

HUMAN TRAFFICKING VICTIM IDENTIFICATION TOOLKIT

The background features two hands reaching upwards. The hand on the left is light-skinned, and the hand on the right is dark-skinned. A dark brown tag is attached to the dark hand with a thin black string. The tag has the text 'RECOGNIZE HUMAN TRAFFICKING' on it. The overall background is a textured, warm orange-brown color.

for Physicians and Other
Medical Professionals

**RECOGNIZE
HUMAN
TRAFFICKING**

Genesee County Medical Society

in partnership with the

**Michigan Department of Health and Human Services and
Greater Flint Health Coalition with great appreciation to the
Genesee County Human Trafficking Task Force for its leadership
in united community response to ending human trafficking**

NATIONAL HUMAN TRAFFICKING RESOURCE CENTER

1-888-373-7888

INTRODUCTION

Human trafficking is an international and domestic web of crime affecting the health of victims, young and old, male and female. The physical, mental and emotional ramifications of such crimes impact individuals, as well as their communities. An understanding of the complex issue allows healthcare professionals to develop research, evidence-based practices and action protocols.

This toolkit will provide healthcare professionals with the following:

- ▶ A synopsis of human trafficking as a health care issue
- ▶ Material about the clinical indications of different forms of trafficking
- ▶ Information to help professionals identify, assess, and respond to the needs of trafficking victims who have sought medical services
- ▶ Resources for patient referral

While human trafficking has been around throughout history, it has only recently been discussed at the cultural and individual levels. The identification of this simultaneously worldwide and local epidemic has not burgeoned at a similar rate. This toolkit was created with that objective in mind.

SPECIAL THANKS

The Genesee County Medical Society, Greater Flint Health Coalition, and the Michigan Department of Health and Human Services would like to offer a special thanks to the professionals that made up the Toolkit Review Committee, as they worked to ensure that all resources put forth were effective for healthcare professionals. Special recognition goes to Kristin McBride, MSW who researched, wrote, rewrote, shepherded and staffed the development and completion of this Human Trafficking Toolkit for Health Care Professionals.

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Further information on reporting and resources can be found on pages 18 and 21 respectively.

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OVERVIEW

While the United Nations and the United States both offer comprehensive definitions for human trafficking, this toolkit is focused specifically on crimes in Michigan and, as such, will utilize the definition as provided by the Michigan Legislature.

STATE OF MICHIGAN TRAFFICKING DEFINITIONS

The State of Michigan prohibits forced labor or services, debt bondage, prohibited conduct, and specifically trafficking a minor. "Labor" is defined as work of economic or financial value. "Services" refers to an ongoing relationship between a person and an individual in which the individual performs activities under the supervision of or for the benefit of the person, including, but not limited to, commercial sexual activity and sexually explicit performances. "Force, fraud or coercion" is defined within the law as being a necessary component in cases of labor or services, debt bondage and prohibited conduct; however, force, fraud, or coercion are not necessary as it relates to prohibited conduct with a minor. The Michigan statutes that define forced labor or services, debt bondage, prohibited conduct and trafficking as it relates to minors may be accessed via these links, respectively:

- ▶ **750.462b Forced labor or services; prohibition:**
[http://www.legislature.mi.gov/\(S\(swhrlwct2qbekz5kr15bfgai\)\)/mileg.aspx?page=getObject&objectName=mcl-750-462b](http://www.legislature.mi.gov/(S(swhrlwct2qbekz5kr15bfgai))/mileg.aspx?page=getObject&objectName=mcl-750-462b)
- ▶ **750.462c Holding individual in debt bondage:**
[http://www.legislature.mi.gov/\(S\(idpisqydxqj4dnlihsicgaw\)\)/mileg.aspx?page=getObject&objectName=mcl-750-462c](http://www.legislature.mi.gov/(S(idpisqydxqj4dnlihsicgaw))/mileg.aspx?page=getObject&objectName=mcl-750-462c)
- ▶ **750.462d Prohibited conduct:**
[http://www.legislature.mi.gov/\(S\(yzpvvgmmogep1uprvzqkq5i5\)\)/mileg.aspx?page=getObject&objectName=mcl-750-462d](http://www.legislature.mi.gov/(S(yzpvvgmmogep1uprvzqkq5i5))/mileg.aspx?page=getObject&objectName=mcl-750-462d)
- ▶ **750.462e Forced labor or services; prohibited conduct as it relates to age of minor:**
[http://www.legislature.mi.gov/\(S\(rifhksc2nlrhubjoog2kysez\)\)/mileg.aspx?page=getObject&objectName=mcl-750-462e](http://www.legislature.mi.gov/(S(rifhksc2nlrhubjoog2kysez))/mileg.aspx?page=getObject&objectName=mcl-750-462e)



