Official Webinar Transcript

Title: Screening for Human Trafficking in the Health Care Setting
Speaker: Pam Glenn, CMB
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NCTCFP (00:01):

Hello and welcome to the National Clinical Training Center for Family Planning webinar on screening patients for human trafficking in the healthcare setting. In this webinar, Pam Glenn, CNM will review the basics of human trafficking, signs to look for, and steps clinicians can take in addressing human trafficking in their own practice. Before we begin, we must go over disclosures. Successful completion. This webinar offers one contact hour for nurses. To receive contact hours, participants must complete the course with a satisfactory grade of 80% or higher on the quiz and complete the evaluation and request for credit form. CNE and certificates of attendance will be emailed within three to four weeks of completing the evaluation and request for credit form. Commercial support and sponsorship. There is no commercial support for this training.

NCTCFP (01:02):

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NCTCFP (01:43):

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NCTCFP (02:24):

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OASH or OPA. Accreditation statement, continuing nursing education. The University of Missouri Kansas City School of Nursing and Health Studies is accredited as a provider of continuing nursing professional development by the American Nurses Credentialing Centers Commission on Accreditation. This program offers up to one contact hour for nurses for this activity. And now, onto our speaker, Pamela Glenn.

Pam Glenn (03:21):

Hi, thank you so much for having me, and thank you for taking the time and energy out of your busy days to learn more about screening for human trafficking in the healthcare setting. Just to let you know a little bit more about myself, I'm a certified nurse midwife, a graduate of Georgetown University where I got my master's to be a nurse midwife over 30 years ago. Early on in my career, I was trained to provide educational trainings on screening for relationship abuse in the healthcare setting. And just to explain, this evolved into my focus on human trafficking because I saw an overlap in seeing the manipulative type behaviors that abusers use with their partners. And I saw that playing out and seeing the overlap with how traffickers use manipulation with their victims. So that got me involved in the human trafficking focus over the last 15 to 20 years.

Pam Glenn (04:16):

A few years back, I completed the SAFE International Anti-Trafficking Certification Training Program. I live here in the Twin Cities of Minnesota, and I volunteer with one of our local organizations Breaking Free, and specifically the Men Breaking Free program, which has focused on a day-long session with men who have been arrested for trying to purchase sexual services. So that's a little bit about my background. I do want to review that we do have objectives for this presentation. We will be talking about strategies that trafficker use to recruit and control their victims. So the first objective is that you will be able to list at least three strategies used by traffickers to recruit and control their victims. You will be able to describe at least three physical and three psychological signs of human trafficking. The third objective is that you'll be able to list at least three red flags that alert you that a patient might be in a trafficking situation.

Pam Glenn (05:16):

You will be able to articulate at least three appropriate screening questions and identify at least three concrete steps that you can take to implement screening protocols in your work setting emphasizing the collaboration required with other professionals involved in this issue. As I mentioned, I live in the Land of 10,000 Lakes here in Minnesota, and we all know what happens when you drop something into the water. You have rippling impacts that you see in the water. And the same with human trafficking. Human trafficking not only has rippling impacts on the victims' lives, but also the lives of their families, their friends, and all of our communities. Even if we don't see that trafficking may be happening, it more than likely is, and it truly has an impact on all of our communities.

Pam Glenn (06:06):

So, the premise of this talk is this, all health care staff play a vital role in identifying and recognizing victims of human trafficking. This was a small study that was done, but sex trafficking victims were surveyed. And they found that almost 90% of them did have contact with a healthcare professional and almost 65% of the victims had visited an ER at least one time. And what this shows us is that although traffickers really don't want the victims to be accessing healthcare, many times they still do maybe because of injuries or severe health issues. And this

is our opportunity to identify victims. And in my opinion, for myself included, I think we've missed our opportunities many a time because we haven't been aware of the human trafficking signs and red flags, which is again the purpose of this presentation. We do play a vital role. And these same interviews with the human trafficking victims found that they would be more likely to be open with us if we appeared to have knowledge about trafficking, had that awareness, if we showed respect.

Pam Glenn (07:22):

And in my opinion, most importantly, that we had a nonjudgmental attitude that was perceived by the victim. I think it's important with this topic as well as with screening for abuse that we set realistic definitions of success for ourselves. I think about my drives home after maybe a busy work day or busy clinic day. And I think through, did I get through to that patient? Did I say what I needed to say to maybe nudge them along in whatever process they need to be nudged in to a healthier life? And I do want to emphasize that if you have asked your screening questions about human trafficking, you have done your job. And even if that patient in front of you, even if they're in a trafficking situation and they're not yet ready to disclose that to you, if you've asked the questions, you have done your job and you can feel really good about your drive home after that workday.

