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Human Trafficking



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Introduction

Human trafficking is a global health concern that involves forcing individuals to be exploited against their will. This type of exploitation occurs in all geographic regions and can impact a range of individuals, so it is increasingly likely that occupational therapy providers in any setting will encounter survivors of human trafficking.

Occupational therapists are well-suited to treat individuals who have survived any type of human trafficking due to their expertise in addressing physical, cognitive, and psychosocial dysfunction. Therapists have the training necessary to help them identify, support, and provide education to individuals affected by human trafficking. This emerging practice area is considered yet another domain where occupational therapy professionals can make a positive impact.

Section 1: Definition and Background

1,2,3,4,5,6,7,8,9,10,11,12,13,14,15

Human trafficking occurs when a person uses fraud, force, or coercion to get someone to engage in commercial sex acts, labor, or other services that the trafficker profits from. A trafficker may use obvious or subtle coercion that is psychological or physical in nature. This type of control can take many forms, which is why it can be difficult to identify those impacted by human trafficking.

When describing the scope and intent of this public health concern, professionals often use the AMP Model. This stands for action, means, and purpose, which all must be present in order for a situation to be considered human trafficking. A trafficker may take any or all of the following actions as part of their crime:

- Recruiting and acquiring people for the purpose of profit
- Transferring and receiving these people as part of an exchange for goods and/or services
- Accepting services provided via human trafficking, also known as patronizing
- Transporting people from one place to another for their own profit
- Holding people hostage, which may occur willingly or unwillingly if the individual has been brainwashed or led to believe their trafficker cares for them

It is common for these actions to include forms of manipulation, violence, an actual or promised romantic relationship and/or love, the expectation of well-paying and stable employment or education, and more. While people may assume human traffickers appear illegitimate from the start, they may actually perform these actions while operating under the guise of a fraudulent employment agency or educational institution.

This leads us to the means component of the AMP Model. Traffickers commonly use coercion, force, and/or fraud in order to carry out the aforementioned actions. These means may take some of the following forms:

- Threatening serious bodily harm and physical restraint on survivors
- Threatening someone's family or other loved ones if they do not comply with their orders
- Keeping, destroying, or hiding important documents belonging to a person
 - This may include a visa, passport, or other immigration document; social security card, driver's license, birth certificate, or other form of government-issued identification.
- Supplying individuals with or forcing them to use alcohol, drugs, and/or other substances to impair their judgment
 - This is intended to sustain a person's substance dependence and allow a trafficker to maintain control over them.
- Withholding food, medication, safe accommodations, and other essentials from people for any period of time
- Blackmailing individuals with any of their property or knowledge of the crimes they have committed
- Possessing and/or withholding someone's property
- Controlling someone's finances
- Threatening individuals with legal action if they don't comply
 - While survivors of human trafficking cannot be held responsible for crimes committed while they were under the control of their trafficker, such individuals can still use these threats as a form of intimidation.

This brings us to the purpose section of the AMP Model. The above actions and means are considered human trafficking only if they are performed for a certain purpose. In most

cases, this purpose falls into one of two categories: sex trafficking and labor trafficking. Sex trafficking is the act of forcing women of any age into the sex work industry. A great deal of sex trafficking occurs in the form of street prostitution, but it can also include pornography, sexual performances such as exotic dancing, and work through escort services or at residential brothels, massage centers, and spas. There are commercial sex acts, which involve the exchange of sex acts for anything of value, including but not limited to money, shelter, clothing, food, and drugs. Sex trafficking may be pimp-controlled (meaning one person controls someone's income and actions), gang-controlled (where a group of people control someone's income and actions), or family-controlled (where someone's family controls their income and actions to acquire drugs or money to meet basic needs). Sex trafficking may also be what is called survival sex, which involves a minor independently participating in commercial sex to receive basic stipulations such as shelter or food.

Labor trafficking (also known as debt bondage or involuntary servitude) involves forcing someone to perform work for below minimum wage or for no money at all. When someone is under debt bondage, they are made to work for below minimum wage in order to pay off a real or perceived debt owed to the trafficker. This requires them to provide labor or services for below minimum wage despite their work being valued at a higher rate. Involuntary servitude involves a person working for the benefit of the trafficker and not being paid for any of the services they provide.

If someone is being coerced, controlled, and forced to do certain things in the absence of the above actions and purpose, this is not considered human trafficking. This person is most likely the victim of a hostage situation, kidnapping, or other crime(s).

