

### Welcome to today's webinar

Human Trafficking in the Family Planning Setting

Phone lines have been muted upon entry.  
The webinar will begin at 12:00 Pacific Time.

The moderator and presenters are currently in a sub-conference.  
If you have urgent questions, please call 510-835-3700.



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Access Code: 665 649 281



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A link to download the handouts for today was  
included in the log-in instructions email.



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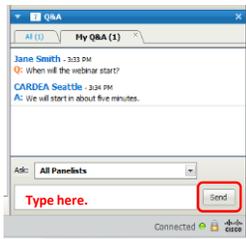
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### Submit your questions throughout the presentation.



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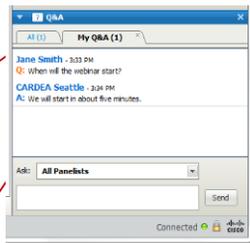
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I will **type** responses to technical questions.  
Presenters will address most content-related questions **verbally** at the designated Question & Answer period.

Click the "All" tab to see **all** typed questions and answers.

Click the "My Q&A" tab to see the questions **you** asked.



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Session will be recorded



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## Human Trafficking in the Family Planning Setting

Tuesday, June 25, 2013 --- 12-1:30 pm Pacific Time

Becky Owens Bullard, MA  
Tonya Chaffee, MD, MPH

Moderator: Renée Marshall, M.Ed.  
National Training Center for Service Delivery



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## LEARNING OBJECTIVES

By the end of this webinar, participants will be able to:

1. Recognize the signs that indicate a potential human trafficking victim in a family planning setting.
2. Describe steps to respond to and assist victims of human trafficking when they present in a family planning setting.




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## OVERVIEW OF HUMAN TRAFFICKING

Becky Bullard, MA




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## Misconceptions



Kidnapping



Rescue Missions  
Organized Crime



Travel



Shackles



Smuggling



Other Countries



Only Children



Physical Abuse

(c) Becky Owens Bullard

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## Human Trafficking

- Supposed to be a:
  - Loving relationship
  - Friendship
  - Legitimate employment
- Uses force, fraud or coercion
- To compel/induce commercial sex, labor, servitude



© Kay Oremach for the U.S. State Dept.

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## Trafficking Victims Protection Act

### Action

- Harbor
- Induce
- Obtain
- Provide
- Recruit
- Transport

### Means

- Force
- Fraud
- Coercion

### Purpose

- Labor, Services, Servitude
- Commercial Sex

<http://www.state.gov/j/tip/laws/>

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## Victims of Trafficking

Minors in commercial sex

Adults in commercial sex via FFC

Adults & Minors in labor via FFC

Foreign Nationals & U.S. Citizens

- Runaways
- Homeless
- 'Throwaways'
- LGBTQI
- Historic Abuse

- Historic Abuse
- Abusive Relationships
- Economic vulnerability

- Economic vulnerability
- Migrant workers
- Domestic laborers



Anyone can be a victim

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## Traffickers

### Individuals:

- friends
- family
- intimate partners
- pimps
- employers

### Small Groups:

- extended family
- groups of pimps
- small gangs
- small businesses

### Large Groups:

- organized crime rings
- large gangs
- large businesses



Willingness to abuse and exploit

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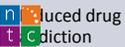
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## Control

### Physical Abuse (Force)

- Physical harm
- Rape, Sexual violence
- Confinement



Reduced drug addiction

### Economic Abuse (Fraud)

- Fraudulent employment
- Confiscation of money earned
- Debt bondage

### Psychological Abuse (Coercion)

- Threats to victim, family
- Form bonds, relationship
- Keep isolated, unable to communicate

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© Polaris Project 2012  
Human Trafficking Wheel

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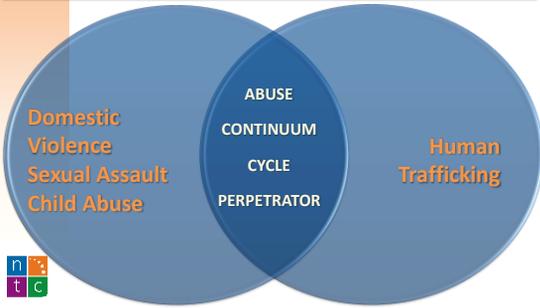
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### Intersections