Pam Glenn (08:16):

But collaboration is vital for success. There are many groups out there that are already working on human trafficking from the nonprofits who can provide a victim who wants to get out of this life. They provide them a shelter, food, and clothing. We have crisis intervention and counseling support groups. Social services are trying to work hard on this human trafficking situation. The police and criminal justice system are getting better training on this situation as well. And we have national and local anti-trafficking organizations. The reason I love this photograph so much is because not only does it depict that we all need to be at the table working on this issue and have our efforts be collaborative when a patient, a victim of trafficking wants to get out of the life. Healthcare is essential as well. And the chair that's a little bit off to the side I think depicts what unfortunately has happened up until now is we haven't always been at the table.

Pam Glenn (09:17):

And that is what drives me in doing these presentations. We need to be at the table, we're an important piece of this equation in helping a victim get out of the life. So I want to take a moment and talk about the fact that we do all have stereotypes that we hold in our brains about various situations, including trafficking. So I want you to take a moment and just take a deep breath, clear your mind. And don't worry about being politically correct when I asked tell me who you picture in your mind right away when I say the victim of human trafficking? I wonder how many of you pictured maybe somebody from a foreign country? How many of you pictured a female rather than a male? What did this person look like? How did they carry themselves? Think about the stereotype you've held in your brain about this picture.

Pam Glenn (10:12):

Now, let's take a breath again. Clear your mind, don't worry about being politically correct. Tell me who do you picture when I say a human trafficker? I wonder how many of you pictured a male? What did he look like in your mind? How did he carry himself? And the problem with stereotypes is that it's like having the blinders on, it keeps us from seeing the reality of the fact that somebody is sitting right in front of us who maybe doesn't fit our stereotype might be in a trafficking situation. So we need to identify our stereotypes, let's just acknowledge we have

them. Let's identify them, take them out of our brains and realize that really anybody can be involved in a human trafficking situation. So there are a lot of definitions of trafficking, but I'm going to refer to the US Department of State definition, which focuses on the recruitment, harboring, transportation provision or obtaining of a person for labor or services through the use of force, fraud or coercion.

Pam Glenn (11:19):

And this is for the purpose of subjection to the involuntary servitude, peonage, debt bondage or slavery. And then specifically sex trafficking focuses on using force, fraud or coercion when a person is induced to perform such an act, and they're not quite 18 years of age. But I do want to point out that although many enter into human trafficking prior to age 18, many are still in the life past the age of 18. We'll talk about some of the safe harbor laws that acknowledge this towards the end of this presentation, but I wanted to point that out. So let's take an overview and look at just some very brief statistics about the scope of human trafficking. And all the organizations out there working on human trafficking acknowledge that these numbers are an underestimate of the reality. But the numbers that we have at this time are that worldwide we have over 40 million people who are victims of human trafficking. Of these, about 25 million are in forced labor. And of those, over 11 million are women and girls.

Pam Glenn (12:31):

And then we have about five million people who are in forced sexual exploitation. And again, more than 99% are women and girls. However, I do want to acknowledge males end up in forced sexual exploitation, sexual trafficking as well. And it's estimated to be $150 billion industry worldwide. I want to point out that with trafficking, the body is the product. The body that unfortunately can be used over and over and over again. For example, when you think about people who deal in drugs, that's used one time and then it's gone, but the body can be used over and over again. This is a very big industry, so it is taken very seriously by the traffickers as well. But let's think about the stereotypes we held about those victims who get trafficked. I wonder how many of you thought of a trafficked victim as somebody from another country, but 90% of the children trafficked in the United States are born here, are US citizens.

Pam Glenn (13:37):

We have about 300,000 American children who are trafficked in this country every year. Now, let's take a look at a common scenario. Many of these are runaways. We have almost half a million children who run away from home each year oftentimes because they're living in homes where they're being abused and potentially sexually abused as well. So they leave home as children, as preteens, maybe as young teenagers. Then you throw in this next statistic to understand what's happening oftentimes out there. One out of every three chains on the street are lured into trafficking by a trafficker within 36 to 48 hours of leaving home. The traffickers are very sophisticated, they know exactly what they're looking for. And so you put these statistics together and you see that children, young teens are being trafficked at very, very young ages.

Pam Glenn (14:34):

So, who gets trafficked? Just mentioned the runaways and youth, especially if they don't have stable housing, people who come from unstable countries, maybe countries who are dealing with war, people with disabilities and transgender people, and people living in poverty. Now, I want to take a more recent example. We've had COVID happen in our lives over the last couple of years, and we know that for example this has impacted people's economic situations. I do

want to say that anecdotally, and I checked in with a friend who works for Breaking Free who works on the streets trying to help women get out of trafficking situations.

