

Moderator: Welcome to Public Health Live, the third Thursday breakfast broadcast. I'm Rachel Breidster and I'll be your moderator today. Before we get started, I'd like to share an exciting milestone with you, our audience. The Center for Public Health Continuing Education has been producing Public Health Live since 1999 and last month marked our 175th episode of Public Health Live. We would like to thank our audience for your continued interest and support in the show's journey over the years and look forward to many future webcasts. As for today's show, as well as future shows, we ask that you fill out the online evaluation at the end of the webcast. Continuing education credits are available after the short posttest and your feedback is helpful in planning future programs. We encourage you to let us know what topics are of interest to you and how we can best serve your needs. As for today's program, we will be taking your questions throughout the hour by phone. The toll free number is 1-800-452-0662 or you may send your written questions by e-mail. Please e-mail us at any time through the hour at phlive.ny@gmail.com. Today's program is *Human Trafficking: A Public Health Perspective on a Human Rights Issue*. Our guests are Christa Stewart, coordinator of the NYS Human Trafficking and Unaccompanied Children's Program at the Bureau of Refugee and Immigrant Assistance at the Office for Temporary and Disability Assistance and Lauren Pessa, the Director of the Human Trafficking Program at My Sister's Place. Thank you both very much for being here. We're excited to have you on the show today. Now, Christa, let's start with you. We have a very serious topic to talk about. I'm wondering if you can start by helping us conceptualize what we mean when we're talking about human trafficking.

Christa Stewart: Right, so I think it's easy for us to understand how commodities are packaged and sold in supermarkets and how things get transported whether they be cattle or steel but it's very hard to understand that actually human beings are treated like commodities and are in that same situation today.

Moderator: So if humans are being used as a commodity, this is in essence, a form of slavery. Is that correct?

Christa Stewart: It is considered modern day slavery because the victims of human trafficking are denied all kinds of liberties and access to freedom.

Moderator: And when we're looking at the finer details of this picture are we talking about children or adults? Who is a victim of trafficking? Who's being sold as a commodity?

Christa Stewart: Unfortunately, anybody can be a victim of human trafficking. It could be your brother, your sister, your parent, a relative, your neighbor. It affects everybody from all kinds of socioeconomic levels and all types of backgrounds. We do know that many victims of human trafficking are coming from areas that are very disorganized, that are facing vulnerabilities. For instance, the recent storms might lead to vulnerabilities that might lead to trafficking. But generally we are seeing people coming from very desperate circumstances and people are looking for a better way of life which leads them into trafficking.

Moderator: This is something obviously very serious problem. And as you've just described, affects a wide variety of people. But I think it's something that often people are unaware of. How common is this? How pervasive is the issue of human trafficking?

Christa Stewart: Unfortunately, it is estimated that had 27 million people worldwide are in some form of slavery. And most recently they found in the United States that number could be anywhere up to 80,000 people at any given time are in some form or indentured servitude or forced work. So it is very pervasive problem. But as you recognize, the statistics are not as forthcoming as we'd like because the problem is so underground and so hidden. The victims themselves are afraid to come forward, so in that instance, we don't have a real good sense of who is actually being victimized right now.

Moderator: So we have the number of 27 million, but there could be many more is what you're saying.

Christa Stewart: Exactly.

Moderator: You referenced that it's a problem even here in the United States. But this is a global phenomenon. So can you talk about that picture?

Christa Stewart: Yes, it is a global phenomenon. Fortunately, the United Nations took action in about 2000 to address the problem recognizing that it's crossing many borders. Unfortunately, it does happen within countries, as well, and we see our open problem here in the United States with victims being trafficked that are born here, but because of certain vulnerabilities end up in trafficking. But it affects every single country, whether they're first world nations or developing nations and it affects every country according to the United States Department of State Trafficking and Persons report.

Moderator: So looking a little closer to home then, if it affects every country, obviously that includes us in the picture. So can you talk about the specifics of human trafficking in the United States?

Christa Stewart: It does affect the United States, as well. And the United States followed the international effort by creating a law here to address human trafficking. Again, the numbers are very generalized, but we do know that New York State is one of the top four states to actually receive victims. We're a big transportation hub. There are many economic opportunities that might lend to trafficking, so we do know that New York State itself is also a hub of trafficking.

Moderator: It's interesting because if New York State is a hub of trafficking, I feel like is this a dialogue that doesn't happen very frequently. There's not a lot of awareness about how trafficking occurs. So can you talk about the process of how trafficking actually happens?

Christa Stewart: So trafficking is a process and that is important to understand because it's often not as clear cut as it's portrayed in the media where somebody is kidnapped off the street and put into a brothel. Unfortunately, trafficking can often occur over a number of years where the person is being promised something and ultimately believes that that promise will come true whether it be for work or to repay a debt that they're owed. They're transported often or brought into a situation and then those promises turn out to be false. They often have no access to their passport or other documents. They're often told if they report their situation to the police that very bad things can happen to them. Very often their family members are threatened and they themselves face severe physical and mental harm. And all of those conditions keep a person in that condition of servitude where they don't feel free to leave. And that can be either for the purposes of forced labor or forced prostitution. So that essentially is how trafficking occurs. And it's important to notice, as I mentioned earlier, that it doesn't require the crossing of an international border. Somebody can be born in one part of New York State and traffic to another part and it still constitutes trafficking.