HUMAN TRAFFICKING IS MODERN DAY SLAVERY

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BEFREE (233733)

TYPES OF TRAFFICKING

For the purposes of this toolkit, the different types of trafficking will be identified as they relate to State of Michigan laws. Forced labor or services, debt bondage and trafficking of minors are the most common forms of human trafficking within the state.

1. LABOR TRAFFICKING

Both U.S. citizens and immigrants who are in the state of Michigan either legally or illegally can fall victim to labor trafficking. Regardless of citizenship or immigrant status, using force, fraud or coercion to procure an employee is illegal and should be reported.

- ▶ **Forced Labor** transpires when a person is forced to work against their will under threat of violence or punishment. Often the victim is unable to come and go as they please and physical and/or sexual violence is exerted to maintain control. Forced labor can occur in any industry, but is often found in agriculture, landscaping, manufacturing, hospitality, service industries, restaurants and domestic settings.
- ▶ **Debt Bondage** transpires when a person's labor is required to repay a debt wherein the terms of repayment have not been defined or agreed upon or where the value of the victim's service is not subtracted from the debt. The victim then is trapped in a cycle of coerced labor with no reasonable means to repay the debt.

2. SEX TRAFFICKING

Victims of sex trafficking may be recruited into the sex trade as minors or adults and are sought after by male and female traffickers. Female traffickers may act in a sisterly role or as a "madam," or gain trust and offer promises of a better life or as a "cougar" or "girlfriend" to younger men. Male traffickers often utilize a "boyfriend" or "daddy" approach offering love, emotional affirmation, financial assistance or protection.

Individuals who become victims of sex trafficking are often involved in several different operations including street prostitution, brothel work, internet prostitution, pornography or coerced employment in jobs such as exotic dancing, stripping, escorting, massage parlor work or as "companions" at truck stops.

3. TRAFFICKING OF MINORS

Minors can be trafficked into forced labor or sex trade operations. Minors who are tricked into forced labor are often promised wages, jobs or education that are not delivered. Threats of violence toward a victim or their family often keep them embroiled in their industry. Minors who are engaged in the sex trafficking industry can be coerced away from a stable home, or they may be runaways forced to engage in "survival sex" by trading sex acts for basic necessities. Sex trafficking does not discriminate between girls and boys. Individuals who identify as lesbian, gay, bisexual or transgender are frequent targets of commercial sexual exploitation.

HUMAN TRAFFICKING IN MICHIGAN

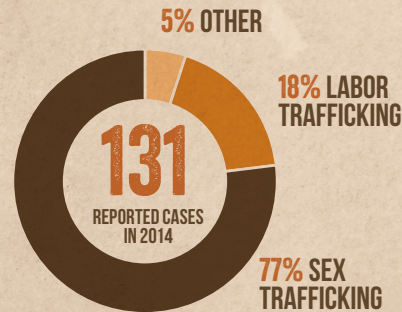
Source: National Human Trafficking Resource Center



THE NATIONAL HUMAN TRAFFICKING RESOURCE CENTER HAS RECEIVED 1,818 CALLS FROM MICHIGAN

435

TOTAL CASES OF TRAFFICKING HAVE BEEN IDENTIFIED BETWEEN DECEMBER 2007 AND MAY 2015.



EPIDEMIOLOGY

While human trafficking awareness and reporting are increasing, the accurate scope of the problem is undetermined. This is due to fear of disclosure, the surreptitiousness of the industry, the stigma and shame on the part of the victim, a lack of appropriate education to identify oneself as a human trafficking victim, and challenges in data collection.

Most native figures have been created by border security, immigration, migration or criminal justice sources, rather than from the health sector. Yet, it is actually the healthcare industry that is found to come in contact with more trafficking victims than any other industry. Without accurate data from healthcare, the fight against human trafficking continues to face challenges in terms of generating evidence-based practice, generating cost-effective healthcare options, and advancing basic research.