Pam Glenn (15:14):

And anecdotally, he noticed that the traffickers have become more aggressive since COVID. They're using COVID as an opportunity, and that's what they do. If they see a situation like COVID or any other vulnerable situation, they're going to use that as an opportunity. And because of the poverty that has happened, people are more vulnerable to becoming victims of trafficking. And again, we have the victims of abuse as well. I do want to point out this Department of Justice statement because they acknowledge that we have both US and foreign citizens, males, females, and transgender who have been sex trafficking victims. But what they've noticed over the last decade is more victims are women and children with US citizenship.

Pam Glenn (16:01):

So, if we've had that stereotype in our brain that these are only people from foreign countries who are getting trafficked here, let's take that out of our brains because that is not accurate. So the average age of entry into trafficking has been looked at, it's still being researched. But some of the studies range and show anywhere from the average age of entry as being from age 12 to 14. Another study from the Department of Justice showed the average or median age of minors was age 15. And then Polaris took a look at their hotline callers and found that an average age of their callers was 19. But I do want to point out that many victims say they're older to avoid any type of mandated reporting situation. And then you just look at the slide and realize, okay, we're looking at the average age of entry into trafficking, and it needs to be acknowledged that there are trafficking victims who are much younger, younger than age 12 when they enter the life.

Pam Glenn (17:02):

So, although the US acknowledges we see men, women and transgender, we see both US citizens and foreigners who are subjected to both sex trafficking and labor trafficking, I also want to point out that trafficking occurs in a whole wide range of industries. From the hospitality industry to agriculture, manufacturing, construction, shipyards, restaurants, elder care, as well as salon services, along with a whole list of other industries. Something we need to be aware of, and this will help us when we're asking our screening questions as well. I do want to take a moment and point out a study, a very important study that was done by Polaris who has the hotline number for human trafficking. They analyzed over 32,000 of their trafficking cases and hotline calls. And out of this data, which we so need, they identified and defined 25 business types of trafficking that's happening in the United States.

Pam Glenn (18:05):

And we need to look at this to understand how the different business types of trafficking exploit people differently and uniquely. And then each type of business of trafficking has unique strategies for recruiting and controlling the victims. So this is a great study that gives communities information so communities can use this information, identify the top two or three business types of trafficking that may be happening in their communities. And then they can then use their energy and resources to try to disrupt the trafficking that's happening. And looking at these business types, each one very succinctly identifies the profile and business model, both the victim and trafficker profile and how the trafficker recruits and controls their victims. A few little FYIs from this study that I want to mention, they looked at residential brothels. And I do

want to point out that they found that these brothels are typically involving child victims and boys are making up a growing percentage of these victims.

Pam Glenn (19:15):

Labor trafficking has found to work the victims 12 to 18 hours a day. They often live in very squalid, horrendous living conditions. They're often denied basic necessities, including beds and indoor toilets. And these labor victims are subjected to long hours, extreme surveillance by the trafficker. If they're from a foreign country, their documents are often confiscated. And there are often threats of harm not only to them as victims, but to their families even if their families live in another country. So how do traffickers recruit? As I mentioned, they often seek to exploit children because children are believed as more profitable, they're easier to control. And again, they're often recruited from broken homes and runaways are very high risk for trafficking. The traffickers are at the bus stops, the train stations. They have even more recently infiltrated our schools, the middle schools and high schools and recruited within the schools. Again, they've become very sophisticated in doing so.

Pam Glenn (20:22):

Think about it, when you have a runaway, they are in survival mode. So the trafficker is there to offer food, clothes, attention, and maybe even friendship, love, and most importantly safety. So think about it. The victim has already probably been traumatized in their abusive homes. They've run away, they're in the mindset of survival. And here's the trafficker giving them a safe place to stay, but then the manipulation happens. And this was a study done out of the US Department of State. And I've also heard this shared by other trafficking victims. About a third of the women have intimate relationships with their traffickers, so they often don't even consider themselves as being trafficked. And they often don't even identify with this term until they get out of the life a few years later.

Pam Glenn (21:16):

One of the female victims that I worked with from Breaking Free, she did some talks with me and she said, "Pam, I really had no idea that I was in love with my trafficker, I thought he was my boyfriend. And I didn't even identify myself as being a trafficked victim until I got out." That's how manipulative this can become. And we need to keep that in mind when we're addressing a patient in front of us who we're realizing is probably a trafficked victim. So traffickers will also use pornography to educate their victims. Stripping still is a common entry point, and strippers often have a lot of pressure put on them to perform sexual services. But unfortunately the money goes to the strip joint not to the strippers, and they get then pulled into the life.

Pam Glenn (22:06):

Abduction or kidnapping is not as common. We often see that in the movies, but it can happen. But more often than not, there are promises of work, education, a better life that are promised by the trafficker. And sadly, victims may be sold to the traffickers by parents. Sometimes the parents have no idea that their children are ending up in this trafficked life, they truly believe the trafficker that their child is going to end up with a better life out of this situation. But sadly, sometimes the parents do know and still sell their children to the trafficker.