Moderator: You mentioned it could be forced into prostitution or other types of labor. And I think that generally the first thing people think of when they think of trafficking is prostitution. Can you talk about the broader picture and what else might be included in human trafficking?

Christa Stewart: Yes. We do know trafficking occurs anytime there is an opportunity unfortunately to exploit somebody. And most often those types of conditions occur where it's very hidden. So often we do see trafficking occurring in domestic work, people that don't have access to the outside. We do see it in construction industries, in commercial industries that might not be as regulated like sweat shops, agriculture, and restaurant service industry. So could be a whole range of trafficking that occurs. And also in the intimate partner aspect, there might be some forced marriages, as well, that could also be considered trafficking. So it does occur over a range of types of industries and situations. And often the connection between forced sexual servitude and forced labor is very closely connected, so it's not easy to break that out often.

Moderator: So it's not easy to break that out and you mentioned before that things are underreported, so the data we have is not necessarily a complete set of data, but is there data available that breaks down what types of trafficking occur more frequently?

Christa Stewart: We do know that the majority of victims are identified when they're in situations of sexual exploitation. So we know that our statistics show that many people are involved in sex trafficking. And they may have originally been involved in labor trafficking and in helping to pay off their debt more quickly get involved in sexual exploitation because it helps to repay the debt more quickly. But again, it is in all types of industries, but our statistics do show that there are those hot spot entries that are more likely to have trafficking occurring within it.

Moderator: Has there been any response to this? Again, on a global level, an international level, is anyone doing anything?

Christa Stewart: The United Nations does have a protocol that addresses trafficking that really encourages nations to look at their own laws and prevention efforts to tackle the problem globally. In turn, the United States, as well, enacted legislation in 2000 to respond to this. And importantly looked at the problem in sort of a multifaceted approach where the United States said we have to actually protect our victims here that are uncovered, we have to hold the traffickers accountable and we have to try to prevent this in the first lays. We know the United States have a lot of opportunities here, so people are drawn to our opportunities, but what can we do abroad, as well, to help prevent the situation from happening. So all of that led for the Trafficking Victims Protection Act to become law and really look at all those different areas. And importantly it recasts how we consider trafficking persons. In the past they might have been dismissed as undocumented persons that don't have any rights or perhaps a prostitute who got down the wrong track in life. But the Trafficking Victims Protection Act helps us see that those people at core are victims.

Moderator: So the Trafficking Victims Protection Act, that was our federal response that came after the United Nations?

Christa Stewart: Yes. And it offered a really important remedy especially for those people that are not born in the United States; it offered legal status for people that come forward that will help to find the trafficker and access much needed services.

Moderator: And what about in New York State, do we have any specific protections here in our State of New York?

Christa Stewart: In 2007, we did enact a state law and importantly that does help put a definition around the problem. Similar to the federal law it looked at holding traffickers accountable by increasing criminal penalties and it also helped to do some coordination by developing a state task force and importantly from my perspective, it offered victim services. So we've been able to create a response to human trafficking program to address the much needed services that victims face when they are identified.

Moderator: So within New York State who are some of the agencies that are working together that are involved in addressing the situation?

Christa Stewart: Well under our interagency task force we have ten state agencies that are co-chaired by the Division of Criminal Justice Services and the Office of Temporary and Disability Assistance, and we also have eight agencies that are really integral to understanding what trafficking is and how we can respond as a state. So mostly law enforcement agencies like the state police or Department of Labor that has an enforcement component or they are service type organizations, like the Office for Children and Family Services, the Office for Victim Services, the Office to Prevent Domestic Violence, the Office of Mental Health and the Department of Health. So all of our agencies come together to try to look at how we can respond as a state and make sure that the barriers that may exist are not there for victims.

Moderator: Great to hear that there is this collaboration, that all the agencies are coming together, since it is such a complex problem. That everyone is kind of putting their heads together to try to make a difference and address the situation. Now, we had the opportunity to meet with Sujata Warrior from the Office for Prevention of Domestic Violence and Sujata spoke to us not only about training initiatives, but also

about the intersection between human trafficking and domestic violence and how public health professionals can help. Let's hear from her now.

[Video- Sujata Warriier]: So domestic violence and human trafficking are very similar in some ways. Basically because it occurs on a continuum of violence. It's about power and having the power to control people through a variety of tactics. Victims have the same impact in terms of their health, trauma. Also, the commonality is that levels of isolation, threats of immigration and deportation, the use of the law to control victims both in domestic violence and trafficking. But the one major difference between domestic violence and trafficking is that usually in trafficking there is a wide network of traffickers, often you can't track everybody. You may get the low level trafficker but you don't get the higher levels that are behind trafficking. Also they move multiple victims. And sometimes when you're looking at especially labor trafficking, you may get women who are also part of the traffickers. So it becomes really hard to distinguish sometimes victims and traffickers, but you have to really do very careful assessment. We do a lot of training on domestic violence across the board for all professionals in all the various systems from child welfare to criminal justice to health. The content of the training for the most part is what is trafficking, who are the victims and perps, what is the data that is available, some of the consequences for victims, and then what's available to hold traffickers accountable. The public health force collaborates sort of inconsistently. Some places in New York we've had a long history of working on trafficking. For example, I know that for New York City, because the Mayor's Office to Combat Domestic Violence, Sanctuary for Families, and New York Asian Womens Center were all working on trafficking including Safe Horizon so there's been a long history of collaborating with health because health care providers do see traffic victims and sometimes traffickers in health care settings. We need to get a more consistent level of support from Department of Health for all areas of health to know what the issue is. So to be aware of it. So I think having many parts of DOH having gone through the training, that once there is a certain level of awareness, then we can figure out what is it that we want health care providers to do, what is it that we want physicians to do, nurses to do, paraprofessionals to do. First and foremost, safety is paramount. And safety may look a little different for trafficking victims than intimate partner violence or domestic violence because there may be multiple traffickers and you don't know who is showing up. Sometimes traffickers have been smart enough to say we're a service provider who actually works for their safety and health. So people don't know how to sort it out who is the grass roots provider and who is claiming to be when they're not. So really focusing on safety, ensuring safety, taking care of whatever health concerns may be for that particular victim who is showing up. That's what we say. Always in domestic violence, you assess, you figure out what is going on, you routinely screen across the board all female patients, not just adults, but even teenagers now because we know more and more what's going on. So routine screening, assessing, knowing what the resources are so you can refer them to resources. And then documenting what it is that they found in the assessment, what the patient is saying. But most importantly, we need to focus in on safety. Safety is paramount. Paramount for domestic violence victims and also trafficking victims. And that is really what providers should focus on.