According to the National Human Trafficking Resource Center, 1,818 total calls from Michigan have been made to the National Human Trafficking Resource Center Hotline and 435 total cases have been identified between December 2007 and May 2015. Of the 131 cases reported in Michigan in 2014, 77 percent were classified as sex trafficking while 18 percent were classified as labor trafficking (the remaining percentage of cases are listed as "trafficking type not specified" or "sex and labor trafficking"). The top industries for labor trafficking were health and beauty services, traveling sales crews, and food service making up 61 percent of the labor trafficking cases. The top venues identified among the sex trafficking cases in 2014 were residential brothels, online ads, pornography, commercial-front brothels, and hotel/motel-based locations ranging from 7 to 15 percent, respectively.

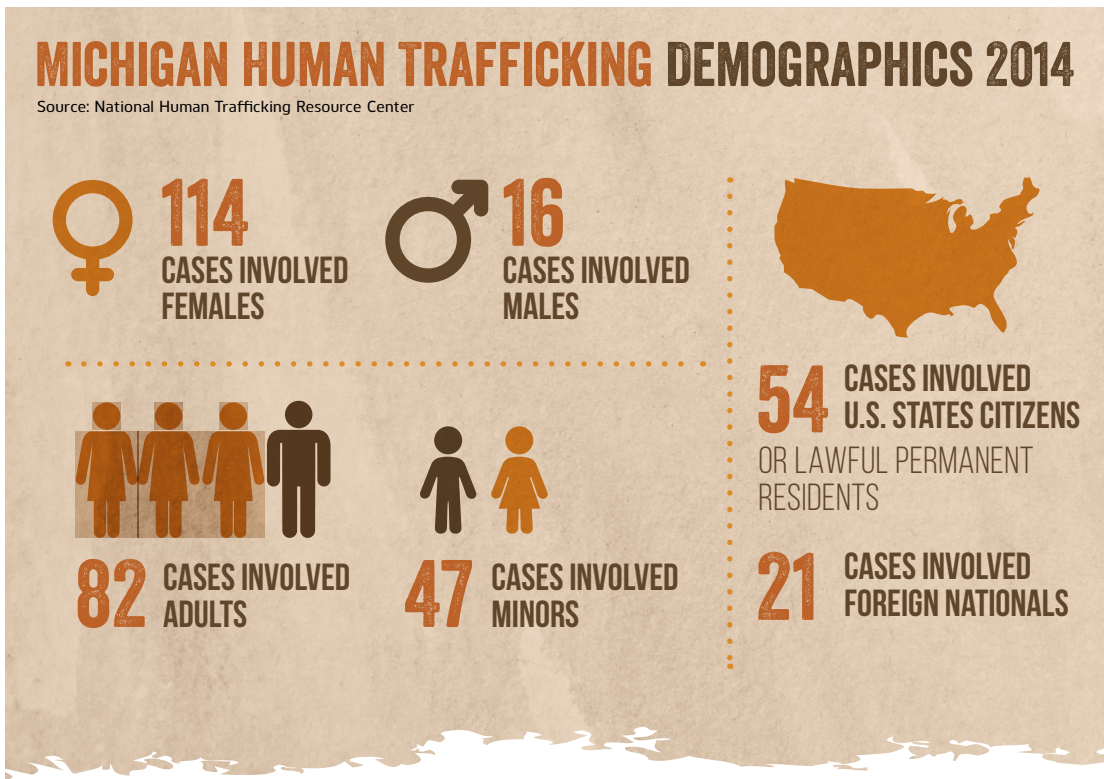
The demographics of the 2014 cases in Michigan are of interest; 114 cases involved females while 16 involved males. Eighty-two cases involved adults, while 47 involved minors. Fifty-four cases involved U.S. citizens or lawful permanent residents, while 21 cases involved foreign nationals. These statistics are non-cumulative because cases may involve multiple victims and include males and females, foreign nationals and U.S. citizens, adults and minors. In some cases, callers do not provide demographic information.

RISK FACTORS

Human trafficking does not discriminate, however, there are certain circumstances that increase an individual's chance of being exploited. While gender is not the only determinant, women and girls make up the majority of trafficking victims. Living in extreme poverty, having experienced abuse or family instability, having had minimal education, or identification with a marginalized group, such as minority gender identity, ethnicity, or cultural group, creates a higher risk of being victimized.