Pam Glenn (22:45):

So how are victims controlled by the trafficker? Just like with relationship abuse, there's psychological abuse. And this includes the trafficker degrading the victim, verbally threatening them, shaming them, breaking them down emotionally and psychologically. But the trafficker

may also torture the victims breaking them down in that way. Often victims are sexually assaulted not just by their trafficker but other traffickers as well, including gang rape. Sometimes women victims are forced to participate in violence against other women. There may be death threats not only to the victims but also their families as I've mentioned. Sometimes the trafficker will introduce drugs and alcohol to have more power and control over their victims. But unfortunately, sometimes the victims then use drugs or alcohol to cope with the pain of the situation that they're in now. Victims are often isolated, and although they may be physically chained up. I know of a victim who was actually chained in the basement of a house until they were used to provide sexual services. But often than not, they're psychologically chained and don't leave their trafficker. We're going to talk about that in a moment.

Pam Glenn (24:03):

Money is withheld, so they don't have the freedom of financial freedom, and debt bondage occurs. And what that is, is the traffickers are charging for the food and shelter that they're providing, and the victim can never pay off this debt, so to speak. So they're in this continual cycle of debt bondage. The traffickers also use manipulation to instill a huge fear of authority in the victims, so the victims are afraid to go to law enforcement for help, and they may instill a fear of authority, including us as healthcare professionals. I want to take a moment and talk more specifically about the psychological control. The trafficker controls all aspects of the victim's life, even including telling them when they can and can't go to the bathroom for example. So they have this appearance of omnipotence. The trafficker is also constantly demanding tasks of the victim, and the victim ends up exhausted.

Pam Glenn (25:02):

And these tasks are often very trivial and pointless, but this sends a message to the victim of unquestioning obedience. The abuser or the trafficker can do anything they want to the victim, that's the message that gets sent by these trivial demands. And we'll talk about this further, but some indulgences happen occasionally. That's part of the trauma bond which I'm going to focus on next. The victims are also on the flip side deprived of physical necessities. So they're given just enough to keep them alive, but yet they're constantly hungry, thirsty, tired, sleep deprived, and this gives the trafficker more control. So let's take a moment and just think about the last time that maybe we didn't get a good night's sleep, we missed a meal, how did we feel in that moment?

Pam Glenn (25:53):

Think about that happening constantly, and then think about the mindset of the victim who's also required to perform, for example, sexual services. Sometimes the sexual trafficked victims cannot come home, so to speak, until they've raised and made a thousand dollars. Think about how many sexual acts they need to perform to have made $1,000 before they can come back home to the trafficker. So think about the mindset of the victim that results. And I had a huge aha moment years ago when I understood better the trauma bond. So I want to focus on that as well because it helps us understand why victims of abuse stay with their abusers and why victims of trafficking stay with their trafficker.

Pam Glenn (26:43):

The trauma bond is a relationship that involves this intermittent cycle of fear and pain along with just a very occasional moment of pleasure. It's a really complex relationship, it involves isolation as I've mentioned. It involves complete perception of power by one person over another, perception or real threat to kill or harm the victim. And this is interspersed with, again, just those

occasional acts of kindness by the trafficker. So stepping back for a moment, we need to acknowledge that humans are programmed to form attachments, to have connections, we're programmed that way. And although this bond of the victim to the trafficker is very unhealthy, it's grossly abnormal, think about it, the victim has no one else.

Pam Glenn (27:34):

So, the victim needs the trafficker to sustain life. And because the trafficker occasionally provides some level of pleasure, the victim soon learns to realize that to survive it's psychologically better to become attached to their enslaver. And they do become attached to their trafficker, that is the trauma bond. We need to remember this when we're talking to patients who may be in this situation. It's a very powerful bond. Also what happens to victims is that there's a process of dehumanization. So the trafficked victim is viewed as the product. The traffickers may even call them by a number or code name. And the trafficker may tell them continuously that their families have forgotten about them, their families no longer care about them. They're worthless, they're insignificant.

Pam Glenn (28:22):

And as a result, the victim feels like an object. They lose their identity, and they become totally dependent on the trafficker. So how do victims cope? Again, they might use alcohol or drugs to try to cope with this situation. So if we see this patient in front of us, we need to be very careful to not judge about this use. Instead, we need to be asking what else is going on? What's the underlying issue that's leading someone to use alcohol or drugs? There might be attempts for the victim to leave their trafficker, but again, that may not happen as often because of the power of the trauma bond. Victims might simply comply because that's safer. Remember they're in survival mode, and that might be safer than trying to resist the traffickers' demands.