The Trafficking Victims Protection Act of 2000 states that both sex trafficking and labor trafficking of individuals is illegal. Human trafficking legislation also exists under additional policies, specifically those that prohibit individuals from importing goods that were created by means of forced labor. The concept of non-penalization applies to survivors of human trafficking, as the government will not prosecute them for illegal activities they were persuaded to commit while under the control of their traffickers. If survivors were previously charged with crimes perpetrated during that time period, the government will expunge their record. If survivors are currently serving prison or jail sentences due to ongoing criminal charges of the same nature, the government should make efforts to vacate their conviction.

There are several other forms of human trafficking, including:

- The use and recruitment of child soldiers

- This act involves coercing families and children alike in an attempt to recruit kids under 15 years old to participate in armed combat. Internationally, this is considered a war crime.
- The use and recruitment of children as sex slaves
 - This occurs when the military or other armed groups force children to marry or engage in sex acts with military superiors.
- State-sponsored labor trafficking
 - This occurs when governments force citizens to provide labor in the form of military operations, national or local public work efforts, abroad missions, and more. Many countries have a high degree of power over their citizens, especially those individuals who rely on government-funded programs such as public assistance or supported housing.
- Organ removal and solicitation
 - This occurs when individuals are recruited (either willingly or unwillingly) for the purpose of harvesting their organs. Individuals recruited for this purpose are sedated so traffickers can remove their organs and sell them to willing buyers with a short turnaround time.
- Forced criminal activity
 - We mentioned that survivors of human trafficking are often forced into prostitution, which is considered illegal. However, they may also be coerced to commit other crimes, including the production, transport, and distribution of illicit substances; robbery; property crimes; and acts of terrorism or gang violence such as assault and murder.

Human trafficking differs from human smuggling, which is transporting an individual across one or more national borders illegally. Human smuggling is an act that requires consent from both parties and is committed against a country rather than an individual. This act ends when the transport is complete. However, someone who has been smuggled into another country may be trafficked, either at the hands of the person who smuggled them or someone else they encounter shortly after.

Section 1 Personal Reflection

How can therapists use the AMP Model to prevent human trafficking?

Section 1 Key Words

Debt bondage - Another term used to describe labor trafficking, which involves someone being forced to work for below minimum wage in order to pay off a real or perceived debt owed to the trafficker

Human trafficking - An umbrella term that refers to the act of using force, coercion, or fraud to get someone to provide labor, commercial sex acts, or other services to profit the trafficker

Labor trafficking - A form of human trafficking that involves forcing someone to provide labor or other services in exchange for no pay, pay that is below minimum wage, or pay that is below what the services are valued at

Patronizing - Being a customer of a business or person by purchasing goods or taking advantage of certain services

Sex trafficking - A form of human trafficking that involves forcing women to work in the sex industry; this can entail street prostitution, pornography, sexual performances, escort services, or a combination of these methods; sex trafficking may be controlled by a pimp, gang, or their own family; this may be considered survival sex if a minor is exchanging sexual acts for food and/or shelter

Soliciting - Offering or attempting to purchase services and/or goods in a traditional fashion; this is often used when discussing sex trafficking (i.e. prostitution) but it may also be used to describe organ removal and exchange

Section 2: Risk Factors, Warning Signs, & Statistics

16,17,18,19,20

The most recent statistics from 2020 show 10,583 documented cases of human trafficking. In general, data shows that adult cases are reported far more often than minor cases are. Sex trafficking made up over 70% of these cases with around 10% for labor trafficking and a small number of cases involving a combination of sex and labor trafficking. Each case often includes multiple victims and traffickers, leading to a total of 16,658 human trafficking survivors being identified in these cases. Escort services and pornography were the top two industries involved in these reports.

Since these numbers were tracked at the height of the COVID-19 pandemic, national organizations found that trafficking pivoted to have a greater virtual presence, specifically on Facebook and Instagram. Online recruitment went up 22% while the number of

individuals recruited from common sites such as foster homes, strip clubs, and schools plummeted. There was no significant change in the number of human trafficking cases reported before the pandemic and during the pandemic, which shows the adaptive nature of the human trafficking industry.

Many people believe victims of human trafficking are targeted at random and that traffickers do not know their victims. However, research shows that many human trafficking victims have close connections to their traffickers. Between 2019 and 2020, the amount of individuals recruited by a family member, significant other, or sexual partner increased from 21% to 31%. This was especially prevalent in sex trafficking, where 42% of victims are exploited by a family member and 39% are recruited by a significant other (e.g. domestic partner, intimate partner, or spouse). In labor trafficking, 69% of victims were recruited by existing or prospective employers, 15% were enlisted by family members, and 5% were brought into trafficking by a significant other.

