regarding the situation, including (National Human Trafficking Hotline, n.d.):

- the location of the suspected trafficking
- the name of the suspected trafficker if possible
- your city and state
- how you learned about the hotline

Since health care professionals are mandated reporters under child abuse and neglect laws, practitioners who know or suspect that a minor is being abused, neglected, or abandoned should immediately report their concerns to law enforcement or the appropriate child welfare agency. Some states also have a dedicated hotline for suspected victims of abuse. **In Florida, for example,** the Florida Department of Children and Families Abuse Hotline can be reached by calling 1-800-96-ABUSE or by using the online reporting tool (Florida Department of Children and Families, n.d.).

Documenting Physical Findings

Physical findings should be documented carefully and accurately using written descriptions; labeled and annotated freehand sketches; and, with the patient's permission, digital or film photographs. In terms of photography, the image should contain the patient's face and the injury or lesion measured with a ruler or other common object (such as a coin). A piece of paper with the date the photograph was taken should be included within the photographic image. Additional photographs can document close up views of each relevant injury or lesion. Follow-up photographs, taken serially over 7–10 days, can document progression or healing of ecchymoses and other signs of injury. A notation in the chart should be included indicating the identity of the photographer and also stating that the photos are both accurate and unaltered. Consent for photographic documentation should be obtained and noted prior to taking any photographs. Patients should be informed that they have a right to refuse photographic

documentation altogether or to restrict photographic documentation to certain specific areas if they so choose.

The health care provider should in the process of delivering needed medical care, strive to create a climate in the health care setting that allows each and every patient to feel safe, secure, cared for, validated, and empowered to disclose if he or she so chooses. Disclosure might occur at a later date if the patient does not feel “ready” to disclose in the immediate clinical setting. Therefore, each individual clinical encounter should be viewed as a step on a pathway to safety for at-risk patients.

Laws and Policies Regarding Human Trafficking

The United States has enacted a variety of laws and policies designed to prevent human trafficking, punish the perpetrators, and protect the survivors:

Trafficking Victims Protection Act of 2000 (U.S. Congress):

The Trafficking Victims Protection Act of 2000 is the centerpiece of federal human trafficking legislation. The act focuses on three primary areas:

- The TVPA seeks to prevent human trafficking through increased training and awareness.
- The act seeks to protect trafficking victims by providing them access to services using federal funds similar to other refugees.
- The act establishes trafficking and related crimes as federal offenses that are subject to stiff penalties.

One way in which the act protects trafficking victims is by not penalizing them for illegal behaviors occurring as a result of being trafficked, such as entering the country with false documentation or working without the appropriate authorization. Victims of trafficking and their families are also eligible to receive a T visa, which allows them to remain in the country for the purpose of helping federal authorities prosecute the perpetrators. Victims can then apply for permanent resident status after three years. Depending on the circumstances, victims may be eligible for benefits and services, including restitution and access to the Witness Security Program. Victims who are still minors are eligible for the Unaccompanied Refugee Minors program, the Temporary Assistance for Needy Families program, and the Children’s Health Insurance program. Victims between the ages of 16 and 24 may also be eligible for work permits and the Job Corp program.

The TVPA is not without criticism. First, the victim typically bears the burden of demonstrating coercion or innocence. Second, the act places more emphasis on sex trafficking than other forms of human trafficking, which fails to recognize the complex nature of human trafficking. The services offered under the act are only available to victims and survivors of “severe” forms of trafficking and who are willing to assist in the apprehension and prosecution of their perpetrators. This fails to take into consideration the level of abuse suffered by the victims and the level of fear and distrust that they may have for the perpetrator as well as those in authority.

Preventing Sex Trafficking and Strengthening Families Act (U.S. Congress, n.d.):

Signed into law in 2014, this act requires child welfare agencies to report known or suspected cases of child sex trafficking to law enforcement and to monitor and report the number of child sex trafficking victims that they encounter.