Pam Glenn (29:11):

Victims may dissociate and just try to erase everything in their mind trying to cope with this horrendous situation. And they may implement some strategies to shorten the time and type of sexual contact with clients. Again, a way to cope. They also have barriers to escaping. They are held against their will, but we also again have the trauma bond playing a big role. But think about it, they're essentially homeless, they have nowhere to go. They are often chemically dependent, they have not been educated, especially if they left home at a young age. And they may not even have any kind of awareness of what resources are out in the community. Now, think about this, they also have this history of abuse more than likely in their home situations. So we have this layering of trauma that happens with the victims of human trafficking.

Pam Glenn (30:05):

This is a quote from a victim who said I don't resist because I saw others mutilated. Pimps would beat up women for attempts to escape, sometimes mutilate or beat them to death, one girl died in three days. Pimps would get violent for no apparent reason, it was like walking on eggshells all the time. So how do we assess for human trafficking? Victims might seek medical care for different reasons, but it needs to be pointed out that traffickers do not want their victims to access medical systems unless it's absolutely necessary. But more than likely, they're going to access emergency services, especially if they've had an assault or an injury. Very commonly, they're going to come in for GYN services, maybe prenatal care, maybe abortion services as well as STI screening. I do want to point out that rarely are they going to come in for routine checkups, probably not access addictive services or access services for preexisting conditions unless there's a real severe situation going on.

Pam Glenn (**31:09**):

The traffickers actually have their own 'doctors' who are not truly doctors but somebody designated to try to address the healthcare of the victims just enough again to keep them alive. So often there are consequences of victims not able to seek medical care as soon as they could. So what are some of the reasons that we may not screen for human trafficking in our healthcare settings? The external barriers are listed there. I would say probably the biggest reason is the pressure to see so many patients an hour, the pressure to address only the presenting problem. And I've been there, I've worked in the clinics where we have a lot of pressure to keep moving with our appointments each day. There are also internal barriers, maybe a clinician is denying it's even a problem. Maybe the clinician says, "Well, this doesn't happen in our community." But trust me, it is so hidden, it's probably there.

Pam Glenn (**32:07**):

Maybe health care staff are uncomfortable with the topic, but I often have staff who say after a training, "It's not that I don't want to ask the question, I just feel uncomfortable knowing how best to respond." And we're going to talk about how to respond in just a few minutes. But more importantly, I think the reason healthcare staff have not asked about human trafficking is this lack of understanding or awareness, and maybe even a lack of protocols, which are essential. And we'll talk about that yet as well. The benefits to screening, we identify the real heart of the issue. The development of a plan is based on truth, and time is better utilized. But most importantly, the patient is well served when we get to the heart of the issue and understand the truth of the matter.

Pam Glenn (**32:57**):

And then to the right of there, I'd like to focus in on our role. Our role is to screen our patients and refer, let's get them to the services that can help them. And I always put in that validation point, once we screen and a patient discloses, it's so important that we validate their experience, but then we're going to refer them on to the experts who can take it from there. That is our role. So victims also have a lot of reasons not to share with us that they're in this situation. Unfortunately, shame and guilt play a role and keep them from disclosing. But more importantly, and probably more commonly, they're afraid that the trafficker is going to retaliate. They're afraid of what might happen if they disclose. They might be afraid of getting arrested or if they are from a foreign country, of getting deported. They may be afraid of getting reported to social services, and again reported to law enforcement.

Pam Glenn (**33:54**):

And they may truly not even understand our healthcare system, they may not trust our healthcare system. And remember patients who are in these trafficking situations might be in denial, and the trauma bond again is playing a role. So a lot of reasons why they may not disclose to us initially. So we're going to look at the impact of human trafficking and the signs. The impact are also our red flags. Understanding that patients sitting in front of us might be in a trafficking situation. The physical health impact is an impact that can happen to all the body systems. So we might see fractures, pain in the musculoskeletal system, the neurological system. We might see memory loss, headaches. We might see bites, bruises, burns, cigarette burns, scars from previous assaults, infectious diseases, sexually transmitted infections, and mutilations from unsanitary procedures done by the traffickers' doctors, so to speak.

Pam Glenn ([35:01]()):

Think of the stress that these victims are in. So GI issues are very common, you might see poor dental health, malnutrition, dehydration. And commonly in our family planning clinics, we're going to see chronic pelvic pain. And no matter how much follow up we do to try to understand the source of this pain, oftentimes nothing is identified as the reason for this pain. And you're also going to notice that these victims often do not get routine screening or preventative care. Injuries are another sign that you might see injuries that are inconsistent with the story given by the victim, a delay between the injury and seeking treatment, multiple injuries in various stages of healing. And often, they're hidden, they're more proximal and hidden so that people on the outside cannot see them. Now, another dynamic that you'll see is victims will often minimize their injuries. Again, they're afraid, they don't want you to find out that they're in this situation. They don't want the trafficker to know that they gave something away about how this injury happened.