Human trafficking can take place in any state, but some locations with large cities, bigger populations, and more access to resources end up having higher numbers of human trafficking cases. For the past 4 years, California has had the highest number of human trafficking cases reported with Florida, Texas, Georgia, and New York also in the top five. Since each of these states borders an ocean, this allows traffickers greater access to ports and, therefore, immigrants who have just recently come to the United States.

Though human trafficking is a concern in the United States, its reach also extends across the world. In 2021, an estimated 49.6 million people were being trafficked worldwide. About 27 million of these individuals were involved in labor trafficking while 22 million were in forced relationships. Of the global labor trafficking victims, around 17 million were in private sector industries, 6.3 million were forced into commercial sex, and 3.9 million experienced labor trafficking through the government. The overwhelming majority of sex trafficking victims worldwide (4.9 million) were female. On a global scale, China, Russia, and Sudan consistently have some of the highest trafficking rates. In particular, Asian countries and those in the Pacific region have the highest rates of labor trafficking worldwide.

There are many factors that place someone at a greater risk of experiencing human trafficking. Generally speaking, someone is more likely to become a victim of human trafficking if they:

- Have a history of running away from home, foster care, shelters, and other living situations
- Are homeless at any age
- Are living in poverty at any age

- Have been or are currently in the child welfare/child protective system
- Lack social support and stability in their core family
- Are living with learning disabilities, intellectual disabilities, or developmental delays
- Have experienced numerous adverse childhood experiences (ACEs)
- Are associated or involved with gangs or individual gang members
- Are a survivor of domestic violence, sexual abuse, or other types of violence

Studies show that, as a whole, individuals who are trafficked are most commonly from the following countries: Philippines, Mexico, United States, India, and Columbia. Therefore, individuals who are from these areas are at a greater risk of being trafficked.

Understandably, there is some overlap with risk factors for labor trafficking and sex trafficking. Someone has a greater chance of experiencing labor trafficking if they are:

- Recent migrants or refugees from another country
- New to the area, but are familiar with the country they reside
- A person with local or remote family members who depend on their income to travel to another country or to survive where they are
- Undocumented workers
- Someone with a physical disability
- Tourists
- Emancipated minors or those who are not in the custody of any adult
- Individuals who have temporary work visas or student visas
- Part of a marginalized or isolated group of people
 - Examples include the elderly, veterans, individuals with serious mental health concerns, and those who identify as LGBTQ+

Individuals may be at a greater risk of being sex trafficked if they:

- Are presently employed as a domestic worker, seasonal worker, or sex worker
- Have a history of abuse and neglect

- Are African-American, Native American, or Asian-American youth, since research shows these demographics are especially vulnerable to exploitation and fetishization in the sex industry
- Demonstrate academic concerns such as being held back, truancy, failing classes, and acting out at school
- Are youth who engage in risky or unmonitored use of social media, the internet, and chat rooms
- Identify as LGBTQ+
- Have a history of trafficking in their family, either in the form of family members soliciting sex trafficking services or being trafficked themselves
- Frequently run away from their birth home, foster home(s), shelter(s), or other living situations as a youth
- Have a juvenile arrest record, often for theft or the possession of alcohol, drugs, and other illicit substances
- Are estranged from their family and other positive support systems
- Report low self-esteem and/or confidence issues
- Live in a city that has rich workers in any industry or a lot of tourist activity
- Struggle with active substance use disorder(s)
- Have dating partners or parents struggling with substance use disorder(s)
- Reside in a group home, shelter, or other transient living situation
- Are living with untreated mental health conditions

As you can imagine, individuals who are being trafficked usually present in a certain way. This is typically because they are under the control of a trafficker and are coerced or intimidated into behaving a certain way. Individuals who are impacted by sex trafficking may display some of the following warning signs and red flags:

- Appearing submissive, tense, overly anxious, or paranoid
- Not replying to any questions or giving out any information without asking permission or deferring to someone else
- Working long hours or stating they are “always available”

- Calling the same person or being monitored by someone else at consistent intervals (e.g. checking in with someone verbally every hour on the dot)
- Working during school hours
- Carrying little to no personal items
- Having more than one phone, social media account, or other online presence
- Being unable to present identifying documentation
- Wearing overtly sexual or weather-inappropriate clothing
- Possessing multiple wounds, scars, or other visible indications of torture and abuse
- Lacking a verifiable source of income, yet presenting with expensive items such as new clothing, phones, ostentatious jewelry, etc.
- Being confined to or living in the place they work, which most often occurs in massage parlors
- Carrying fake identification that states their age is older than it really is
- Wearing gang colors or jewelry with symbolism that relates to certain gangs
- Having branding or tattoos
 - Person's names, often on the chest and/or face
 - Phrases related to sex, pimps, money, gambling, or illicit activity
 - Gang symbols
- Repeatedly contracting sexually transmitted infections (STIs)
- Being malnourished
- Has language barriers
- Having several untreated physical and mental health concerns, including but not limited to substance dependence, depression, post-traumatic stress disorder (PTSD), cognitive impairments such as memory loss
- Demonstrating trauma to the pelvis, rectum, or urinary systems, which is often indicative of violent and/or unprotected sex, multiple sexual partners, or forced and/or frequent abortions