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### Continuum of Abuse



- 70-90% have history of sexual abuse
- 1 of 3 Runaways approached within 48hrs
- 75% of runaway exploited girls are controlled by traffickers

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### Sex Trafficking



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## Sex Trafficking Dynamics

- **Who:** intimate partner, friends, family, gangs, pimps, employer, other controllers
- **Where:** online, in/out-call, clubs, truck stops, brothels
- **How:** relationship, false employment, smuggling, kidnapping
- **Why:** demand from "Johns" and trafficker profit
  - \$500-1500 quota per night per victim
  - \$30 – 90 per sexual encounter in brothels



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## Sex Trafficking Dynamics

### Trauma Effect:

- 5-15  6 days/week at \$500-1500 quota  
= 1560-4680 forced sexual encounters/year  
= \$156,000-468,000 for the trafficker
- upwards of 25  per day at \$30  
= 7800 forced sexual encounters in a year  
= \$234,000 for the trafficker



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## Indicators of Sex Trafficking

- Controlling, Abusive Relationship
- Exhaustion, health issues
- Canned stories (no controller)
- Signs of abuse, branding/tattoos
- Distrust in police, service providers, men, adults
- STIs, multiple terminated pregnancies or exceedingly high number of partners



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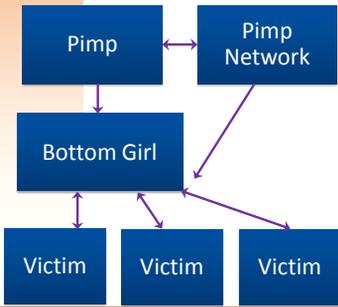
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### Pimp-Control Structure



- **Trafficker:** males & females, minors & adults
- **Victims:** females & males, minors & adults
- **Structure:** 2-5 females (stable or family)

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### Pimp-Controlled Recruitment

- **Boyfriending:** forms a romantic relationship
- **Daddy:** father-figure who can provide family
- **Employer:** modeling, singing, acting
- **Friend:** normal friendship, other victims
- **Where:** malls, schools, youth centers, shelters, streets, universities



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### Intimate Partner & Familial Sex Trafficking

- **Trafficker:** intimate partner, spouse, family member
- **Control:** physical, sexual, emotional abuse
- **Motivation:**
  - cycle of violence
  - humiliation/shame
  - economic support
  - supporting addiction



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## Intimate Partner Sex Trafficking



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## Commercial Front & Residential Brothels

- **Trafficker:** brothel owner, individual controller
- **Where:** any business, homes, apartments, trailers
- **Control:** threat of deportation, debt, smuggling fee, isolation, movement
- **Indicators:** controller accompanies, unable to speak on own



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## Indicators of Labor Trafficking

- Works long hours with little compensation
- Unreasonable chores or duties
- Intense sense of duty and obligation to their family
- Owes a debt to their employer
- Recruited with promises of making easy money



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## Sexual Assault & Labor Trafficking

### Female Farmworkers in the U.S.

- A majority of workers interviewed were either direct victims of sexual assault or harassment or knew another female worker who had been a victim

### Domestic Servitude & Sexual Assault

- "The young woman was not permitted to leave the couple's house and had to cook, clean, and care for their two children at all hours of the day and night...The husband sexually abused her, and the wife hid the phones to prevent her from making outgoing calls."