Moderator: So one of the things that Sujata talked about was this overlap between domestic violence and human trafficking and the similarities. And so keeping that in mind, I would imagine that one of the challenges we face is simply identifying who the victims are and getting them to come forward. Can you talk a little bit about that?

Christa Stewart: It can affect a range of people who get involved in trafficking. And there are similar vulnerability factors. People that might not have access to services are really affected. People that have a past history of trauma and, you know, may not be comfortable talking about their circumstances are those people that might be trafficked.

Moderator: And are there certain red flags that might point towards trafficking or might kind of indicate something is going on?

Christa Stewart: There are some indicators that might lead one to question whether somebody is trafficked. Often people that are in a situation where they are accompanied by somebody who will not leave their side, who seems to exert some authority over them, people that don't perhaps have their identity documents, people that seem not to be familiar with their surroundings. And those are some indicators that show that the person is possibly not sort of in control of their own actions.

Moderator: So given that we've got certain indicators but there is still this difficulty in getting people to talk about their situation, what are some of the challenges really that are facing us in identifying the victims?

Christa Stewart: Yes, that is sort of the main problem that we do have with human trafficking in that the victims are often so threatened and coerced that they are afraid to kind of self-identify or indicate what is going on with their own circumstances. So I think as long as we're aware of some of these red flags, we might be able to help piece together something that is going on with an individual and help them to understand their circumstances and get out of the situation.

Moderator: Now, what are some of the more effective ways as a provider to really try to reach someone? Given the level of fear that might be existing and the number of barriers you've discussed, what are some effective strategies to engage someone and try to get them to talk about the situation?

Christa Stewart: I think that's exactly it. What you're saying it that the core is engagement and understanding that a person may not be willing to disclose all their circumstances, but if we're more aware of those circumstances, we may be able to help them get out of their situation. So the key is sort of engagement as well as sort of gently probing if you feel it's appropriate to find out if the person is in need of help in some way.

Moderator: Now, if somebody encounters a patient and they suspect that there is human trafficking going on, what should their next steps be? I think a lot of people are unsure. It's such an unfamiliar territory. What do they do?

Christa Stewart: Well I think that is a difficult area because we're starting to learn more about the issue and starting to understand what trafficking actually is, but that next step often is very difficult for a provider. Fortunately there are resources out there and our office at OTDA is

always available to help people work through those types of difficult questions. But we also have some national resources. We have the National Human Trafficking Resource Center that does operate 24 hour multilingual hotline that can help people work through those situations and identify appropriate next steps.

Moderator: So if somebody is working with law enforcement or is a mandated reporter, should they be calling your office?

Christa Stewart: So in New York State, if you are a law enforcement officer or working with law enforcement, you are required to submit a referral to our office if you believe the person you're working with is a victim of trafficking. And that referral is assessed by our office in the division of criminal justice services and the main purpose is really to try to identify services for that individual at that time. If a person isn't a law enforcement officer and believes they are in contact, again, they should feel free to reach out to our office or one of the national hotlines to try to connect them to other services and service providers.

Moderator: Great. It's good to know, again, that the agencies are there and available to provide these resources that individuals or health care providers might not be familiar with. Now, OTDA and the Department of Criminal Justice Services work very closely together on this issue and a third partner is the Office for Children and Family Services. We met with Lynn Baniak with OCFS to hear about the role that her agency plays in the process. Let's hear directly from Lynn about her agency's involvement.