In addition to many of the above warning signs, it is common for minors being sex trafficked to display some of the following behaviors:

- Being alone in public at night and struggling to explain why they're out, who they are with, and what they are doing
- Presenting in an overly sexual manner for their age or present location (e.g. trying to solicit sex outside a funeral home)
- Using drugs and drinking
- Skipping school
- Being secretive or frightened about online activities
- Discussing a contract job such as modeling that is being lined up for them in another city or state
- Having few or no friends their own age
- Committing theft or drug crimes under someone else's watch and for the benefit of that same person
- Being intoxicated with drugs and/or alcohol while under the supervision of older youth or adults who they call friends
- Lying and ignoring rules at school or home
- Eating less, especially in the presence of family
- Avoiding old friends, childhood friends, and family members
- Paying less attention to hygiene (e.g. keeping the same clothing on for long periods of time, skipping showers)
- Traveling alone or with a group of adults who they are not related to
- Living with one or more adults who are not related to them and are not their legal guardian
- Spending time with friends who are older than them
- Having lots of cash, prepaid debit cards, and motel/hotel/apartment keys on hand
- Staying out for long periods of time, usually at night or overnight

While some of these warning signs can go unnoticed, it is unfortunately even more cumbersome to pinpoint a sex trafficker than it is a victim. One of the most prevalent warning signs that someone may be a sex trafficker is if they often approach and watch youth, readily befriend strangers, or excessively promote certain businesses such as talent searches, modeling agencies, and traveling crews. This becomes even more complicated because sex traffickers can be of any age or gender.

There is an equal amount of range in labor trafficking, since it is possible for labor trafficking to take place in nearly any industry. Certain industries in the private economy – including agriculture, fishing, manufacturing, beauty salons, domestic work, massage parlors, hospitality, and construction – do have higher occurrences of labor trafficking than others. In 2020, labor trafficking cases involving domestic workers were the highest reported category. This includes roles such as nannies, tutors, teachers, and other child care providers; personal aides and other elder care providers; housekeepers or cleaning staff; and cooks. In some cases, these services are provided within a person or family's household, which usually entails workers living with the families they work for. The high totals in this category are not a new trend, since the reported labor trafficking cases in domestic industries were similarly high between 2013 and 2017. During this same time period, research showed that 56% of the domestic industry labor trafficking cases involved cleaning staff or housekeepers.

Individuals with intellectual disabilities who are working in food service or retail are also at risk. This type of labor trafficking may present more as discrimination or inequality, but it often meets the criteria to be considered labor trafficking. Labor traffickers may also force individuals to be traveling salesmen or engage in street peddling and public begging. Individuals who experience labor trafficking may display some of the following warning signs:

- Appearing malnourished or constantly reporting they are hungry
- Having signs and symptoms of sleep deprivation
- Presenting with signs of physical abuse (e.g. open wounds and scars) and having untreated illnesses or injuries
- Avoiding any sort of contact (simple conversations, eye contact, etc.) with law enforcement and figures of authority
- Offering rehearsed or seemingly scripted answers in response to questions or during basic social interactions
 - Often times, these answers have multiple inconsistencies and are contradictory

- Living in the place where they work or living in an unsafe, unsanitary place such as a barn, unfinished basement, storage unit, shed, etc.; this also usually entails living with multiple other people
- Lacking their own transportation or otherwise being unable to come and go of their own accord
- Working for no pay, less than minimum wage, and/or no benefits (sick time, health insurance, overtime, etc.)
- Presenting as fearful, submissive, or overly anxious in the presence of someone else, often someone who is considered their superior or someone they have been spending a lot of time with
- Being unable to leave their current position, but not elaborating why or acting uncomfortable when asked why
- Needing to continually check in with someone else, even outside of working hours
- Spending time in a work environment that is unsafe or unhealthy
- Discussing their current work conditions (wages, job description, certain restrictions, location, etc.) in a way that suggests they were promised something else at the start
- Working more than five days each week or more than eight hours each day without allowance of flex time or other days off
- Being verbally abused in an attempt to improve compliance
- Lacking protective gear or clothing for their job (e.g. helmets at a construction site or goggles and steel-toed boots in a factory)
- Receiving threats of deportation or harm to themselves and/or their families
- Having to pay some or all of their wages to someone else, either for no known reason or an invalid reason
- Being abandoned if they do not comply or are perceived to be non-compliant
- Paying for work tools, transportation, or other work-related expenses with their wages
- Getting fined off their paycheck if they do something wrong at work or having unusual work restrictions