Pam Glenn ([36:07]()):

You're also going to see sexual assault injuries, signs of torture. And oftentimes you might see brands or scarring or tattoos which indicate ownership by the trafficker. Again, the victim is a product, and this is a branding by the trafficker. Specifically looking at our reproductive settings, you're going to see multiple and maybe reoccurring STIs, including HIV Aids, genital trauma, maybe mutilation, vaginal and pelvic pain, and often reoccurring UTIs. But you're also going to see early sexual initiation at very young ages. And this isn't a judgment call, this is just to note that you might see a highly sexualized behaviors in your patients or dress. You may see complications from an unsafe abortion attempt by the traffickers' doctor. You might see a history of an abortion at a young age, unintended pregnancy, pregnancy at a young age. And often, you see missed prenatal appointments or late prenatal care.

Pam Glenn ([37:12]()):

And it's so easy again to assume or make an assumption that this patient is not compliant. But instead, let's stop ourselves from that judgment call and ask what's going on here. And over my years as a practicing nurse midwife, I don't know any pregnant mom who doesn't have concern about their baby's health. But you're going to see extreme worry about the fetal health, especially in a trafficked victim because of the situation they're in. Now, with birth control visits, you might see a patient who's noncompliant with their birth control. Again, let's ask, what else is really going on here? And often I've had patients ask for a hidden method. So you may want to consider the IUD, a depo shot if they're able to get back every three months for their depo. If a patient comes to you for emergency contraception, you want to always assess was the sex that led to this need for emergency contraception consensual or not?

Pam Glenn ([38:11]()):

So, pregnancy and birth, as we know, I just want to point out are often triggering events for previous trauma. Just that growing uterus, the baby moving, the invasive procedures or vaginal exams that we do can be very triggering. So I just want to point out we need to be very tuned into this as clinicians, we need to keep the patients in charge. And I often say when I do a vaginal exam, you're in charge, and let me know if this is okay, and especially if I know that they have a trauma history. The psychological impact of human trafficking is something I've already mentioned, but includes addiction, anxiety, depression, PTSD. Victims may be hypervigilant because they are always having to be on guard with their traffickers. They often express a normalization of sexual violence. And again, just remember, they may be feeling totally helpless, ashamed, shock. They might be in denial, and they're often socially isolated. You may see

eating disorders as well because it's their way of trying to have control in their life when everything else is out of control.

Pam Glenn (39:25):

So, think about it, again, the trafficking victims often start as children. So you may see impaired social skills, delayed cognitive and physical development. Their growth may be stunted, and you're going to see other consequences of poor nutrition over a long period of time. So let's take a look at just a few more additional red flags you might see in our healthcare settings. Remember the victims have a fear of authority, they might be very hesitant to provide very much detail when you're asking your questions. They may be hypervigilant. They may end up getting even a bit aggressive with staff. Again, they're in a whole different frame of mind, and we need to remember that.

Pam Glenn (40:06):

They have often been given scripts of what exactly to say to us, and these are scripted comments. Scripts that they have to follow when they access our healthcare system, scripts that were developed by their traffickers. And then always looking at their histories, do they have a history of running away? And sadly if they have a history of foster care placement, unfortunately our foster care system has found that many victims come from the foster care system. And you may find another red flag is that their stated age is older than their appearance. Again, they're trying to avoid any type of mandated reporting situation.

Pam Glenn (40:52):

So, you may see repeated visits, including frequent visits to your ERs, to the family planning clinics. They may have multiple vague complaints and injuries that are getting more severe. But another whole area that's a red flag is that there's more than likely a person accompanying this patient that's hovering, they show over concern. They don't leave the patient's side, they appear very controlling and dominating. They're holding onto the ID forms, they have control of the money. So we need to remember that probably the trafficker has sent this patient along with somebody to watch them to make sure that they don't disclose they're in this situation. And then another red flag is that the patient may use language from the life. And I want to point out just very briefly, I had the privilege of meeting Victor Vigna, he was at one of our safe conferences years ago. And he used to be a detective working with human trafficking in Las Vegas.

Pam Glenn (41:52):

He ended up documenting the language of trafficking by asking trafficked victims to share with him all the terms that they use. I do have this compilation that he put together. If anyone is interested, you can email me. And I'll provide my email at the end of this talk with these terms. We need as clinicians to be aware of the terms used so we can understand what our patients are talking about. So let's get to the heart of the trafficking screening and our responses. We want to do trauma-informed care, which recognizes that trauma has an impact on our patients' lives. We want to make sure that we're approaching them non-judgmentally and very patient centered. We want to make sure we're reducing retraumatization, highlighting the patient's strengths and resilience. So screening concepts, we need to be aware with all of our patients that they may end up in a trafficking situation of some kind. And we want to screen face-to-face and verbally not just with a written handout.