[Video- Lynn Baniak]: The Office of Children and Family Services provide oversight to the local departments of social services, including the Administration for Children's Services in New York City as well as authorized voluntary agencies. And the oversight that we provide is in relation to child welfare, family services, juvenile justice, and domestic violence. OCFS doesn't provide a direct role to providing assistance to human trafficking victims, however, we do provide a supportive role. Since the law passed in 2007, that's the anti-trafficking law that I'm sure you're hearing all about today, OCFS has been involved and we work very closely with our partners at the Office of Temporary Disability and Assistance as well as the Division of Criminal Justice Services. Currently we have a project going on called the CHILDRIGHT: New York Project where we have a contractor we're working with, the International Organization for Adolescents, otherwise known as IOFA, and this project is similar to something they did in the state of Illinois with building a child welfare response. Child trafficking victims are identified at this point really it's just someone being aware of what the signs are, noticing something isn't quite right and then making a report of it. Through the project that I mentioned earlier, the CHILDRIGHT project, we are going to be developing a validated screening tool for child victims, so once that is complete, I'm sure it will be available on our OCFS website, other stakeholder agencies in addition to our child welfare agencies will have access to that and can use that in their work, including public health staff. Also as far as like what you should look for, I mean, I think basically anything that just doesn't seem right; something that seems suspicious. If you have especially a young child with multiple sexually transmitted infections, or multiple pregnancies and abortions, if you have a situation where you have a child there and you have an older controlling boyfriend or family member and the child doesn't seem to be able to talk for themselves, that would be a warning sign. Basically there is a process for confirmation or certification as a victim. But for the purposes of the Office of Children and Family Services, when a child victim is identified, immediately they will send a notification to that local district, the department of social services there. And that person will need to do an assessment. The assessment immediately would be whether that child has safe housing and if they don't, then we have to look at what housing options we have. And then also are there any immediate needs such as health needs or mental health needs that need to be addressed right away. Currently in New York State for child victims, we don't have a lot of housing specifically for child victims of trafficking. And we don't have a lot of agencies that can verify specific services for that population. So we're limited with when we do have a victim, what resources exist. It also varies widely in that I think down in New York City, there may be some more services available and more housing available. And upstate, there may be less so. Public health workers first and foremost can be a first line of defense in that they're often seeing these victims. Whether or not they realize it, they are seeing victims in most cases. So being aware and questioning -- by questioning I don't mean sitting and firing off a bunch of questions to a child. I mean in your mind, you know, if you see some red flags, if you see something that just doesn't seem right, questioning in your mind whether or not this person is a victim and trying to engage them. And it might take a while. It might take several times of seeing them and speaking with them to do that. But first and foremost, I think being that point of contact that notices something isn't right and does something about it is first and foremost.

Moderator: So it's great to know that OCFS and ODTA, that you work closely together and to have an idea of what it is that OCFS is doing. So can you share with the audience a little bit about, when they make the phone call to ODTA, what can they expect during that phone call?

Christa Stewart: Well what we're trying to do is figure out how the victim is responding and whether they need really critical services. Are they safe, do they need shelter, are there issues that we really need to plan for immediately like whether they have children or perhaps a serious medical issue that needs to be addressed. Those are sort of the things we'll try to triage before we place them with a service provider to make sure that we're addressing all of those service needs immediately. So having that information, if you are making the call, would be very useful.

Moderator: And what are some of the things that happen once a referral is completed?

Christa Stewart: Once the referral is completed, we're able to place that person with a really good trusted service provider to address all of their service needs. And those service providers work within a case management framework to really identify what those needs are and to help the victim work through the case as it moves forward. And those service needs, and I'm sure you'll learn more about them from my colleagues, really address the gamut of needs that a traffic person might have, whether they be shelter or help or legal services or longer term care.

Moderator: And are there other agencies once you make the referral, other agencies that get involved with the process?

Christa Stewart: There really are a number of agencies that are integral to the process of either holding a trafficker accountable or providing services for the victim. And often we find that not just one agency provides all those services, so we often work in a multidisciplinary framework because all the pieces are critical to making the victim whole again and making sure that we stop the trafficking. So often it could

involve federal or local law enforcement, it could involve a legal service provider, a case management agency, the health care providers, and a range of longer term service providers that help stabilize that client.

Moderator: With the help of all of these different agencies, do cases ever come to light, do we see any coverage of this, are there examples?

Christa Stewart: Well, unfortunately, there has been cases that have come to light. And most recently, we've seen in the news some coverage involving cases actually here in the capital region involving both domestic work and other forced work within the homeless services arena unfortunately. And we've had very large cases uncovered that are almost unbelievable. We've had a case that was operated by an elderly grandmother from her home country and sort of manipulating a lot of younger women involved in relationships with young men in prostitution. So we do see sort of a gamut of cases in New York State involving a range of types of trafficking. And on the positive side, we are making head way; we are identifying and seeing that these cases are prosecuted. But more needs to be done.

Moderator: Sure, and well it seems like even describing that a grandmother running a trafficking organization is not what you would expect. And I think that's one of the key message is you can't expect a certain thing because it really varies and affects so many different populations. So would you say one of the key things is having a number of different organizations working together if we really want to make more head way?

Christa Stewart: We do feel that having a multi-disciplinary approach is best for the victim. As long as all of our agencies are familiar with each other and are keeping the victim at the core, we can make really good progress because there really are important roles that each of those agencies do play. One of the things we do with our Response to Human Trafficking Program also is to help try to coordinate some of the agencies on a regional level. So we do have local task force development and community education going on, as well.

Moderator: Well, thank you so much for all of the information you've shared this morning. Now, Lauren, Christa provided us with quite a bit of information regarding human trafficking and how it happens so let's talk about how human trafficking relates to public health.

Lauren Pesso: Thanks, and I think as Christa mentioned, this issue is getting more attention slowly over time and that's a really great thing. But I think often when people think about human trafficking, if they do, they may think of it as a criminal justice issue, a legal issue, maybe an individual psychological issue. I think we need to think about it as a public health issue because we know that human trafficking affects not only individuals, but it affects families and entire communities. It contributes to the global public health burden, and I'll talk a little bit more about the ways that that happens, whether its mental health, physical health, poverty related issues. So this is really something we need to think about in terms of public health.