- Having to follow an overcomplicated, unrealistic system of punishments and rewards to get ahead in your job, but failing to get ahead due to not being able to navigate them
- Not receiving relief from excessive sun exposure; not receiving protective measures to avoid dehydration and exhaustion; this is intentional and especially common for those working in agriculture, landscaping, and other outdoor industries that involve exposure to the elements
- Having exorbitant employer fees for food, tools, transportation, rent, and other necessary work or living expenses; this is a less obvious way of being placed in debt bondage
- Working in a position they are overqualified for despite there being openings in such positions (e.g. having an electrician work outdoors to shovel snow or do landscaping)
- Not carrying or having identification, money, or personal belongings in their possession
- Having insufficient knowledge about where they are living or traveling to

One of the clearest signs of labor trafficking in domestic workers is being asked to work up to 24 hours each day with little to no days off. It is also considered a red flag if they do not eat with the family or only eat the leftovers after meals are served. Domestic workers who experience labor trafficking might be forced to stay within the home. As a result, they may have very little knowledge of the neighborhood or community around them. If they are allowed to leave the home, they may only be allowed to do so with an excess of activity-based restrictions, such as not being able to go certain places, meet up with certain people, or leave without being accompanied by another household member.

Children who experience labor trafficking are commonly found working during school hours or skipping school altogether. They often live with an adult who is not related to them and is not their legal guardian. Labor traffickers will often ask children to travel alone or with a group of adults they are not related to. Children who are involved in labor trafficking don't typically have friends their own age outside of their workplace. They are often asked to complete job duties that are not safe for children, such as operating heavy machinery, working with hazardous chemicals, and lifting large objects.

The way a job site presents may also be indicative of labor trafficking. From the outside, you can look for red flags such as a lot of traffic surrounding one building or work site. In most cases, there will be many men coming and going in various vehicles. Job sites that host those who experience labor trafficking may also lack required notices of labor laws, health and safety codes, and other policies that workplaces must provide their employees. This is

because they typically don't follow such laws and do not want their victims to be aware of this.

Similarly, these places may lack health and safety equipment such as first aid kits and eye wash stations. Buildings that house individuals experiencing labor trafficking (either workplaces or housing accommodations) often have drastic security measures. This may include barbed wire fences around the perimeter, windows with barricades or bars, multi-angle security cameras in the exterior and interior, front doors with multiple locks or deadbolts, and discrete alleyway entrances.

Section 2 Personal Reflection

What are some programs and methods providers can use to identify and intervene to assist children who experience more than one adverse childhood experience?

Section 2 Key Words

Adverse Childhood Experiences (ACEs) - Traumatic mental or physical experiences that occur before the age of 18; these include physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, living with an adult or sibling who has a mental health condition, witnessing your mother being physically abused, having a close relative who is incarcerated, divorce, and living in a home where adults are using substances

Domestic workers - Workers who do work within or for a household or family; this includes live-in nannies, cooks, housekeepers, tutors, teachers, landscapers, and maintenance workers

Marginalized groups - Communities or groups of people who are excluded from certain activities or benefits; this often stems from disproportionate power dynamics in the economy, society, and political settings

Truancy - Unauthorized and intentional absence from an educational setting; when truancy is mentioned, this typically refers to chronic attendance issues and not one-time occurrences

Section 3: Role of OT in Human Trafficking

21,22,23,24,25,26,27,28,29,30,31,32,33,34,35

There are many ways that occupational therapists can intervene to assist those impacted by human trafficking. But before we delve into that, it's important to outline how exactly

human trafficking is categorized by the Occupational Therapy Practice Framework. Firstly, this public health concern is considered a social and occupational justice issue.

Occupational Injustice

Social injustice occurs when individuals commit generally wrong and inhumane acts against other members in a society. Most often there are major disparities between individuals in these circumstances, in terms of opportunities, privilege, wealth, and access to resources. Within the United States and even many Asian countries, social injustice also includes an individual's inability to fulfill societal expectations and roles as a result of negligence from the government or their local society. While this partially falls under occupational therapy's scope of practice, occupational injustice is perhaps the more obvious focus of intervention. Occupational injustice refers to anything that interferes with someone's intrinsic drive and ability to pursue supportive occupations. Each person has a right to meet their basic needs and have access to equal opportunities that allow them to reach their full potential. However, occupational justice focuses more on the pursuit of these opportunities to allow for participation in personally-relevant and diverse occupations.