Justice for Victims of Trafficking Act (U.S. Congress, n.d.):

Enacted in 2015, the JVTVA allows survivors of human trafficking to have a voice in federal antitrafficking policy and provides incentives for states to enact laws preventing child victims from being prosecuted for crimes committed as a result of being trafficked. The JVTVA also establishes criminal liability for individuals who solicit or patronize trafficking victims for commercial sex and makes the advertising of sex trafficking activity a criminal offense. The act also clarifies that perpetrators who had a reasonable opportunity to observe a victim cannot use ignorance of a victim’s age as a defense. Certain provisions of the JVTVA are set to expire in 2019 and 2020.

Trafficking Victims Protection Reauthorization Act (U.S. Congress, n.d.):

This act was signed into law in 2013. In addition to providing millions of dollars annually to provide services to trafficking victims and prevent human trafficking, the act also does the following:

- It provides assistance to other countries seeking to implement trafficking prevention programs.
- It offers assistance to trafficking victims in other countries through organizations that receive grants from the United States government.
- It promotes increased monitoring of trafficking trends through the implementation of databases.
- Under the act, a defendant cannot use the fact that the illicit conduct is accepted in a foreign jurisdiction as a defense or to reduce criminal liability.

The Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today Act (U.S. Congress, n.d.):

Enacted in 2003, this act makes all sexual activity with minors a criminal act, and any American citizen who has sex with a minor anywhere in the world is subject to prosecution under U.S. law. In addition to federal antitrafficking laws, all 50 states have enacted laws regarding human trafficking, sex trafficking, and labor trafficking.

SOAR to Health and Wellness Act (U.S. Congress, n.d.)

SOAR, which stands for Stop, Observe, Ask, and Respond, was enacted in 2018 and directs the U.S. Department of Health and Human Services to develop a training program for health care providers and practitioners to better equip them to identify possible victims of human trafficking, work with law enforcement agencies, and refer victims to appropriate services.

Preventing Human Trafficking Through Awareness, Interventions, and Resources

Human trafficking thrives in darkness. By raising awareness of the issue of human trafficking among health practitioners and the general public, we eliminate the shadows where traffickers lurk (Hodge, 2008; Gozdzia & MacDonnell, 2007). For example, prominently displaying brochures and posters about trafficking will not only help to raise awareness among the general public, but it will also increase the likelihood that victims will self-report (Eastern Missouri, Southern Illinois Rescue and Restore Consortium, 2012). The Campaign to Rescue and Restore Victims of Human Trafficking offers brochures and posters free of charge (U.S. Administration for Children and Families, 2019).

Practitioners and service providers working with trafficking victims must be able to navigate and collaborate with a wide range of governmental, legal, health care, and social service organizations and entities. In general, the type of care and services that a victim needs can be organized into three basic categories (Dell, et al., 2019; Johnson, 2012; Oram & Domoney, 2018):

Immediate Services

This may include safety planning as well as providing for basic daily needs, such as food, clothing, and shelter.

Services Related to Recovery

This may include mental health counseling or alternative forms of psychological or spiritual healing based on the individual's personal and cultural preferences.

Services Pertaining to Reintegration

This includes services designed to help the individual return to normal society. This may include education, life skills training, and job training.

Health care professionals, social workers, and others in similar roles also have a moral duty to advocate for change in the social and economic conditions that contribute to human trafficking. One way to do this is by signing petitions or joining organizations aimed at combating human trafficking, such as:

Free the Slaves:

<https://www.freetheslaves.net/>

Polaris Project:

<https://polarisproject.org/>

Stop the Traffik:

<https://www.stopthetraffik.org/>

Resources for Providers

Providers needing to get help for a trafficking victim or survivor or connect with local services that work with trafficking victims should consult the National Human Trafficking Resource Center's referral database at <https://humantraffickinghotline.org/training-resources/referral-directory>.

Conclusion

Human trafficking in any form is a violation of fundamental human rights. Because the underlying causes of human trafficking are multifaceted, multiple solutions on multiple fronts will be needed to eliminate the problem. Health care professionals must be committed to confronting the issue within their patient populations as well as collaborating with those in other disciplines to address racism, poverty, oppression, discrimination, and other factors that contribute to human trafficking. The code of ethics for physicians, social workers, counselors, and other health care professionals mandate practitioners to play a key role in promoting social justice and address abuses of power. One way in which practitioners can do this is by educating themselves and others about the complex dynamics and global nature of human trafficking.