According to the social ecological model, a person may experience "push" and "pull" factors at the individual, interpersonal, community, and societal levels, which will either push them away from their current circumstances or pull them toward a seemingly desired opportunity. Some push factors present at the individual level include young age, lack of education, individual vulnerability, or a history of abuse. Pull factors include glamour, anonymity of city life, or hope for future love, fame or success. The interpersonal level includes push factors such as obligation to help family, peer influences, desire to please a "boyfriend" or "girlfriend," or the need to belong. Pull factors at this level include deception and misplaced trust in promises made by others.

Becoming aware of push and pull factors present in the community helps increase the likelihood that a victim may be identified and treated with dignity and respect. It also helps prevent future victims through the creation of awareness, outreach, education and service delivery opportunities.



TRAFFICKERS

There is not a set mold that will help identify traffickers. It is important to know that while victims may be trafficked by strangers, many are also trafficked by friends or family. Traffickers can be male or female, work independently or as part of a network. They can be a U.S. citizen or a foreign national.

Traffickers gain power over their victims through the use of several different techniques, including physical violence, sexual violence, intimidation, emotional violence, coercion, threats and economic coercion. Here are some of the techniques employed:

PHYSICAL VIOLENCE	<ul style="list-style-type: none"> ■ Beating ■ Branding ■ Tattooing ■ Cigarette burns 	<ul style="list-style-type: none"> ■ Forced drug use ■ Starvation ■ Sleep deprivation ■ Strangulation
SEXUAL VIOLENCE	<ul style="list-style-type: none"> ■ Rape ■ Gang rape ■ Rape with denigrating rituals 	<ul style="list-style-type: none"> ■ Exotic dancing ■ Webcam pornography ■ Prostitution
INTIMIDATION	<ul style="list-style-type: none"> ■ Display beatings of others 	<ul style="list-style-type: none"> ■ Threats with weapons
EMOTIONAL VIOLENCE	<ul style="list-style-type: none"> ■ Shame and humiliation ■ Isolation ■ Restricted movement 	<ul style="list-style-type: none"> ■ Threats of expulsion ■ Threats of deportation ■ Fostering confusion through alternating violence and kindness
COERCION AND THREATS	<ul style="list-style-type: none"> ■ Threats of violence against family members 	<ul style="list-style-type: none"> ■ Blackmail ■ Extortion
ECONOMIC COERCION	<ul style="list-style-type: none"> ■ Confiscation of assets (money, papers, travel tickets) 	<ul style="list-style-type: none"> ■ Creating charges for disobedience

HEALTHCARE SETTING

BARRIERS TO DISCLOSURE

It is important for healthcare workers to understand that the trauma that trafficking victims have endured can be a deterrent to disclosure. Opening up to a professional often occurs only after rapport has been established. Even in cases where rapport has been established, it may not be enough for a victim to disclose.

Most victims of human trafficking have experienced a multitude of coercive techniques continuously to instill fear. Victims may even feel emotionally connected to their trafficker and use a relationship with him or her to secure better treatment. The relationship between a trafficked person and their trafficker may involve many different conflicting emotions and may be seen as the most predictable of all possible situations for the victim.

Some trafficked persons will use the healthcare setting as a way to test whether it is a safe space, and will only divulge their situation after two or more trips seeking treatment. In order to encourage possible victims to open up, physicians and other healthcare professionals are asked to engage in a trauma-based model of interaction. It is most important for healthcare providers to maintain patient, empathetic, culturally aware, trauma-informed care for all of their patients.

HEALTH EFFECTS

Identifying human trafficking victims and connecting them to resources is extremely important for each community in Michigan. The physical, developmental and mental health patterns of a community in the present will have a profound effect on the opportunities of that community in the future.

Many trafficking victims report having experienced physical, mental, emotional or sexual trauma as children. This is important to note, as these experiences often go untreated, and then are compounded by current traumas, stressors, physical conditions and mental health disorders. Trauma-informed care is acutely important when attempting to identify trafficking victims because of their past and present experiences with trauma. Keep the possibility of untreated past trauma in mind when looking for current physical and mental health effects of trafficking.

