RECLAIME Reference Guidelines 1 of 3

Sex Trafficking Definition

Sex Trafficking Red Flags

Labor Trafficking Red Flags

EMPOWER acronym

DEFINITION OF SEX TRAFFICKING Sex trafficking is the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age

A commercial sex act is any sex act performed in exchange for something of value given to or received by any person.

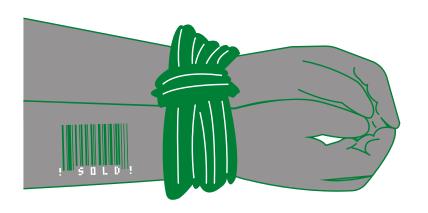
Compensation of value includes: cash, basic needs (food, clothing, shelter), and/or drugs.

DEFINITION OF LABOR TRAFFICKING

The recruitment, harboring, transportation, provision and/or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.



HUMAN TRAFFICKING RISK FACTORS: SEX TRAFFICKING



- Runaways/Homelessness
- Involvement w/Justice System
- Substance Abuse (including guardian)
- History of abuse
- Gang involvement
- Cognitive or physical disabilities
- Truancy
- Foster Care System
- CPS Involvement
- Youth
- Unaccompanied minors
- LGBTQ population

HUMAN TRAFFICKING RISK FACTORS: LABOR TRAFFICKING

- Foreign nationals
- Immigrants
- Unaccompanied minors
- Human smuggling
- Refugees
- Poverty
- Non-English speaking
- Cognitive disabilities



PSYCHOSOCIAL RED FLAGS SEX TRAFFICKING

- Scripted or inconsistent story
- History of abuse
- Unable to provide address, is "new to town," doesn't know how long they've been in the area
- No social network
- Cash pay
- Anxiously refusing to be without phone, or has multiple phones
- Not in possession of ID
- Accompanied person(s) does not

let patient speak for themselves

- If alone, demonstrates evidence of controlling or dominating relationships
- Fearful, nervous, avoids eye contact, hostile, distrusting of Healthcare Professionals and Law Enforcement.

PSYCHOSOCIAL RED FLAGS LABOR TRAFFICKING

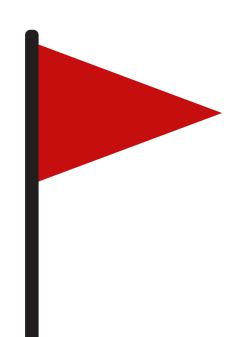
- Scripted or inconsistent story
- Cannot provide emergency contact
- No social network
- Cash pay
- Not in possession of ID
- English is not first language
- Accompanied person insists on translating for patient
- Describes having a job different

from the work they were recruited for.

- Mentions living in crowded conditions and working long hours
- Unable to take breaks at work to eat or drink
- Mentions owing significant debt

PHYSICAL EXAM RED FLAGS

General Appearance Malnutrition Fatigue



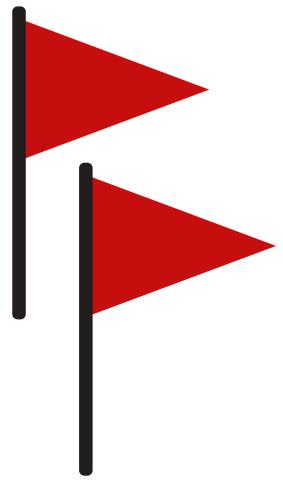
HEENT (Head, Ears, Eyes, Nose, Throat) Broken teeth, Dental concerns Hearing loss Vision problems Signs of head trauma Pharyngeal trauma Gum or tongue disease

Cardiovascular (CV) Dehydration Arrhythmia (tachycardia) Sepsis Bacterial Endocarditis Viral cardiomyopathy HTN

PHYSICAL EXAM RED FLAGS

Gastrointestinal (GI) Weight loss Vitamin & mineral deficiencies Diarrhea Constipation Parasitic & bacterial infections Abdominal trauma

Musculoskeletal Neck & back pain Physical disabilities Major & minor trauma Fractures Blunt force trauma



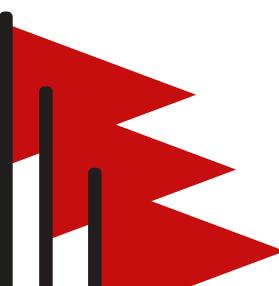
Neurologic Headaches or migraines Concussion Altered mental status (AMS) Traumatic brain injury (TBI) Seizure or Pseudo-Seizure Vertigo Meningitis Tetanus