Post Test

Question 1:

Which of the following is NOT an element of human trafficking?

- a) The exploitation or abuse of the victim
- b) The transportation of a person
- c) The use of force or coercion
- d) Physical abduction

Answer: D

Question 2:

Under the TVPA, a person must be physically transported from one country to another for trafficking to occur.

- a) True
- b) False

Answer: B

Question 3:

Which of the following statements are TRUE? (Choose all that apply)

- a) There are approximately 40 million trafficking victims worldwide.
- b) Sex trafficking is the most common form of human trafficking globally.
- c) A person cannot be a victim of human trafficking if they consented to their original situation.
- d) Traffickers often use nonviolent means to lure their victims into exploitive situations.

Answer: A and D

Question 4:

Which of the following are common forms of human trafficking?

- a) Sex trafficking
- b) Bonded or forced labor
- c) Child labor
- d) Child conscription
- e) All of the above

Answer: E

Question 5:

Which of the following statements is NOT true?

- a) Family poverty and ongoing economic stress can contribute to high rates of human trafficking.
- b) Human trafficking is common where there is corruption within government, law enforcement, and other infrastructures.
- c) Cultural ideologies rarely play a role in trafficking practices.
- d) Racial, ethnic, and sexual stereotypes can contribute to trafficking patterns by devaluing and dehumanizing marginalized populations.

Answer: C

Question 6:

Which of the following are common strategies used by traffickers to recruit their victims?

- a) Kidnapping
- b) Targeting poor families
- c) Using false or legitimate businesses as a front for trafficking activity
- d) False romantic relationships
- e) Recruiting local prostitutes
- f) All of the above

Answer: F

Question 7:

The profits from various forms of trafficking are estimated to be _____ annually.

- a) \$50 billion
- b) \$75 billion
- c) \$100 billion

d) \$150 billion

Answer: D

Question 8:

Which of the following is NOT one of the stages of human trafficking?

- a) Forced recruitment stage
- b) Predeparture stage
- c) Travel and transit stage
- d) Destination stage

Answer: A

Question 9:

Victims who manage to escape their trafficking situation often require extensive services and assistance from government and nongovernment agencies and organizations in order to successfully reintegrate into their community.

- a) True
- b) False

Answer: A

Question 10:

Which of the following statements are TRUE?

- a) Depression, suicidal ideation, anxiety, and post-traumatic stress disorder are common among trafficking survivors.
- b) Many trafficking victims remain silent and even comply with their traffickers because they have been physically or psychologically coerced into colluding with their traffickers in various activities and often feel ashamed and contrite over their actions.
- c) Trafficking survivors attempting to re-enter their community are often ostracized and marginalized.
- d) Trafficking victims can experience a range of health issues related to violence, workplace conditions, the type of work performed, and malnutrition.
- e) All of the above

Answer: E

Question 11:

Which of the following statements are TRUE? (Choose all that apply)

- a) Approximately 88% of trafficking victims have had at least one encounter with some type of health care professional during their trafficking experience.
- b) Traffickers often move their victims from one area to another to avoid detection, which can make it difficult to identify and assist victims.
- c) When interviewing or assessing someone you believe to be a victim of human trafficking, it is best to use friends or family members as interpreters.
- d) All trafficking victims require the same interventions and services.

Answer: A and B

Question 12:

Whatever their field, practitioners must set aside preconceptions and assumptions about trafficking victims and their actions and engage with the individual in a manner that builds trust and ensures safety.

- a) True

b) False

Answer: True

Question 13:

Reports of known or suspected human trafficking can be made to the National Human Trafficking Hotline.

a) True

b) False

Answer: True

Question 14:

Which of the following are examples of the types of care and services that a trafficking victim may need to aid in their recovery and reintegration?

- a) Immediate services, such as safety planning and basic daily needs.
- b) Mental health and other services related to recovery from trauma.
- c) Education, life skills training, and job training to facilitate reintegration.
- d) All of the above

Answer: D

Question 15:

Health care professionals, social workers, and others in similar roles have a moral duty to serve as leaders and advocate for changes in conditions that contribute to human trafficking.

- a) True
- b) False

Answer: True

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