Moderator: And from your standpoint, why would you say it's important that we're training public health workers?

Lauren Pesso: Well we know that human trafficking survivors and victims encounter various health care systems. We also know that trafficking victims are at high risk for health care problems and I'll talk more about that. And one thing we know and Christa mentioned this, that often victims are hidden in plain sight. So if you're not looking for them, you won't find them. So that's why we think it's so important and OTDA and my organization, My Sister's Place and many others make a real effort to train health care providers because you only see what you look for. So identification of a case is crucial and knowing what to do when you identify a case is the only way to help address the issue.

Moderator: Now, you're saying you're only going to see what you're looking for. How often will providers see a human trafficking person? Are victims of human trafficking actually seeking help for the services that they need?

Lauren Pesso: We know that sometimes they are. We don't have great data on this. There have been some studies, there is one study that shows that close to 30% of victims who are part of the study had sought medical services during the time they were in the trafficking situation. We also know that many survivors of human trafficking are not allowed to seek medical services while they're in the situation. However, they may escape their trafficker and then many years later seek medical services and they still may need access to -- they have rights that they don't know they have, they may need other kinds of services. So we know that survivors are encountering the public health systems in all sorts of ways, whether it's after an emergency, after a physical or sexual assault related to sexual and reproductive health issues or for be related health issues that if the health care provider knows what to look for they can help identify potential indicators of trafficking, as well.

Moderator: I see, thank you. Now, if victims are being kept in unsafe conditions and not allowed to get medical treatment, I would suspect that after a while there are quite a few physical health consequences. Can you talk about what some of those will look like?

Lauren Pesso: Sure and every case is different, so we don't see all of these issues in every case of human trafficking. But we know that there are particular kinds of physical health issues that are common. So for instance, many survivors that we've worked with have untreated illnesses or chronic illnesses. And that depends on what they have been forced to do. What was the trafficking related to, whether they were forced to work hard manual labor, were they working in unsanitary conditions so there are often associated conditions that may not be directly related to the trafficking but related to the work they were doing. Many survivors I've worked with have had significant dental problems and needs and this may be because they weren't allowed to seek dental care while they were in the trafficking situation or if they've come from another country where they were never able to access dental care earlier. And then some clients I've worked with have had, as part of their abuse, they may have teeth knocked out by a trafficker and so they have some real significant dental needs. We see clients and patients who experience sleep deprivation, malnourishment, drug and alcohol dependency is unfortunately common whether it's because someone is using them as a coping mechanism or it's because traffickers sometimes use drugs and alcohol to keep somebody in a trafficking situation, have that person keep coming back. So when people often ask why somebody doesn't leave, sometimes that's the reason. We also see sexual transmitted infections, pregnancies, sometimes unwanted and unsafe abortions. And I think it's important to note that this isn't just for people trafficked

into commercial sex but as Christa mentioned sometimes there is a thin line between sex trafficking and labor trafficking and some traffickers will use sexual abuse or assault as a way to keep them in a laboring traffic situation. And I also just want to point out it's not just a problem for women. It may also be a problem for men and many of the survivors we work with are male. And then finally one thing to mention is that you may see branding or tattoos, unwanted tattoos. This can be because some traffickers we often hear, particularly pimps and in sex trafficking situations, will use tattoos and branding to mark their group of victims as they would cattle. So this is something to look for, also.

Moderator: So quite a few different physical health conditions that may manifest depending again on the situation. What about the psychological health effects of trafficking because I would imagine that's been just as great an issue?

Lauren Pesso: I think this may be what public health professionals assume is more likely that they will be more likely to see. And again everybody experiences this differently, and this can be based on a whole host of factors, how long the person was in the trafficking situation, what work they were forced to do, whether they had any underlying mental health issues prior to being trafficked. But we see a lot of -- and I've seen in the work that I've done most clients that I've worked with have had some level of psychological distress as a result of the trafficking situation or as a result of getting out of it depending on what's happened to them since they have gotten out of it. So we see a lot of things we expect with PTSD, whether its anxiety, depression, flattened affect. Many clients experience shame or humiliation as a result of having gotten into the situation mainly because they can't believe that they allowed themselves to get into a situation like this, or they're ashamed of what they were forced to do, whether it's commercial sex work or some other kind of work that they felt was demeaning. Memory loss, disassociation. Many clients experience isolation, whether they are U.S. citizens or foreign nationals, they may have been prevented from speaking with their families or communities back home. So we see a lot of this. Inability to trust, as well, which is really I think a challenge for health care workers when they're encountering someone they think might be a victim, it may take a very long time for that potential victim to feel that they can trust that health care provider. So that's something to be aware of. So it's a challenge, but it's not insurmountable.

Moderator: So certainly you've provided us with a pretty broad picture of a number of different health consequences or health effects of human trafficking. Given that it's such a varied picture, what are some of the things that a health care provider when they're encountering someone and they see maybe one of these conditions or a couple of these conditions, I mean really how does a health care provider start to paint a picture and start to realize okay, this might be a victim of human trafficking, should I ask more questions?