Several common effects of human trafficking are:

PHYSICAL INJURY

Victims may suffer from many different physical injuries, including:

- ▶ Burns
- ▶ Branding, tattoos, and other purposeful and permanent marks of "ownership"
- ▶ Blunt force trauma
- ▶ Firearm and knife wounds
- ▶ Strangulation injuries
- ▶ Fractures
- ▶ Dental and oral cavity injuries
- ▶ Scarring from unattended prior injuries



TRAFFICKING OCCURS IN EVERY STATE

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REPRODUCTIVE INJURY

Victims of either labor or sex trafficking may also experience reproductive injuries that can affect both the victim's physical and mental well being:

- ▶ Rape or gang rape injury
- ▶ Genital trauma
- ▶ Repeated unwanted pregnancy
- ▶ Forced abortion
- ▶ Complications from repeated or poorly performed abortions
- ▶ Sexually transmitted infections

DEVELOPMENTAL ISSUES

Children who are victims of trafficking are often at risk for physical, cognitive and emotional developmental health consequences, including:

- ▶ Impaired social skills
- ▶ Delayed physical developmental milestones
- ▶ Delayed cognitive developmental milestones
- ▶ Stunted growth and other consequences of poor nutrition

MENTAL HEALTH ISSUES

Due to trauma experienced while being trafficked, many victims suffer from panic attacks, sleep disturbances, dissociative disorders, depression, suicidal ideations, intense anxiety, stigma and hopelessness. All of these may be chronic, long-term issues that further complicate a survivor's goal of returning to life, post-trauma.

COMPREHENSIVE ISSUES

As most individuals being exploited by traffickers do not have access to primary or preventive care, many issues that may have been simple to treat can become chronic health conditions, for example:

- ▶ Dental disease
- ▶ Headaches
- ▶ Fatigue
- ▶ Substance abuse
- ▶ Chronic pain
- ▶ Abdominal complaints
- ▶ Malnutrition
- ▶ Infectious diseases

SOME TRAFFICKED PERSONS USE THE HEALTHCARE SETTING AS A WAY TO TEST WHETHER IT IS A SAFE SPACE, AND WILL ONLY DIVULGE THEIR SITUATION AFTER TWO OR MORE TRIPS SEEKING TREATMENT.



ASSESSMENT & EVALUATION of At-Risk Individuals

GUIDING PRINCIPLES OF ASSESSMENT AND CARE

In order to offer the most comprehensive care to victims of human trafficking, physicians should:

1. Utilize a trauma-informed and culturally sensitive approach to the care of all patients
2. Collaborate with and seek advice from colleagues with expertise in human trafficking or violence prevention work
3. Work with social service providers, anti-trafficking coalitions, case managers, social workers and advocates to guarantee wraparound referral services

TRAUMA-INFORMED CARE

Due to the nature of human trafficking, routine procedures may be experienced as triggering, threatening and anxiety producing. In order to reduce instances of re-traumatization, physicians should treat all patients with compassion and empathy, as though they have experienced some form of trauma. The goals of the trauma-informed approach are to:

1. Reduce re-traumatization
2. Highlight patient strengths and resilience
3. Promote healing and recovery
4. Support the development of health coping mechanisms

A trauma-informed approach can help all patients feel more at ease when receiving medical evaluation or treatment. All patients are assumed to have experienced some form of trauma in their past, and physicians then modify their approach appropriately. Just as precautions were adopted to prevent the spread of blood-borne pathogens, so too can a trauma-informed approach prevent re-traumatization when implemented. Please see "Questions for Patients" on page 13 for examples of how to effectively approach patients believed to be trafficked.

RED FLAG INDICATORS

Experts within the anti-trafficking community have identified several "red flags" as possible indicators of human trafficking. Clinicians should be aware of these "red flags" in order to note their presence as they appear during medical examinations and/or treatment:

- ▶ Evidence of physical violence
- ▶ Tattoos or marks that may indicate ownership (names, brands, logos, etc.)
- ▶ Delayed presentation for medical care
- ▶ Discrepancies between stated history and clinical presentation
- ▶ Pattern of injury
- ▶ Scripted or mechanically recited history
- ▶ Stated age older than appearance
- ▶ Inability to produce identification documents
- ▶ Reluctance or inability to speak on one's own behalf
- ▶ Accompanying individual answers for the patient
- ▶ Accompanying individual refuses to leave examination room
- ▶ Accompanying individual insists on providing translation
- ▶ Subordinate, hyper-vigilant or fearful demeanor
- ▶ Frequent change of location or domicile
- ▶ Recurrent sexually transmitted infections
- ▶ Frequent or forced abortion
- ▶ Multiple or frequent pregnancies
- ▶ Occupational-type injuries without evidence of legitimate employment
- ▶ Physical ailments
- ▶ Burn marks
- ▶ Post-inflammatory hyperpigmentation