Occupational injustice can be broken down into four main categories. Occupational alienation describes when a person's current occupations do not have any meaning to them nor do they possess any positive intentions. This includes feelings of helplessness and frustration along with isolation and a lack of power and control. People who experience occupational alienation are often equally estranged from society as they are themselves since these occupations do not meet their innermost needs. This type of occupational injustice is typically used in the context of certain hostile or unnurturing relationships (i.e. someone is restricting the activities/occupations of the person they are in a romantic or intimate relationship with). This is frequently the case for individuals who enter the realm of sex or labor trafficking at the hands of a loved one, especially someone who they are living with. This occupational alienation enters not only their home environment - since their loved one prevents them from pursuing meaningful activities of any variety - but also their work environment since they are forced to engage work that they had no part in choosing and serves no purpose for their life. The intersection of occupational alienation and human trafficking lies in a person's inability to control their own life and the purpose it holds.

Occupational deprivation is when a person, entity, organization, or other societal barrier prevents someone from engaging in meaningful and/or necessary occupations. The person whose occupational engagement has been restricted does not have control over the situation or the party that is acting on them. There are a range of factors that can contribute to occupational deprivation, including racial, legal, institutional, professional, and political barriers as well as social beliefs, physical factors, attitudes, and discriminatory

views. Many individuals who experience human trafficking are contained for years, during which time they are not able to participate in social activities, leisure, education, ADLs, and other meaningful occupations they have a basic human entitlement to.

Occupational imbalance is defined as boredom, stress, or other negative emotions that arise from disproportionate engagement across occupations. This is typically a subjective awareness that a person has regarding both the quantity and quality, or diversity, of their activities. Occupational imbalance often occurs with individuals who are under-employed in ways such as being unemployed, assuming a position that is not challenging enough for them, and not being given enough hours at their present job while being unable to obtain another one to support themselves. Occupational imbalance can also impact individuals in the opposite situation: overemployment. This occurs with people who work more than the standard 40 hours per week, either at one job that takes up all of their time and energy or two separate jobs that someone relies on in equal parts to pay the bills. The latter of these two subsets can pertain to human trafficking, since individuals are forced to work long hours without days off and have little to no time to participate in other things. However, since occupational imbalance largely stems from self-awareness of this concern, this type of injustice would not apply to those who have been brainwashed by their captors. Individuals experiencing human trafficking in this scenario likely do not realize the inequality between their work and leisure or rest time.

In both overemployment and underemployment, someone has unhealthy participation in occupations such as socialization, the pursuit of hobbies, healthy sleep, and play. Overemployment prevents a person from spending sufficient time on the aforementioned occupations while underemployment may prevent someone from experiencing fulfillment in those occupations due to over participation. For example, someone who is unemployed may sleep for many hours, but experience poor-quality rest due to boredom or depressive symptoms. Someone who is being trafficked and is overemployed may have only three or four hours to themselves each day outside of work. Depending on the trafficker's demands, this short period of time may be divided by responsibilities such as finding food and lodging for the night, engaging in other informal work assignments, and sleeping.

If untreated, occupational imbalance can lead to burnout, which is a phenomenon resulting from poor management of chronic stress. Burnout causes emotional and physical health concerns that stem from feelings of emotional exhaustion, increasing mental disconnect from job duties, and cynicism in relation to work. This is more often referenced in relation to traditional work roles, but burnout certainly applies to human trafficking where individuals are under such intense stress that they must separate themselves from the work they are doing in order to survive.

Another form of occupational injustice is occupational marginalization, which involves including or excluding certain types of occupational participation on the basis of abstract

concepts such as societal norms, expectations, standards, and rules. Occupational marginalization takes away decision-making abilities from the people who will be involved in the occupations and activities in question. This entails both large- and small-scale decisions regarding where, when, and how someone can engage in occupations. Such occupational marginalization may occur as a result of stigma connected to a person's health or disability status, race, age, sex, or other defining characteristic. A common example of occupational marginalization is limiting the ability of nursing facility residents to participate in the selection and planning of programming that is offered to them. Individuals who experience sex or labor trafficking often suffer from occupational marginalization since they have no say whatsoever in how they spend their time, both in regards to their work roles and the time they have outside of that role. For example, a trafficker may allot their victims one hour of free time each day, during which time they are supervised in a restricted area that has a few basketballs and nothing more. The trafficker is operating on the assumption that all individuals will presently want to, know how to, or be able to use the basketballs as part of their leisure time. Similar occupational marginalization occurs in prison and other detention centers.