Lauren Pesso: So there are a lot of red flags that we suggest people look for and I won't go through all of them and I believe Christa mentioned some and Lynn mentioned some. I'll talk through a few of the key ones we like to recommend to people. So first, does somebody appear to have few or no personal possessions especially their legal documents? Do they not have access to their legal documents, whether that's a passport or a state ID? And this is part because we know that traffickers will sometimes take away legal documents from a victim to prevent them from leaving. They may say if you leave the situation, nobody will believe you, you may be deported, you may be arrested. So if you can tell that somebody doesn't have access to these things that may be a real red flag. Limited knowledge of one's whereabouts. Do they not have a sense of where they are, where they have been living? And this might be because of some of the psychological issues they have been experiencing, but it may also be because one tactic that we know traffickers use is that they sometimes move victims around from place to place so that that person is never able to make associations in the community and didn't know who they can speak with. Also and I think Christa mentioned this, but it's worth repeating again, is somebody's communication. Does it appear that it's being restricted or controlled? Is there somebody always speaking on behalf of that patient? And this makes sense because traffickers know that if you give a victim a potential opportunity to speak to someone outside of the trafficking situation, they might tell people what is happening. And this is tricky particularly when we have survivors or victims who don't speak the language of health care provider because then it becomes very easy for somebody to speak on their behalf which is why we always recommend that you need interpreters, you need high quality interpreters available so you can speak with a potential victim. We also suggest people look for signs of trauma, neglect, injury. These are all the things we talked about in terms of the physical and psychological consequences. Does the person seem particularly fearful of somebody in authority which can include a health care worker. And this might be because traffickers have told them if you speak with somebody that will hurt you, will hurt your family, or they won't believe you, you're undocumented or you're a sex worker and why would anybody believe you. And these are things we suggest people really look for. And finally, somebody else paying for the patient's medical services on their behalf. Of course this could mean a lot of things, but this is particularly important because we know traffickers will not want to leave a paper trail. Are they paying in cash, are they not allowing the person to pay for services or speak with someone themselves? And I won't go into the issues related to minors because I think Lynn already spoke to that.

Moderator: So quite a few red flags to look for, quite a few different health conditions that a provider could potentially look for. So if someone is able to identify what they suspect is a potential trafficking situation, what can they do to make the exam or the encounter a safe one?

Lauren Pesso: Well, I think we need to really look to other areas that have done work on this before, whether it's domestic violence or sexual assault. Some of these things will seem somewhat basic, but they're really critical I think to creating a space where somebody might come forward and say something. So the first thing we want to let people know is that remind people -- very rarely will someone raise their hand and say I'm a victim of human trafficking. They're not going to come to you and say that. It's more likely they're coming to you for some other related issue. So you have to know what to look for and to really be vigilant. We also want to remind people that a patient may be accompanied by a spouse or a friend or a boyfriend or parent. And that person might actually be the trafficker. So again, it's why it's so important to have somebody alone, to have time alone with the patient so that they can speak on their own behalf. And this can be challenging depending on the setting, but we encourage people depending on what's appropriate in your setting to ensure you always have time alone, whether it's telling the person this is our practice across the board, we always meet with the patient alone even if it's a minor and you suspect something is off. Interpreters are critical as I mentioned. In terms of speaking about some of the sensitive topics that might come up including sexual health, including immigration status, we suggest that people really build rapport before they delve into those topics. And we'll talk about some of the questions that you can ask. About those probably shouldn't be the first thing that you ask about. And then

carefully observe somebody's body language and their communication style. Because again, a potential victim is unlikely to come out and say 'I'm a victim, but if you get a sense that something is going on, you can probe a little bit deeper.

Moderator: Now, you mentioned that one of the things that you would emphasize is the importance of building rapport before you start asking some of these very sensitive questions. What are some of the questions that you would recommend a provider ask either to build the rapport or to have a safe way of asking questions that will get more information?

Lauren Pesso: Again, there are lots of questions we suggest and I'll go over some of them. If somebody is accompanied by another person, you might ask 'Who is the person who came with you today? Can you tell me more about them?' And you can ask it in a neutral way but just to get a sense of who might they be accompanied by. You can ask in a work setting or any other setting 'Has anyone ever pressured you or asked you to do something you didn't feel comfortable doing?' And then you can probe a little bit more if they seem to respond. 'Is anybody hurting you, has anybody threatened you or your family, has anybody taken your legal documents?' And I explained why this is important to ask. You can ask them about the kind of work that they do and then you can ask them 'Do you feel like you can leave your work or your job if you choose to? Do you have to ask permission to do some of the very basic things like go to the bathroom, to eat, to sleep?' If you have the opportunity to ask about the work environment or the home environment, 'Are there security features, are there locks on the doors?'—that sort of thing that might prevent somebody from getting out. And then if you've had the opportunity to build rapport, you can ask about whether that person has been forced to perform sex acts against their will. Or you might ask 'Do you know anybody else that this has happened to?' because sometimes we've found that survivors won't be willing to talk about what's happened to them, but they might be willing to talk about what's happened to somebody else. And it might give you insight into what's actually happening to the patient in front of you, but it also might give you insight into are there other victims and that's very important to know as well.

Moderator: So in asking these questions, obviously knowing what to ask is very important, but then equally important is how do you respond and what kind of message do you want to send to the victim that's presenting. So can you talk about some of the messages we want to be sure to convey.

Lauren Pesso: Yeah, and I think some of them again are simple, but so important. So we're here to help you. Our first priority is to keep you safe. The conversation is confidential. And we'll give you medical care you need whether you decide to talk to us or not and I think that's really important. We want people to know that there are services available so we can help you find a safe place to stay. We can help you get what you need. You have rights in this country as a potential victim of a crime. And you're entitled to assistance.