PHYSICAL EXAM RED FLAGS

Dermatologic

Signs of physical abuse or torture Unexplained injuries Neglected injuries Soft tissue injury (human bites) Chemical or thermal burns Cigarette burns Cellulitis & abscesses Tinea (ring worm infection)

Infectious Disease (ID) Opportunistic infections Shingles | Tuberculosis (TB) HIV | Hepatitis A, B, C Endemic specific diseases



Developmental/Pediatric Physical & cognitive disabilities Delayed milestones Age does not meet stated age Short stature/low weight percentile for age

FOCUSED PHYSICAL EXAM **RED FLAGS** SEX TRAFFICKING

General Appearance

- Good hygiene, hair well maintained, finger and toenails well-manicured
- Presentation may be unkept, disheveled and reports homelessness.
- Uses language, have knowledge and/or behaviors of sexually activity inappropriate for age

- Use language common in sex trafficking: 'daddy', 'dates', 'the life'
- Possible inappropriate dress for the situation; provocative or not clothed appropriate for weather



FOCUSED PHYSICAL EXAM RED FLAGS SEX TRAFFICKING



Gynecological & Genital

- Unusual high number of sex partners
- History of terminated pregnancies (including forced and home abortions)
- STI's (local and disseminated)
- History of untreated STIs
 Genital and anal trauma
- Retained vaginal foreign body (i.e. make-up sponge)



FOCUSED PHYSICAL EXAM RED FLAGS SEX TRAFFICKING

Dermatologic (Skin & Cutaneous) Tattoo branding: 'Daddy's Girl', 'Property of ...', 'For Sale', barcodes

Signs of Substance Abuse: Agitation Irritability Nausea & Vomiting (Cyclical Vomiting Syndrome) Diarrhea Delirium Tremens (DTs) Track marks Skin popping Polysubstance abuse (heroin, methamphetamines, cocaine)

PHYSICAL EXAM RED FLAGS LABOR TRAFFICKING

General Appearance Foreign national Poor hygiene, dirty clothes, unkept appearance

Neurological Concussion Headaches



Cardiovascular (CV) Signs of prolonged environmental

exposure Heat stroke Hypothermia

Pulmonary

Related to inhalation of airborne

contaminates; fumes, dust, particles

Endotoxin or asbestos contamination Inhalation injury

PHYSICAL EXAM RED FLAGS LABOR TRAFFICKING

Musculoskeletal

Work related injuries

Injuries related to lack of appropriate PPE Severed limbs (fingers)

Fractures

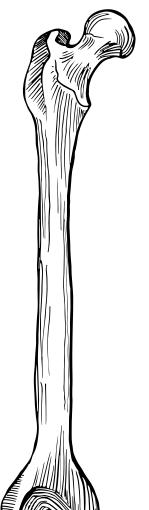
Repetitive motion syndromes

Neck & back pain

Chronic musculoskeletal complaints

Gynecological & Genital (GY/GU) Evaluate for sexual abuse, STI, GY/GU trauma

Dermatologic (Skin & Cutaneous) Occupation dermatosis secondary to exposure or prolonged exposure to industrial or agriculture chemicals Frost-bite | Chemical Exposure Burns chemical & thermal Substance Abuse Nausea & Vomiting Agitation Most common abused; stimulants, ETOH



PSYCHOLOGICAL RED FLAGS SEX & LABOR TRAFFICKING

Stockholm Syndrome (trauma bonding to trafficker) Post-Traumatic Stress Disorder (PTSD) Dissociative Identity Disorder (DID) Suicidal Ideation (SI) Hostility

Hypervigilance

Anxiety

Depression

Difficulty concentrating

Flashbacks

Lack of emotional responsiveness (numbness)



Feelings of shame, guilt, lack of selfworth

- Self-harming behaviors
- Psycho-Somatic Complaints
- Sleep disorders (insomnia, nightmares)
- Dizziness
- Eating disorders