Lastly, occupational apartheid is perhaps one of the most severe of all the occupational injustices. Occupational apartheid arises from inequality of resources and, therefore, power across a population. Unlike some other distributions of power, occupational apartheid instead emphasizes inequality in the realm of occupation. The more powerful groups in these circumstances will gradually create systemic barriers that preserve such inequality along with the power they hold. Occupational apartheid is defined as segregation by means of preventing access to certain respectable, dignified occupations from a societal standpoint. This segregation takes place on the basis of political views, religious views, gender identity, age, race, disability status, nation of origin, sexual identity, societal rank or status, and other similar characteristics. This form of injustice stands to negatively impact health outcomes from a cultural, economic, and social perspective. One of the most radical instances of occupational apartheid took place in South Africa under their prior apartheid system.

It is easy to understand how this might be applied to human trafficking, especially since certain ethnicities and races are at a higher risk of being targeted by this industry. For example, research shows that African-American, Native American, and Asian-American youth are at a higher risk of being sex trafficked since they are more frequently fetishized by individuals of other races. If certain individuals (either those who already possess power or those who can easily gain power) view members of one race as only suitable for sex work, for example, and coerce them into such an industry while restricting their participation in other occupations, this is the start of occupational apartheid. If such people in power continue the process by limiting other races' ability to access certain occupations and forcing them to enter only one occupation, this turns into occupational apartheid on a large

scale. Traffickers and other individuals in power are able to maintain this model through fear and oppressive legislation. These parties also manipulate the evidence to show that certain populations are more suited for one occupation over another.

3Ps Paradigm

Occupational therapists have a large role in the fight against human trafficking. In particular, this role has many parallels with the 3Ps paradigm, which has gradually become the universal framework used worldwide to address the health concern that is human trafficking. Under the 3Ps paradigm, professionals can work on the prosecution of known traffickers, the protection of human trafficking survivors, and the prevention of human trafficking as a whole. Not all of these aspects fall under an occupational therapist's scope of practice; for example, the prosecution of traffickers is the responsibility of those in the criminal justice field such as detectives, lawyers, and judges. However, a mental health occupational therapist or other behavioral health professional may have a small role in this part of the 3Ps paradigm if they are asked to give expert testimony regarding the mental capacity of a trafficker who is on trial for their crimes.

Within the 3Ps paradigm, the bulk of an occupational therapist's role falls under the last two categories. By collaborating with lawmakers to create equitable legislation and amend existing policies that contribute to the oppression of certain populations, an occupational therapist can help prevent human trafficking and minimize the effects of occupational injustice. Furthermore, therapists can advocate for policies that prosecute traffickers and simultaneously protect individuals who are trafficked from any charges. Additional human trafficking prevention efforts include but are not limited to:

- Educating patients on how to create supportive, safe homes and communities
 - On a larger scale, OTs can also assist in policymaking that contributes to the development of safer communities
- Adhering to screening processes that identify and address risk factors and vulnerabilities during any patient visits
 - OTs can also assist with creating such workflows for facilities
- Improving the general public's awareness of trafficking hotlines and other reporting methods
- Implementing community education programs focused on reducing the demand for commercial sex; increasing awareness of signs, symptoms, and risk factors of human trafficking; and patronizing businesses with fair labor practices

- Creating and/or taking trainings regarding human trafficking
 - The SOAR program is a trauma-informed, culturally sensitive training that offers information on how to best help those who have experienced human trafficking or are at risk.
- Building and promoting healthy communication and behaviors within all relationships
 - This may be most relevant for OTs in mental health settings, but can apply to any practice area that serves individuals who are at risk for human trafficking

Additional prevention efforts that therapists may not have as much of a role in include: encouraging businesses to cut ties with partners involved in trafficking, reducing the overall demand for commercial sex, getting involved in or supporting local anti-trafficking organizations.

Occupational therapists also play a big part in the last component of the 3Ps paradigm, which involves protecting survivors of human trafficking. This typically involves providing comprehensive, trauma-informed occupational therapy treatment focused on remedying mental and physical health concerns that have developed or worsened as a result of trafficking. Treatment will likely focus on all domains, including performance patterns, performance skills, environment and context, client factors, and meaningful occupations according to the Occupational Therapy Practice Framework.

Section 3 Personal Reflection

How might an occupational therapist get more involved in all aspects of the 3Ps paradigm?