Moderator: You said one of the messages to convey is that we can help meet your needs. So working at My Sister's Place, a shelter, can you talk about what are some of the needs that survivors tend to have and what are some of the services you're able to provide?

Lauren Pesso: The needs are so varied, but very often in terms of the immediate crisis, people need shelter, they need a place to stay. Whether that's in a designated shelter or they just need safe room in a hotel, they often need legal assistance and representation, whether that's for immigration issues, criminal issues, civil issues. Language interpretation is key, so we always encourage people that we need to set that in place. And one of the challenges there is that if you're operating in a small community where there may be very few people who speak a given language, you have to be really careful about who the interpreters are so we want to make sure that that interpreter isn't aligned with the trafficker or doesn't know the victim, so we have to screen interpreters as well. Safety planning is critical so whenever we meet with a victim one of the first things we do is we work with them to help identify how we can keep them safe and how they can keep themselves safe and the extent of how we may help keep their family safe, as well. And that may mean taking a different route when you're walking around town, it may mean getting rid of a cell phone that the trafficker gave you. So there's a whole host of ways that we can assist people with that. And then very often people have concrete needs are sometimes the most critical immediately after they've left the trafficking situation. Whether it's clothes, food, a phone to call their family members or phone cards to call family members. And these are the kinds of things that we work with Christa's office at OTDA and our federal partners where we have access to resources to help get client services that they need. And then counseling and support and advocacy and that's something we do on and ongoing basis for victims.

Moderator: And your organization is located in New York City, but we do have resources--

Lauren Pesso: Westchester County.

Moderator: Westchester County, thank you, and we have resources hopefully throughout the state and specifically here in the capital region, we had the opportunity to talk with Lindsey Crusan, a local service provider in Rensselaer County about trafficking patterns that they're seeing here in upstate New York as well as the services her organization provides to victims. So let's hear what she has to say.

[Video- Lindsey Crusan]: I'm Lindsey Crusan. I'm the Director of the Sexual Assault and Crime Victims Assistance Program for Rensselaer County at Samaritans Hospital which is part of St. Peter's Health Partners. I am also the coordinator of the Rensselaer County Sexual Assault Response Team. Our organization provides free and confidential service to all victims of all types of crimes throughout Rensselaer County and all the surrounding areas. This can include acute services in the emergency department, things like crisis intervention and service referrals but could also include more long term services such as long term counseling or therapy, medical and legal advocacy. If they do report the crime to police, we can go with them when they make the police reports, when they have interviews with the detectives. And if the perpetrator is being prosecuted, we can go with the victim to court or meetings with the district attorney's office. So we can be there for victims through the entire process. So human trafficking unfortunately is a very real problem here in our capital region as well as throughout the United States. Our program has seen quite an increase in sex trafficking, victims presenting themselves, but oftentimes we work on cases and we might not even know that it's a sex trafficking case. We know over the past year that we've worked on a few cases involving victims of sex trafficking, but if they don't disclose to us that they're being trafficked, we may have no way of really knowing. There are many different types of health

concerns that victims of sex trafficking may suffer from. Those can be physical issues such as sexually transmitted diseases or infections, or common infections that might be easily cured by a medical provider that have gone untreated and so they become more problematic. But we also see a lot of psychological health issues, things like anxiety disorders, depression, especially post-traumatic stress disorder. I would say one of the biggest obstacles in working with sex trafficking victims is the relationship that they have with their abuser. Unfortunately, despite what we might think, there is a tight bond that is formed between the victim and the person who is abusing them. And even if they're being treated poorly, this might be the most consistent person that they have had in their lives for a very long time. So for them to essentially turn them in, they feel like they're turning their back on that individual and it's difficult. If the health provider suspects that someone that they're working with is a victim of sex trafficking, the most important thing to do at first is to treat that person with compassion and respect and recognize that every victim of sex trafficking is different and might have a very different reaction than you were expecting to the questions that you ask and the concerns that you have for them. So most importantly let them know that you respect them and are there to try to help them. Other recommendations would include contacting a crime victim assistance programs such as the one that I work for. We are able to provide free and confidential services that a victim might feel comfortable accessing. There is no way that their abuser would know that they're here at least from us. You can also talk to the victim about whether they're willing to involve law enforcement and make a law enforcement report. You know, make a police report from your office. It's really important to also provide referrals and information to that individual. However, we need to do it in a safe way. We don't want to just hand over a card that says are you the victim of sex trafficking, here's some help. What if their abuser finds that? They're going to be in a lot of trouble with their abuser. So I would recommend coming up with a system that you can use to convey the information in a way that is safe.

Moderator: So locally that is obviously a great resource for individuals if they're looking to find more information or provide a referral. But Christa, are there other resources that you would recommend that we provide to individuals, as well, if they're looking to get more information on this topic?

Christa Stewart: Well, yes, again the National Human Trafficking Resource Center is an excellent resource both for emergency situations and identifying service providers, but also for training and technical assistance. They have a wealth of information and their website is wonderful as well. They really do provide a lot of information about the different types of trafficking and resources in the local communities. So that is a wonderful resource. Again, working with youth you might be in touch with the National Center for Missing & Exploited Children that also has a wealth of information and contacts that can help you work through a case. And lastly, the Department of Justice also has a 24-hour toll-free worker exploitation hotline, complaint line, rather, that can help in particular labor situations. So any of those resources are helpful.

Moderator: And if people wanted to contact your office directly, is there information we could provide them with, as well?