Commercial sexual exploitation of children (CSEC) should be suspected and reported if children or young adults present with any of the following:

- ▶ Presentation to healthcare setting with non-guardian or unrelated adult
- ▶ Over-familiarity with sexual terms and practices

- ▶ Access to material possessions one would doubt the patient could afford
- ▶ Excessive number of sexual partners
- ▶ History of truancy
- ▶ Recurrent episodes of running away
- ▶ Tattoos that may exhibit ownership
- ▶ Fearful attachment to a cell phone (often used for monitoring by traffickers)

The previous “red flags” may also indicate the exploitation of a minor who has not yet been trafficked but who may currently be experiencing “grooming” from a trafficker. During grooming the minor is being enticed and controlled before the commercial sexual exploitation.

QUESTIONS FOR PATIENTS

Physicians and healthcare providers should familiarize themselves with the “red flag” indicators, so that they may ask the corresponding questions. It is important to again note that physicians should always first establish rapport prior to asking probing questions.

Healthcare professionals should always ensure that these questions are asked when the patient is alone and away from any accompanying individuals and any potential tracking or listening device such as cell phones. Should this be impossible, the following inquiry should be delayed until a future time when privacy can be guaranteed. While this may seem counterintuitive, the literature indicates raising suspicion with a victim’s trafficker can be more dangerous for the victim than releasing them back to their situation.

Inquiry should be done in a private and confidential room in a manner that is seen as compassionate, supportive, empathetic and safe. If a translator is necessary, physicians and healthcare professionals may acquire a third party, professional medical interpreter, so that patients feel safe and to avoid stigmatization. In the absence of a third party interpreter, remote telephone interpretation services may be sought.

HUMAN TRAFFICKING VICTIM RISK FACTORS



WOMEN & GIRLS
MAKE UP THE MAJORITY
OF TRAFFICKING VICTIMS

ADDITIONAL RISK FACTORS:

- MINIMAL EDUCATION
- HISTORY OF ABUSE OR FAMILY INSTABILITY
- IDENTIFICATION WITH A MARGINALIZED GROUP



EXTREME POVERTY
CREATES A HIGHER RISK OF
BEING VICTIMIZED



Based on the prevalence of the aforementioned "red flags," physicians are able to use the following screening tools to determine if follow-up questions relating to physical trauma, sexual trauma, drug use or work-related injuries are necessary.

SCREENING TOOL FOR ADULTS

Asking these questions will give healthcare providers a positive or negative screen that will enable them to refer patients to a social worker or to law enforcement who may conduct more in depth interviewing to determine the patient's status as a trafficked person.

1. Have you ever broken any bones, had any cuts that required stitches, or been knocked unconscious? Accidental injuries should be included.
2. People often use drugs or drink alcohol. Do you use drugs five or more times a week or drink two or more alcoholic beverages six or more times a week?
3. Sometimes people become involved with the police. Have you ever had any problems with the police?
4. Has anyone ever prevented you from leaving a residence or a job through intimidation, threats, blackmail or force?
5. Has a boyfriend, a girlfriend or anyone else asked or forced you to do something sexual with *another* person (including oral sex, vaginal sex or anal sex)?
6. Has anyone ever asked or forced you to do work which made you feel uncomfortable, such as work at a restaurant, work at a massage parlor, or dance at a strip club?
7. Sometimes people are in a position where they really need money, drugs, food or a place to stay. Have you ever traded sex for money, drugs, a place to stay, a cell phone, safety or something else?



A positive answer to two or more questions is considered a positive screen for human trafficking.

Following a positive screen for human trafficking, further interviewing may be encouraged should the patient feel comfortable.

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SCREENING TOOL FOR MINORS

1. Have you ever broken any bones, had any cuts that required stitches, or been knocked unconscious? (These could be accidental or inflicted.)
2. Some kids have a hard time living at home and feel that they need to run away. Have you ever run away from home?
3. Kids often use drugs or drink alcohol, and different kids use different drugs. Have you used drugs or alcohol in the last 12 months?
4. Sometimes kids have been involved with the police – maybe for running away, for breaking curfew, for shoplifting. There can be lots of different reasons. Have you ever had any problems with the police?