PSYCHOLOGICAL RED FLAGS SEX & LABOR TRAFFICKING

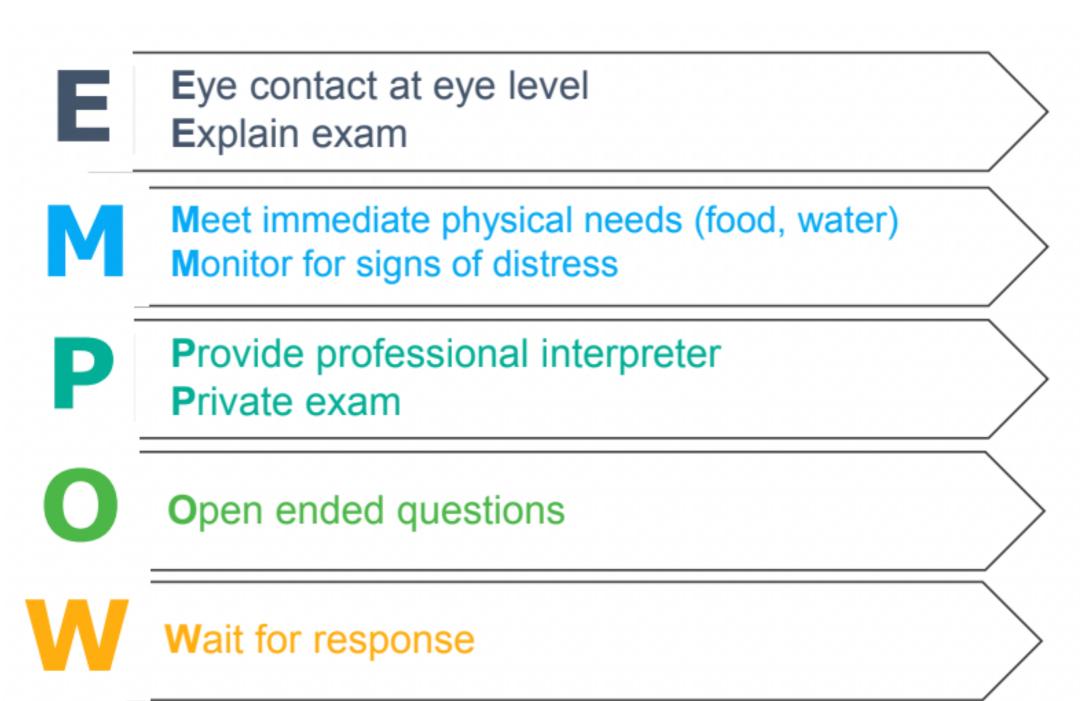
Depersonalization or Derealization Memory loss (time, place, people, situation)

Emotional blunting

Physical numbness of senses Distortions in perception of time Amnesia



SUSPECT A PATIENT MAY BE A VICTIM OF TRAFFICKING? HERE IS HOW TO STAY TRAUMA INFORMED



Equip with options and resources Establish rapport

Reinforce victim's safety and bravery Respect victim's choices

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Eye contact at eye level Explain exam

- Always maintain eye contact at eye level
- If victim is a minor consider sitting below eye level
- Exam should be compassionate, confidential and complete
- Recognize medical exams can retraumatize a victim
- Ask permission to touch patient before starting an exam
- Explain step by step process of exam or procedure as clinically indicated and ask permission frequently.

Meet immediate physical needs (food, water) Monitor for signs of distress

- Determine basic needs assessment (hunger, hydration, clothes, hygiene and shelter)
- Do not withhold basic needs if resources are available
- If clinically appropriate offer food/water/warm blanket
- Recognize physiologic and psychologic signs of distress such as change in vital signs, increase in agitation, pacing, lack of eye contact, or acute change in behavior.
- Frequently ask " are you ok"
- Be flexible to accommodate victims needs during times of distress

Provide professional interpreter Private exam

- For trafficked persons, giving them control over their bodies can be an empowering experience
- Respect the victim's choices to control, or deny, medical exams. This will have the long-term benefit of empowerment and autonomy.
- Provide private exam with possible chaperone
- Always ask gender preference of examiner

- Collect only the data needed to treat the patient's medical needs and make the necessary report and referral
- Never coerce or pressure a patient to divulge details they are not ready to discuss
- Avoid questions only to satisfy your curiosity



- Be PATIENT and SLOW down
- Recognize that medical history taking can retraumatize a victim
- Patient's history may be confused or inconsistent, which is a sign of trauma, not necessarily lying
- Be prepared to listen patiently if patient discloses information about prior trauma and abuse
- Redirect or restate question gently if victim appears hesitant to answer
- Avoid pressuring a victim to answer a question.

Equip with options and resources Establish rapport

- Establish trust and rapport: show empathy, listen, and create a safe, supportive and non-judgemental environment
- Limit patient contact to staff people with established rapport
- Equip with options and resources
- Establish safety plan as appropriate

Reinforce victim's safety and braveryRespect victim's choices

- Reinforce that the victims are survivors, and should not be blamed for their abuse
- Show respect for how victim has coped this far, even if their coping mechanisms are maladaptive
- Reaffirm victim's safety is first priority
- Reassure victim that there is help and they are NOT alone
- Realize that victim may not be ready to accept help
- Respect the victim's choices BUT ALWAYS encourage the victim to

return!!!!