Pam Glenn ([42:55]()):

You want to create a safe space; you want to try to screen in private. So you're going to try to get this patient away from this accompanying person. You want to have a policy in your clinic setting that you can see this patient alone and then reassure this accompanying person that they will be brought in afterwards. Initially, I do recommend that you avoid the word trafficked when you're screening your patients because they may not even identify themselves as a trafficked victim. And use open-ended questions as you're doing your screening questions, which we'll talk about again in a moment. If you can, assure confidentiality. But you do need to recall that if you have a minor, you have to follow your state's mandated reporting laws. If you're using an interpreter, I highly recommend you use the National Hotline Translation Services because a local interpreter may be connected to the trafficker. We want to avoid that.

Pam Glenn ([43:55]()):

As you're screening, you silence and also trust your gut as you probe with your screening questions. Share your concerns, gently point out your observations of maybe the victim's body language. Maybe you say, "Hey, it looks like you're a little uncomfortable with the questions I'm asking, I'm just very concerned about your safety." You might want to use handouts, but that's only if it's safe to do so. If you send a handout home with a trafficked victim and the trafficker finds it, they may get beat up for that. So you may want to discreetly give the trafficking victim the hotline number on a very anonymous type of piece of paper for them to access the hotline number, for example. So if you have an accompanying victim that doesn't want to leave the patient's side, assess the power dynamics.

Pam Glenn ([44:47]()):

If you need to try to separate the patient from that victim, here's a little tip that I learned long ago from an ER nurse, nobody seems to question if you need a urine sample. So you take that victim to the farthest bathroom down the longest hall, and that's when you screen them for human trafficking. So that's a tip. However, sometimes that accompanying person refuses to leave the patient's side. And in that moment, we just want to assess, maybe they have a level of aggression, we want to look at the health and safety of the patient in that moment. And we still want to make sure we're taking care of that patient without jeopardizing the future safety of the patient. So we may end up allowing that person stay at the patient's side and get that patient cared for. That's an assessment you make in the moment. And that is part of the screening protocols that I will share with you at the end.

Pam Glenn ([45:41]()):

And sometimes you have a patient who refuses to be separated from that accompanying person. We need to be respectful of that, we need to understand the benefits and harms of working with the patient on a case by case basis in those moments. Because if the trafficker thinks there's a threat, you might risk the opportunity to provide that patient with medical treatment not only that day, but in the future. So it is complex at times, and that's why protocols are being developed to help guide you all. So let's look at some of the screening questions, and you always want to start out with a more benign question such as, are you in school? Where do you live? And if you're picking up cues, you can ask more focused questions. Maybe asking simply how many people live with you, what are your living conditions like? Do you sleep well? Can you come and go as you please? Has anyone threatened to keep you from leaving your living situation?

Pam Glenn (46:40):

Maybe asking about work and the working conditions. And a good one to ask is how many hours a week do you work? And then the more probing questions might include, have you ever been forced to do work you didn't want to? Has anyone lied to you about the type of work you would be doing? And do you get to keep the money that you earned or have you ever been forced to have sex to pay off a debt? Has anyone ever touched you inappropriately or has anyone ever forced you to do something sexually you didn't want to do? So then getting into the more probing question depending on how the body language is looking in your victim and how the conversation is going. One victim in a study noted the following, and I think this is important for us to remember because we are considered authority figures to many victims.

Pam Glenn (47:29):

And this person stated this, our interactions with care providers, authority figures who may expect compliance and trust may remind us of our perpetrator or perpetrators with whom we felt helpless, unequal, submissive or overpowered. So we need to understand that when we're asking our questions, this may be their mindset. We again want to make sure that we're providing a safe environment for potential victims to disclose to us if this is happening. And remembering they may not even identify themselves as being victims. They may be defensive, they might get easily agitated. Let's not take it personally, let's stand back and remember what might be really happening in these situations. And they may have had previous negative experiences in our healthcare systems, they might even disassociate right in our clinic settings.

Pam Glenn (48:27):

And we need to also remember they might still be in love with their trafficker. So how do you respond? Maybe the patient is denying they're in this situation, we still need to be respectful. We can still provide resources, maybe just a 1-800 number on a blank piece of paper knowing that maybe we're seeing those red flags. And we still want to make sure they have this number, then we leave it up to them. But we want to make sure we're nonjudgmental, we're not blaming or shaming them. And we want to make sure that we keep the door open. That's why I have this photo of the open door. No matter what, no matter if that victim is not yet ready to take our advice, we want them to know that they are welcome to come back and revisit this in the future, our clinic settings are a safe place to do so.