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## VICTIM IDENTIFICATION & SCENARIOS

Tonya Chaffee, MD, MPH




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### Victim Identification

- Challenging, often missed
- No evidenced based protocols
- Can present with risk factors and not disclose
- May disclose but not ID as a victim
- Being Trauma Informed




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### Trauma Informed Care

- How trauma affects individuals
- Requires all parts of an organization
- Understands vulnerabilities or triggers for survivors
- Seeks to not re-traumatize



SAMHSA

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### Victim Identification

- Historical risk factors (past medical history risks)
- Domestic Violence
  - Physical and Sexual abuse (90% with a history)
  - Drug/ETOH dependency
  - Poverty
  - Immigration status
  - Past history of being trafficked




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### Red Flags for Teen Victims

- History of foster care, AWOL repeatedly from group homes
- Truancy or stops going to school
- Early sexual initiation
- Knowing a lot about sex at a young age
- Runaway/homeless




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### Red Flags for Victims of All Ages

- Controlling behavior of “boyfriend”
- Non-English speaking with “boyfriend/guardian” answering all questions
- History of arrest for drug offense, theft, or prostitution
- Lack of identification




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### Red Flags for Victims of All Ages

- Sudden changes in appearance (nails, hair, clothing)
- Has access to large amounts of cash
- Frequent missed appointments, unable to follow-up




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### Red Flags for Victims: Family Planning Setting

- Multiple pregnancies/abortions
- Repeated EC visits
- High number of sexual partners
- Multiple STI's




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### Red Flags for Victims: Labor

- Delay in care (e.g. late for prenatal care)
- Lack of routine screening including reproductive health (e.g. STI and Pap testing)
- Exposure to harmful chemicals or unsafe water




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### Victim Identification: Presenting Symptoms

#### Physical symptoms:

- Symptoms of STI's
- Pregnancy in younger ages
- Somatization symptoms (recurrent headaches, abdominal pain, vaginitis)




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### Victim Identification: Presenting Symptoms

#### Behavior/mood

- Depressed mood or flat affect
- Anxiety symptoms/hyper-vigilant/panic attack (shortness of breath, chest pain, etc)
- Angry or aggressive with staff



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### Victim Identification: Signs

- Tattoos (branding)
- Malnutrition
- Poor dentition
- Unexplained or conflicting stories for physical injuries (burns, laceration, fractures)
- Evidence of sexual trauma



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### Health Consequences

- High rates of STIs including Hep C and HIV
- High rates of UTI
- High rates of pregnancy/infertility
- High rates physical injuries of abuse (fractures, lacerations, head trauma, organ trauma etc)
- Development of chronic diseases, HTN, obesity
- Homicide



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### Mental Health/Behavior/Substance Abuse Consequences

- Severe Depression
- Anxiety disorders/PTSD
- Memory Loss
- De-sensitized to violence




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### Mental Health/Behavior/Substance Abuse Consequences

- Self-sabotage → drops out of programs returns to trafficker
- Lack of trust /high levels of shame
- Increased substance use (switch from exchanging sex for \$ to drugs)




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### Health and Social Implications: Survey of Young Adult Survivors

Little research examining victims “after the life”  
 NGO survey of former and current survivors:

- 88% had no insurance
- 86% had been treated past 90 days for wounds/fractures
- 61% had reported chronic health conditions
- 100% reported mental health/trauma symptoms
- 41% had GED
- 14% reported legitimate income last 90 days, 0 full time
- 53% reported homelessness past 90 days




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### Impact of Being Trafficked: Things to Consider for Victims

- New definition of self/self worth
- Emotional attachment to perpetrators/desire to protect them
- Can take several attempts to leave (est. of 6 times)



Clawson ,HJ, Dutch, N; US Dept HHS, 2008

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### Impact of Being Trafficked: Things to Consider for Victims

- Ego boosts from tricks/customers
- Relates to men in a sexual way and as potential tricks
- Chronic effects of trauma (cannot trust others)



Clawson ,HJ, Dutch, N; US Dept HHS, 2008

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### The Health Care Provider

- Important frontline player who can ID victims
- Few “outsiders” with direct contact with victims
- Traffickers bring victims in for emergent services
- High need for reproductive services




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## Case Study

19 y.o. woman presenting for pregnancy testing

- Discloses on form she works as an “escort”
- Admitted to sex work since 15 y.o.
- Diagnosed with HSV and Chlamydia, can’t remember where/if she was treated
- History of multiple drug use (how she “coped” with being an escort)




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## Case Study

How would you address her disclosure of being an “escort”?

