

HUMAN TRAFFICKING AND HEALTHCARE FACT SHEET

HEALTHCARE PROVIDERS ARE IN A UNIQUE AND POWERFUL POSITION TO IDENTIFY AND RESPOND TO HUMAN TRAFFICKING.

Human trafficking is the second largest and fastest growing criminal enterprise in the world.^{1,2} Similar to domestic violence, human trafficking crimes honor neither borders nor populations. Washington State is a “hot bed” for sex and non-sex human trafficking. Victims range from domestic youth forced into the sex trade to migrant labors forced to work in our agricultural fields and everything in between.

As a means to add to the rich body of knowledge regarding warning sign/red flags, best practices, and

questions to ask, the UW Women’s Center reached out to a sample of our community’s survivors and victim centered community-based organizations, healthcare facilities, attorneys and more to learn from their first-hand experience and wisdom.

1. US Department of Justice. Federal Bureau of Investigations. “Human Trafficking/Involuntary Servitude.” FBI.gov. N.d. Web. Accessed 9 Feb. 2017. <www.fbi.gov/investigate/civil-rights/human-trafficking>

2. Arlacchi, Pino. “Human trafficking fastest growing form of organized crime: UN anti-crime chief.” UN News Centre. United Nations. 1 Nov. 2001. Web. <www.un.org/apps/news/story.asp?NewsID=2007#.WJNmp_krKUK>

“Profits and Poverty: The Economics of Forced Labour.” International Labor Organization. 1 Jan. 2014. Web

A SURVIVOR STORY

Elizabeth* was in her early 20’s when she was exploited and trafficked for the first time. She had a difficult relationship with her mother and was sporadically homeless. During a period of homelessness, Elizabeth was drugged and unwillingly pimped-out for several days. Her trafficker collected all the money. After about four days of being repeatedly raped, she found the strength and opportunity to escape while her captor was away. With no known support system or services, she simply tried to return to her normal life. Not long after, she started dating a man twelve years her senior, who offered the sense of companionship and stability she yearned. Soon this relationship turned terrifyingly violent and he forced her into sex work for money and drugs. He collected and kept everything she earned.

During her nine-month captivity, she visited a healthcare facility four or five times. Each time she was alone, yet none led to her identification and none empowered her with the tools and confidence to escape. One trip was the result of a violent encounter with her “boyfriend” that left her in an emergency room for a couple days and the remaining visits were to a community clinic for pregnancy and sexually transmitted infection (STI) testing, birth control, and STI treatment.

Years later, Elizabeth has found happiness and lives a fulfilling life. Elizabeth shared a story of fear, a sense of hopelessness, and perspective that was similar to the experiences of fellow survivors and direct service providers we interviewed. Their words of wisdom on how the health care community can identify and respond to human trafficking is shared on page two of this document in hopes of helping future victims.

*Pseudonym to protect identity

RED FLAGS

THAT AN INDIVIDUAL MAY BE A VICTIM OF HUMAN TRAFFICKING
INCLUDE BUT NOT LIMITED TO:

- Lacks access to identification/insurance documents
- Displays a docile or fearful demeanor
- Appears to suffer from depression
- Exhibits signs of sexual abuse
- Wear Inappropriate attire, i.e. shorts in winter
- Shares story of isolation and/or inability to freely leave their job or home
- Patient is accompanied by controlling person
- Under the age of 18 and engaged in commercial sex
- Multiple inconsistencies in story

QUESTIONS :

SUGGESTED QUESTIONS TO ASK IF YOU SUSPECT HUMAN TRAFFICKING

- Do you feel you're respected by your partner, employer, etc.
- Are you being paid?
- Are you ever forced to do something you don't want to do? Traffickers often threaten their victims with abuse or deportation.
- Does anyone prevent you from coming and going as you wish?
- Are you safe (caution, this may not translate well)
- Where do you live? It is important to consider if they are working under a H2-A visa, their housing and transportation is provided by their employers.
- I am so sorry if this offends you, what you are telling me sounds like you may be (used, abused, disrespected). Do you think this could be happening to you?
- Is there anyone you (or we) could call? Do you have a support system? If not, why? This question will help get to the root of potential isolation, which is a red flag for exploitation.

WHAT SHOULD YOU DO?

- Separate potential trafficker and victim
- Provide literature (in multiple languages) in a private space – i.e., bathroom when urine sample is needed or x-ray room if images are needed
- Be prepared to engage local service providers and social workers if victim requests help

THINGS TO REMEMBER

- It is not your responsibility to rescue. Equip the individual with the resources, network, and confidence to rescue themselves.
- Use language or slang terms victims are familiar with – ie. Pimped-out rather than trafficked.
- Victims are more likely to share if you are genuine and make eye-contact. Eye contact will also help you sense if something is wrong.
- Victims are often conditioned to remain silent.
- Victims are often conditioned that law enforcement and other figures of authority cannot be trusted.
- Healthcare expenses may result in increased debt owed to the trafficker. Therefore, when/if you are requesting the individual return for a follow-up visit as a technique to offer the victim another opportunity to escape, consider ways to alleviate expenses and be prepared for their hesitation.
- Excessive time at a healthcare center may trigger the trafficker suspicion and cause harm to victim(s) in captivity.
- Avoid using term human trafficking.
- Men controlling access to money may be a cultural norm, but may also be an issue of control. Please be considerate of this when assessing situation.

**National Human Trafficking Resource Center
at 1.888.373.7888**

Special thank you to the following individuals and organizations for sharing their wisdom, connecting us with survivors, and offering their support throughout this project:

Columbia Legal Services
Emma Catague
Esperanza Lemos, Nuestra Casa
Hon. Velma Veloria
Leticia Garcia, Lower Valley Crisis & Support Services

Mary Jo Ybarra-Vega, Quincy Community Health Center
NCEC/Radio KDNA
Northwest Justice Project
Suzanne Poppema, MD
Suzi Carpino

Victoria Vasquez, DrPH, UW
Yakima Valley Farm Worker Clinic

*All the survivors and focus group members who generously shared their time and perspective