Pam Glenn (49:18):

And the harm reduction approach that I'm sure you're aware of is the approach we need to take. We're working with patients where they are rather than where we think they should be. The goal is to help our patients stay safe even though we may know they're still in an unsafe environment that maybe they're just not yet able or willing to leave. And we might end up providing tips to them that are very concrete that helps them to stay safer in these unsafe environments. For example, we might say, "Hey, do you have a phone that you can call 911? Do you have a neighbor you can go to? If a client, for example, is beating you up, how do you physically protect yourself? Make sure you get in the fetal position, cover your head. It may have to get that concrete as we're trying to give them this harm reduction approach. And the bottom line message we want our patients to hear is no matter what, I'm here for you even if you're not yet ready to make a step in getting out of the life.

Pam Glenn (50:23):

So, if a patient discloses, that's when we want to provide that validation statement and name it as it is, "Hey, what you're describing to me is a trafficked situation, you're in a trafficking

situation. Let's take a look at your next steps, I've got resources to help you." You want to give them an empowering statement. And I don't mean to sound cliche, but really sincerely saying to patients who disclose, I know it took a lot of courage for you to share this. When they disclose, I use the term survivor rather than victim because it's much more empowering. It recognizes that they are so strong, they have survived this horrendous situation. I want to use this positive term. I want to be genuine and authentic with my response, maybe something they shared with me upset me. It's not about me, but maybe I in a moment just say, "Hey, what you described to me makes me sad that you've had to live through this experience, but let's talk about next steps." You're going to assess the situation further, you're going to avoid retraumatization, and you're going to get them connected to services.

Pam Glenn (51:33):

So, you want to meet their basic needs. Without meeting their basic needs, the victim is more than likely going to remain with their trafficker where they know they're going to be fed and sheltered. And remember the trauma bond power that is driving them. So we want to make sure we're first meeting their basic needs, connecting them with the nonprofits in our area or other nonprofits. Making sure they get their housing, food, and clothing taken care of right off the bat. And you can have them call the National Trafficking Resource Center, maybe use a side room and sit with them as they make this call, give them that support or have a staff person sit with them as they're accessing this resource center which will connect them with a local nonprofit and give them the next steps for getting out of the life.

Pam Glenn (52:26):

Documentation is a very important piece of our work. A couple tips in documenting if a patient discloses they're in a trafficking situation. You may want to note the patient states the following, and then list everything that the victim stated to you. If you have any identifiable information about the trafficker, include that. As I'm sure you all know, you want to be careful not to make a judgment about what you're seeing. For example, if you see a bruise on their back that looks like the shape of a heel like they were kicked in the back, you don't want to say it's a heel injury, you don't know, you weren't there. But you might want to describe the bruise as heel shaped and then describe the size, the color, the location as you know being totally objective. And you want to document if the patient was ready to implement a safety plan. And if they're not quite ready, please avoid writing patient refuses.

Pam Glenn (53:23):

But instead write patient declines at this time, patient is considering their options. Many resources are out there from the National Human Trafficking Resource Center to the Department of Labor hotline and the National Center for Missing and Exploited Children. It is so important also that we have collaboration within our own healthcare system, we need support and buy-in from the healthcare administrators. We need training of all healthcare team members because it's the person at the front desk who's checking the patient in who might pick up cues that they're in a trafficked situation to the person who's rooming the patient, and then to those of us who are clinicians. This training needs to include trauma-informed care, screening strategies, the questions we just reviewed briefly. How do we respond? How do we coordinate? How do we document? And then have this development of protocols and toolkits so that when we have a patient who's identified as a trafficked victim we have a smooth system for moving them along in their next steps. We want to make sure our practice settings are set up for this as well.

Pam Glenn (54:36):

So again, I cannot emphasize enough we need to collaborate with the other groups out there that are working on this. All of us need to be at the table from the nonprofits, the counseling services, the social services, the police and criminal justice system, the national and local organizations that are working to help victims of trafficking. Healthcare needs to be at the table. We need to pull that chair in and be an active member of this team helping trafficked victims. I do want to point out just very briefly that if you do have a trafficked victim from another country, the US Department of Justice does have what's called a T Visa, a trafficking visa to help those victims be able to stay here in the United States once they're trying to get out of the life.

Pam Glenn (55:27):

So, I'm going to end with what we started with, our drives home after a busy work day. And please know you can feel good about your drive home if you have screened your patients for this situation, you've got that awareness, you're watching for it. You can feel proud of the work that you've done when you have routinely screened your patients for this trafficking situation. And I want to thank you all again for taking the time and energy to learn more about this topic. I think you all knew something about trafficking before this, I hope you understand it and have new insights. I hope that this is isn't just a presentation but will lead to next steps. And I do want to point out you can email me at any time with questions, I'm happy to receive your emails and get back to you with advice, with guidance. Thank you again, and I appreciate your time and energy in addressing the human trafficking situation.