- A. Make a simple note in her chart
- B. Call law enforcement immediately
- C. Determine her safety and if she is being threatened or coerced
- D. Tell her how important it is she be tested for HIV




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## Reproductive Health Provider

### Issues

- Fear of leaving due to trafficker (pimp)
- Pt may history of chronic trauma
- Be mistrustful and decline help
- STIs difficult to follow-up and treat (esp. partners)
- High risk for HIV , STIs, unwanted pregnancy




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## Reproductive Health Provider

### Success

- Sexual History/forms can facilitate disclosure
  - “how many partners have you had sex with in the last year?”
  - “have you ever exchanged sex for money, drugs, housing, or food”
- STI counseling and contraception discussed.
- Drug and Alcohol counseling resources given
- Confidentiality maintained




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## Case Study

16 y.o. female coming in for STI testing

- 1st time seeing a health provider >4 years
- Not living at home due to DV/abuse by her father, now “living with her boyfriend”
- Disclosed >50 sexual partners in last 3 months
- Discloses being trafficked by boyfriend




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## Case Study

How do you address mandated reporting of this patient?

- A. May not be necessary as sexual exploitation of minors is not mandated in all states
- B. Must report, as sexual exploitation is a form of child abuse
- C. Depends if the patient wants a report to be made
- D. Must contact the parents/guardian for reporting




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## Reproductive Health Provider

### Issues in providing care:

- Lack of established protocols for HT victims
- Difficulty in gaining trust with providers.
- Barriers in disclosure due to reporting laws
- Communication with many agencies and coordinating care for survivors



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## Reproductive Health Provider

### Success in providing care:

- Using protocols similar to DV and sexual abuse for clients
- Trauma informed practitioners/ understand complex trauma in order to help victims
- Knowledge/availability of community agencies focused on HT victims



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## Confidentiality

- Helps ensure trust with providers of sensitive medical information
- Important to review limits
- Consent forms should list confidentiality statements and its limits
- Indicate certain conditions that are reportable to law enforcement/others



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### Confidentiality

- Important to interview patient alone
- Use medically trained interpreters if needed (no family/friends)
- Review limits during sensitive questioning



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### Mandated Reporting

- All 50 states required to have child abuse reporting laws (Federal Child Abuse Prevention and Treatment Act, CAPTA)
- Health care professionals are mandated reporters
- Sexual exploitation included in reportable abuse <18 y.o.



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### Mandated Reporting: Issues

- Deterrent effect on disclosure & identification
- Difficulty with balance between confidentiality and pt safety
- May lead to mistrust
- May lead to decrease utilization
- Safety concerns of provider/staff by trafficker



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## Mandated Reporting: Things to Consider

### If making a report

- Ensure immediate safety Pt/staff (similar DV)
- Allow patient a role in reporting process
- Have them speak to person the report is being made.
- Ensure safety planning after report
- Tell them what is likely to happen next
- Provide resources for victims




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## VICTIM ASSESSMENT

Becky Bullard, MA




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## Assessment Basics

- Provide a safe, comfortable environment *away from potential controller*
- Be aware of language – “pimp” vs. “boyfriend”, “prostitute”
- Clarify illegality of trafficker’s actions
- Establish trust & respect choices, even when victim goes back to trafficker




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(c) Becky Owens Bullard

### Assessment Basics – DON'Ts

**Victim Blaming Questions:**

- Why didn't you leave?
- Aren't you afraid of him?
- Didn't he hit you?



**Inserting your opinion:**

- You shouldn't go back to him.
- He is not good for you.



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### Assessment Basics - DOs

**Open-ended Questions:**

- What do you think would have happened if you had left?
- How did that make you feel?



**Affirming Statements:**

- I am concerned for you and want to help you stay safe.
- This relationship sounds like it is very difficult/complex for you.



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### Assessment Questions

- Has s/he ever asked you to do something you were uncomfortable with?
- Are you being monitored by him/her?
- What do you think would happen if you didn't do what s/he asked you to do?
- Are you able to keep the money you earn or have access to finances?



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### Assessment Questions

- Has s/he ever used intimate photos/videos of you for something you didn't want?
- Has s/he ever threatened you or anyone else?
- Has s/he ever hurt you or someone else in front of you?