Lauren Pesso: Yes, we are very happy to respond to any questions. You can call myself or my colleague, Erika Hague. While we're not 24-hour or multilingual, we are able to tap into other resources and actually do have a wealth of language services that can connect you with appropriate services if needed.

Moderator: Thank you so much. And, Lauren, is there contact information for your organization, as well?

Lauren Pesso: Yeah. People can reach out to me as the Director of the Human Trafficking Program at My Sister's Place and we also have a 24-hour hotline that is operated out of one of our shelters. The number is 1-800-298-7233. So people can call there 24-hours a day and if they're not in our area, we can often connect them with another service provider in their area.

Moderator: Excellent. Thank you both so much. So we've had a few questions come in and I want to try and get through them if we can. The first is, 'In the absence of adequate response mechanisms for victims of human trafficking, health care providers play a critical role as first responders. What policy discussions are happening to raise awareness in public health?'

Christa Stewart: Well, I can address that on the New York State Interagency Task Force level. We have been working quite a lot and we do know that the first step is training. So we have instituted a Governor's Office of Employee Relations Training, within all of the task force agencies but particularly with the Department of Health and Office of Mental Health to make sure that front line staff is adequately trained. From that step, we do hope to work with more collaboration with the actual service providers to help them identify what tools they might need and to further develop those resources.

Moderator: Thank you. Another question, 'Are foreign or international victims of human trafficking likely to contribute to the communicable disease burden in the US due to poor health and lack of access to care in their primary countries?' I don't know if that would be within either of your areas of expertise, but they're specifically asking about AIDS, tuberculosis, things of that nature.

Lauren Pesso: I can't speak to any data that I know of that shows that. I do think that anecdotally we do have clients that we work with who have come to this country with other conditions, but I also think we have people from this country who are trafficked who depending on where they're living or areas of poverty that may also have such conditions, whether it's TB or HIV. So I don't know. I think it's an interesting question. I don't know the answer but certainly where you're coming from once you get into the trafficking situation has a lot to do with what you're experiencing in terms of health issues.

Moderator: Sure and that might lead to another question. Are there specific racial or ethnic groups more likely to be affected by human trafficking?

Lauren Pesso: I think as Christa mentioned, anybody can be a victim of human trafficking. We know that there are vulnerabilities, whether it's poverty, whether it's being lesbian, gay, and transgender, particularly among youth who may be kicked out of their homes. So I think those,

and maybe Christa has more to add, those are some of the groups that might be particularly vulnerable. In terms of racial and ethnic background, at least in terms of the clients that we served at My Sister's Place, it really runs the gamut both in terms of nationality as well as racial background, ethnicity, languages spoken. So unfortunately, I wish there was a way we could so easily target the people we have to look for, but in our experience, it can be anybody.

Moderator: That really kind of—I've seen the posters, you know, "the look beneath the surface" and what you're saying is really driving down the point that there is no one target group. So with everyone, you have to look beneath the surface a little bit to get the picture.

Lauren Pessa and Christa Stewart: Right.

Moderator: We have another question, 'What is happening to bring about a community coordinated response to address trafficking?' You talked about the task force. I don't know if you want to share anymore.

Christa Stewart: Yes, one of the things that I do think is important that the state is doing is funding local task force efforts. And I believe Westchester has one of the best sorts of models of how that is including a community response and that is really sort of integral to their approach. So I would think Lauren might have some interesting points to add on that.

Lauren Pessa: Yeah, for the last three years, we've had a local task force in Westchester that brings together federal, local, state law enforcement and government agencies, other service providers, faith based communities and organizations to really tackle this issue. So both to engage in training so that everybody is trained to identify what to look for, but also then to work together to be proactive in terms of investigating cases and to make sure when a case is identified in our area, we know the people that we can get on the phone and call very quickly. And there are health care providers as well that are part of that task force and I think that's been critical in order to improve our response to cases when they come to our attention. I believe there is a task force in the Albany area as well, and around the state and around the country we're starting to see these task forces starting up and that's really key. You have to know who you can call and sometimes it's particularly helpful if you know the exact person and you know that they're sensitive to the issue and you can trust them and then you can tell the survivor or victim 'I know this person at the FBI or the local police department and I believe that they're going to treat you with dignity and sensitivity and that may be the thing that helps somebody come forward.

Christa Stewart: And I think what's also important in that type of approach is that you are working with individual partners that know how best to tailor their message and outreach to their communities. So working within that framework is really critical I think to actually getting at this vulnerable population.

Moderator: Great. Well, thank you both so much for all of the information you've shared with us today. Unfortunately, that's all the time that we have. And thank you very much for joining us today. Please remember to fill out your evaluations online, your feedback is always helpful to the development of our programs and continuing education credits are available. To obtain nurse continuing education hours, CME and CHES credits, learners must visit www.phlive.org and complete an evaluation and the post-test for today's offering. Additional information on upcoming broadcasts and relevant public health topics can also be found on our Facebook page. Don't forget to like us on Facebook to stay up-to-date. And as a reminder you can download the companion guide to this broadcast on our website www.phlive.org. The companion guide will provide you with learning activities to help further your knowledge and understanding of topics covered in today's program. This webcast will be available on demand on our website within two weeks and DVDs of any of our Public Health Live broadcasts can be ordered from the website, as well. Please join us for our next webcast on January 16th as we address healthy school meals. I'm Rachel Breidster, thanks for joining us on Public Health Live.