IF THE CHILD IS SEXUALLY ACTIVE,

5. Since the first time you had sex (oral, vaginal or anal), how many partners have you had? (More than five partners is considered “positive.”)
6. Have you ever had a sexually transmitted disease, like herpes, gonorrhea, chlamydia or trichomonas?



A positive answer to two or more questions is considered a positive screen for human trafficking.

Suggested questions to help find out more about whether or not a child is actually a victim are:

- ▶ Has a boyfriend, a girlfriend, or anyone else asked or forced you to do something sexual with *another* person (including oral sex, vaginal sex, or anal sex)?
- ▶ Has anyone ever asked or forced you to do some sexual act in public, like dance at a bar or a strip club?
- ▶ Sometimes kids are in a position where they really need money, drugs, food or a place to stay. Have you ever traded sex for money, drugs, a place to stay, a cell phone or something else?

Following a positive screen for human trafficking, further interviewing may be encouraged should the patient feel comfortable.

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FURTHER INTERVIEW QUESTIONS

EVIDENCE OF PHYSICAL TRAUMA

- Have you been physically harmed by your employer?
 - What are your working/living conditions like?
 - Where do you live, sleep and eat?
 - Would you know how to seek help if you needed it?
 - Are you afraid to get help?
 - Has your identification been taken away from you?
-

EVIDENCE OF SEXUAL TRAUMA

- Have you been sexually harmed by your employer?
 - Can you come and go as you please?
 - Do you have to ask permission to eat, sleep or use the bathroom?
 - Has anyone ever forced you to have sex when you didn't want to?
 - Have you ever exchanged sex for food, shelter, drugs or money?
 - Have you been forced to perform sex acts to pay off a debt?
 - Have you ever run away from home or from a program?
 - Are you scared of or frightened by people in your everyday life?
 - Would you know how to seek help if you needed it?
 - Are you afraid to get help?
 - Do you feel that people are forcing you to do things you don't want to do?
 - Where do you live, sleep and eat?
 - Has your identification been taken away from you?
-

EVIDENCE OF DRUG USE

- Have you ever exchanged sex for food, shelter, drugs or money?
 - Have you been forced to perform sex acts to pay off a debt?
 - Have you ever run away from home or from a program?
 - Where do you live, sleep and eat?
 - Would you know how to seek help if you needed it?
 - Are you afraid to get help?
 - Has your identification been taken away from you?
-

EVIDENCE OF WORK-RELATED TRAUMA

- How many hours per day do you work? What kind of time off do you receive?
 - Are you paid for the work you do? How much?
 - Can you come and go as you please?
 - Can you quit your job if you want to?
 - Have you been threatened with harm if you try to leave?
 - Have you been physically harmed by your employer?
 - Have you been sexually harmed by your employer?
 - Has anyone threatened to or harmed your family?
 - What are your working/living conditions like?
 - Do you feel that people are forcing you to do things you don't want to do?
 - Are you scared of or frightened by people in your work setting?
 - Would you know how to seek help if you needed it?
 - Are you afraid to get help?
 - Where do you live, sleep and eat?
 - Has your identification been taken away from you?
-





REPORTING

ADULT PATIENTS

At this time, healthcare providers are not required to report suspected instances of human trafficking to law enforcement. Should a physician or healthcare professional suspect their patient may be a victim of trafficking and has established rapport with said patient, the next step is asking if they would like help. If an adult patient wants help getting away from their trafficker, law enforcement should be contacted, as well as the National Human Trafficking Resource Center Hotline (NHTRC). If an adult patient is not yet ready to contact law enforcement, offer the number for the NHTRC and report your suspicions to the hotline following the patient's departure. The NHTRC may ask for demographic information for statistical purposes. Call the NHTRC at 1-888-373-7888 or text HELP to BeFree (233733).

MINORS

In the State of Michigan, healthcare providers who have reasonable cause to believe a minor is suffering physical, emotional or sexual injury resulting from exploitation or human trafficking are mandated to report their suspicion first to the Michigan Department of Health and Human Services (DHS) central intake number at 1-855-444-3911, and then to law enforcement, and finally to the NHTRC.