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### Assessment Questions

If you gain disclosure or identify someone at high risk for HT:

- Important to treat medical concern first.
- Important to assess for safety




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## RESPONSE TO HUMAN TRAFFICKING

Tonya Chaffee & Becky Bullard




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## Coordinated Response

- Provide **training** for staff on trafficking and misconceptions
- Incorporate **assessment questions** in intake process
- Designate a **point person** to work on or be knowledgeable about exploitation and trafficking



- **Coordinate** with law enforcement and allied professionals

(c) Becky Owens Bullard

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## Challenges & Considerations

- **Discrimination**
  - "She's a prostitute, not a victim"
- **Trafficking Victims seen as Different**
  - Use Power & Control Wheel to educate on similarities to DV/SA
- **Unwarranted Safety Concerns**
  - Learn dynamics of who can be a trafficker
- **Receiving Appropriate Therapy**
  - High levels of trauma, similar to multiple victimizations



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## Steps for Making Human Trafficking a Priority

- Decorate areas with posters or materials on human trafficking
- Brochures on trafficking
- Intake questions on forms
  - "Have you ever exchanged sex for money, housing, or drugs?"
  - Can you leave your job or work situation if you want?"




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### Steps for Making Human Trafficking a Priority

- Offer training staff/providers on HT
- Become trauma informed (both staff and providers)
- Collaborate with agencies who work with at risk or identified HT victims (HSA, Schools, Police, Local DA's, SART centers, etc)




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### Role of Health Provider: Summary

- Recognize red flags signs/symptoms
- Provide non-judgmental, trauma informed approach to care
- Know agencies and community organizations involved with HT victims
- Collaborate with them in treating and supporting victims
- Establish policies/protocols to screen, identify, and provide care for HT victims within your practice and communities




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### Working with Survivors



#### Basic Needs

- Housing, Childcare, Employment, Assistance
- Medical – Untreated Illness, STIs, drug abuse



#### Case Management Needs

- Service Coordination, Safety Planning, Advocacy
- Individual & Group Therapy



#### Legal Needs

- Protection Orders, Custody, T & U Visa
- Court Advocacy & Protection

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## Resources

Polaris Project with NATIONAL HOTLINE 1-888-373-7888 [www.polarisproject.org](http://www.polarisproject.org)  
[www.traffickingmap.org](http://www.traffickingmap.org)

Safe Horizon Anti-Trafficking Program and Hotline 1-800-621-HOPE (4673)  
[www.safehorizon.org](http://www.safehorizon.org)

National Center for Missing and Exploited Children [www.missingkids.com](http://www.missingkids.com)

Futures Without Violence (Domestic Violence protocols) [www.futureswithoutviolence.org](http://www.futureswithoutviolence.org)

Runaway Hotline (the National Runaway Switchboard)  
1-800-RUNAWAY (1-800-786-2929) [www.1800runaway.org](http://www.1800runaway.org)

Adolescent Health Working Group Provider Toolkit on Trauma (Under "Resources" tab)  
[www.ahwg.net](http://www.ahwg.net)



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## Questions?



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## Online Evaluation



### Webinar Evaluation

**Human Trafficking in the Family Planning Setting**  
June 25, 2013

The incidence of human trafficking has increased at an alarming rate. human trafficking victims are very likely to present at family planning c health care provider. how do you know when the patient in front of you is a victim does present, what is the best way to respond to assist her?

This webinar will cover these questions, include case studies, offer re: opportunity for an interactive Q&A period with the presenters.

Thank you for attending this event. Please answer the followin this online evaluation, you will have the option of printing a bit



**When you close the webinar, a survey will appear in your Internet browser.**

If requesting a certificate you must complete the survey.



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**Colleagues who need to complete the Evaluation?**

Thank you for taking this survey

Now take more surveys for your chance to win, and earn money for charity!

If yes – click this [link](#).  
If no – close the window and have a great day!



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**Problems? Questions?**

Contact Dawn Robinson at 510-835-3700  
or [robinson@cardeaservices.org](mailto:robinson@cardeaservices.org)

**Thank you!**



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