



PSYCHOLOGISTS IN HEALTH CARE SETTINGS

Identifying the Signs of Human Trafficking

THE MANY FACES AND ROUTES OF HUMAN TRAFFICKING

Traffickers lure people from all backgrounds and walks of life into human trafficking using multiple forms of coercion. Traffickers use physical or psychological coercion, or a combination of these, to recruit and maintain people in a situation of exploitation.

- Traffickers may be male or female and of varying ages, socioeconomic status, occupations, and levels of involvement with the victim (e.g., trafficking is sometimes perpetrated by members of the victim's community, including family members and acquaintances). Human traffickers in the United States commonly act independently (vs. in organized crime networks).
- Although some traffickers forcibly hold their victims captive, most victims appear to have freedom of movement. In these cases, the trafficker will commonly rely on psychologically coercive tactics such as feigning a caring relationship with the victim or creating debt bondage (whereby the victim accrues a large debt with the trafficker).

Sources for the facts in this document can be found on the APA website at <http://www.apa.org/pi/women/programs/trafficking/health-care-identify.aspx>



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WHO IS MOST VULNERABLE TO HUMAN TRAFFICKING?

In the United States, sex trafficking disproportionately affects women and girls. Other U.S. populations at high risk for sex trafficking and trafficking for manual labor include but are not limited to:

- Children in the child welfare and juvenile justice systems
- Runaway and homeless youth
- Children and adults working in agriculture
- Native Americans and Alaska Natives
- Migrant laborers
- Foreign national domestic workers residing in diplomatic households
- Populations with limited English proficiency
- Rural populations
- Lesbian, gay, bisexual, and transgender individuals
- Persons with disabilities, including those with mental health and substance abuse disorders and addictions and those with a prior history of traumas, especially previous sexual abuse in the case of sex trafficking
- People involved in legal and illegal sex industries in the United States

RED FLAGS FOR PSYCHOLOGISTS WORKING IN HOSPITALS AND COMMUNITY HEALTH SETTINGS

Victims of trafficking may appear evasive, fearful, depressed, nervous, or submissive. A domineering and/or unrelated male or female adult may accompany a child victim. A controlling male or female may also accompany an adult victim.

Sex trafficking signs may include indications of physical violence (e.g., bruises, signs of forced sex, head injuries) that can be mistaken for domestic violence. Additional signs that may warrant further screening include:

- Seeking treatment for sexually transmitted infections
- Presenting with a history of substance abuse problems
- Seeking an abortion and/or with a history of multiple abortions
- Having some expensive possessions but lacking other basic resources

Labor trafficking signs may include physical exhaustion and chronic back, visual, or hearing problems from work in construction, agriculture, or manufacturing. Individuals reporting the following may warrant further screening:

- Earning little or no money for their work
- Not being allowed to take breaks at their workplace
- Owning a large sum of money to their employer that they cannot easily pay back
- Close monitoring methods in the workplace (e.g., security cameras, locked doors)
- Identification documents that are in the control of another person

People become vulnerable to a trafficker's deceit due to a range of individual and community risk factors and vulnerabilities that interact in complex ways.

WHAT PSYCHOLOGISTS CAN DO

If someone you suspect to be a victim of trafficking comes alone to an office visit, you have an opportunity to ask her/him more questions and provide resources about human trafficking. If the suspected victim is accompanied, separate the patient in a subtle manner to privately conduct further screening.

Build trust. Psychologists with a background in developing therapeutic alliance and use of trauma-sensitive approaches will have the basic skill set to establish trust with the suspected victim. Training other primary care staff in these trust-building skills is also important to ensure that suspected victims have positive interactions with all providers in the health care setting.

Use questions from validated human trafficking screening instruments. Because most trafficked individuals do not commonly self-identify as trafficked, asking directly about trafficking is typically not a reliable screening question. If the patient is a minor, local abuse-reporting requirements should be carried out. The Vera Institute of Justice's Screening for Human Trafficking tool (<https://www.ncjrs.gov/pdffiles1/nij/grants/246713.pdf>) provides useful guidance and questions when interacting with suspected victims and is available in English and Spanish. Some of the questions available in the tool include:

- Have you ever worked [or done other activities] without getting the payment you thought you would get?
- Did anyone where you worked [or did other activities] ever trick or pressure you into doing anything you did not want to do?
- Have you ever felt you could not leave the place where you worked [or did other activities]?
- Do you live, or have you ever lived, in the same place where you work?
- Did anyone where you worked [or did activities] ever tell you to lie about your age or what you did?
- Did anyone ever take and keep your identification (e.g., your passport or driver's license)?

Avoid going into "rescue" mode, which the patient may experience as coercive given a provider's higher position of power. For instance, a provider may, with good intentions, push for the adult victim to file a report with the police. However, if the victim is not ready to exit or escape from the trafficker, the victim may recant her/his report and lose trust in the provider. An initial approach that recognizes the complexity of experiences of exploitation is one where the health care provider focuses on:

- Learning more about the person's situation by listening attentively and exercising patience
- Providing resources
- Helping with safety planning
- Encouraging follow-up care
- Fostering the individual's sense of control over next steps

Attend to your own well-being to avoid high levels of distress and burnout that can reduce competent practice.

Seek continual training and current information related to caring for victims/survivors of human trafficking.