Reporting for minors in Michigan must occur within 24 hours of the medical examination or treatment that caused suspicion for the healthcare provider at the following number: DHS central intake: 1-855-444-3911

REPORTING PROCEDURE

In Michigan, healthcare providers are mandated reporters of child abuse and neglect. Commercial sexual exploitation/sex trafficking is considered a form of child abuse. Therefore, when physicians, nurses or social workers have a reasonable suspicion that a child is a victim of CSEC or sex trafficking, they are mandated to contact authorities. At least three referrals need to be made:

1. Michigan Department of Health and Human Services (DHS)

central intake number: 1-855-444-3911

2. Law enforcement (any option):

- A. Police or Sheriff in jurisdiction where trafficking/exploitation occurred (if known)
- B. Call: Michigan Federal Bureau of Investigation 24/7 hotline: 313-965-2323

3. National Human Trafficking Resource Center Hotline

- A. National anti-trafficking hotline available to answer calls 24 hours a day, seven days a week, in more than 200 languages operated by the Polaris Project.
- B. Call: 1-888-373-7888 or Text: HELP to BeFree (233733)

FOR TRANSNATIONAL VICTIMS CONTACT:

U.S. Immigration and Customs Enforcement

- A. This agency can provide immediate assistance with victim support, legal advocacy and needs assessment
- B. Call: 1-866-872-4973

GLOSSARY OF COMMON TERMS

Used in Sex Trafficking

SLANG TERM	MEANING
The life, The game	Commercial sexual activities, typically involving prostitution
Pay for play (P4P)	Paid sex (term often used by buyers)
Daddy, Player	Exploiter, trafficker
Family, Stable	The victims under control of trafficker/exploiter; females may be referred to as "wife-in-laws," "sister-in-laws," or "wifeys."
Circuit, Track, Runway, Stroll	A given area associated with prostitution (may be streets, cities, states or regions)
Kiddie stroll	Area of prostitution involving victims younger than 16 years
Escort service	An organization that provides sexual services to buyers. This often involves advertising via the internet, appointments made via phone, and services provided by adolescents traveling to site of buyer ("out-call") or buyer coming to site of service ("in-call"); may include brothels, services at hotels, homes, other sites
Lot lizard	Person being prostituted at a truck stop
Seasoning	The process of preparing a victim for trafficking activities; involves breaking victims' will through use of physical and sexual violence, psychological manipulation and abuse, physical and emotional deprivation, isolation, threats, and intimidation
Gorilla pimp	Exploiter who controls mainly through use of physical violence
Turn out	The act of being forced into prostitution
Bottom	Manager/assistant to exploiter; usually female; supervises other victims in "family" or "stable"
Out of pocket	Situation when victim makes eye contact with another exploiter (strictly forbidden) or otherwise shows disrespect to her/his exploiter
Pimp circle	Punishment for violation by victim; several exploiters surround the victim and humiliate, verbally, and/or physically abuse her.
Golden showers	Urinating on trafficking victim during paid sexual activity
Ho line	A communication network used by pimps between cities/states/regions; used to buy/sell victims
Squaring up	Attempting to escape prostitution

RESOURCES

■ **Polaris Project**

www.polarisproject.org

■ **Michigan Attorney General**

www.michigan.gov/ag

■ **Shared Hope International**

<http://sharedhope.org>

■ **Michigan Human Trafficking Task Force**

www.facebook.com/MHTTF

■ **Institute of Medicine Report – Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States**

www.iom.edu/Reports/2013/Confronting-Commercial-Sexual-Exploitation-and-Sex-Trafficking-of-Minors-in-the-United-States.aspx

■ **The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities from Beazley Institute of Health Law and Policy**

www.annalsofhealthlaw.com/annalsofhealthlaw/vol_23_issue_1?pg=94#pg69

■ **Human Trafficking: Guidebook on Identification, Assessment, and Response in the Health Care Setting: Mass General Hospital and Massachusetts Medical Society**

www.massmed.org/Patient-Care/Health-Topics/Violence-Prevention-and-Intervention/Human-Trafficking-%28pdf%29/

■ **National Human Trafficking Resource Center: Online Trainings**

traffickingresourcecenter.org/nhtrc-hhs-online-trainings

■ **National Human Trafficking Resource Center: Michigan Statistics**

traffickingresourcecenter.org/state/michigan

■ **Theresa L. Flores, *The Slave Across the Street*. Garden City, ID: Ampelon, 2010.**

■ **Kevin Bales & Ron Soodalter, *The Slave Next Door*. Oakland, CA: University of California Press, 2010.**

**PLEASE VISIT THE GENESEE COUNTY HUMAN TRAFFICKING
TASK FORCE FOR MORE INFORMATION**

WWW.FACEBOOK.COM/GCHTTF