Section 3 Key Words

Burnout - A phenomenon that involves emotional and physical health concerns stemming from feelings of emotional exhaustion, a growing mental disconnect from one's job duties, and cynicism regarding work; this traditionally refers to people in standard work roles but can also apply to those impacted by human trafficking

Occupational alienation - When a person's current occupations do not have any meaning to them nor do they possess any positive intentions

Occupational apartheid - Arising from poor distribution of resources and power, this form of injustice involves segregation (according to political views, religious views, gender identity,

age, race, disability status, nation of origin, sexual identity, societal rank or status, etc.) by means of preventing access to certain respectable occupations as pinpointed by a society

Occupational deprivation - When a person, entity, organization, or other societal barrier prevents someone from engaging in meaningful and/or necessary occupations

Occupational imbalance - Boredom, stress, or other negative emotions that arise from disproportionate engagement across all of a person's occupations

Occupational injustice - A broad category that includes anything that interferes with someone's intrinsic drive and ability to pursue supportive occupations

Occupational marginalization - Including or excluding certain types of occupational participation on the basis of abstract concepts such as societal norms, expectations, standards, and rules

Section 4: Occupational Theoretical Foundations for Human Trafficking

36,37,38,39,40,41,42,43,44,45,46,47

There are many theory bases and frames of reference that can assist occupational therapists in treating patients who have experienced human trafficking. Some theory bases focus on the restoration or establishment of meaningful occupation, which is a central concern for those impacted by human trafficking. Others address the mental and physical health concerns that may have developed or worsened over the course of someone's time being trafficked.

Occupation-based Models and Frames of Reference

Due to the major impact that human trafficking has on a person's occupational engagement, it makes sense that some of the most appropriate frames of reference for this population are occupation-based. Individuals who have been trafficked would benefit from treatment structured using the Model of Human Occupation (MOHO). This model focuses on the inner workings of occupation, including why and how people are motivated to engage in certain occupations, form patterns and habits surrounding these activities, and integrate them into their daily lives. Similarly, the Person-Environment-Occupation-Performance (PEOP) Model was formulated based on the intersection of each of the dimensions it was named for. Therapists who use this model during treatment must complete an analysis of all traits associated with a person (psychological, sensory, cognitive,

etc.), their environment (technological use, cultural considerations, contextual factors, etc.), and anything relevant to the habit, role, task, or activity that is important or necessary to them. By using the PEO Model, a therapist can determine what factors influence a person's performance and adjust them accordingly to enable improved participation. This is of particular use for individuals who are trafficked, since their environment, occupations, and many aspects of their person will change dramatically after they are free of the person who traumatized them.

The Ecology of Human Performance (EHP) focuses more on the role that context plays in a patient's mastery of certain skills. In particular, the relationship between these two parties (person and environment) predicts what tasks a patient can reasonably perform. Another occupation-based model is Occupational Adaptation (OA), which states that a person brings cognitive, sensory, and psychosocial abilities to the table when attempting to adapt to and function within their environment. The interaction of their intrinsic desire and demands from the environment results in a press for mastery, which may also be impacted by social expectations. Each of these occupation-based models hinges on mechanisms of change through the use of social modeling, formative connections with individuals, and external reinforcement. Human trafficking as a whole contradicts these assumptions, since individuals who are being trafficked do not have access to any support (positive socialization, task assistance, constructive reinforcement, and otherwise) for the occupations that take up their time.

In addition to the more traditional, well-known occupation-based models and frames of reference, there are others that can be of great value to those impacted by human trafficking. One example is the Occupation-centered assessment with children (OCAC) framework. The OCAC framework is similar to some of the traditional models in that it focuses on a child's performance within their environment. This framework places strong emphasis on the family and a child's ability to engage in occupations while within their natural contexts, such as school, home, and other places within the community. Evaluation and intervention according to the OCAC framework will use a child's values, habits, routines, and roles to form a solid occupational identity, understand how occupational barriers impact their functioning, and address these barriers collaboratively. This framework offers the chance for the family to work together to support a child with a history of being trafficked and provide them with the opportunity to explore and perform structured occupations in a safe space.

The Experiential Model of Occupational Balance consists of three dimensions. This includes the exacting dimension, which is the practice of daily occupations that require more skills than a person possesses. Another is the calming dimension, defined as any emotional opportunity that may be classified as relaxing, boring, or causing apathy due to lack of a reasonable challenge. Lastly is the flowing dimension that involves realistic matches

between the challenge someone experiences and their skill level. All individuals need a bit of each area in order to experience optimal well-being, so there should be a smooth balance between these three components. Individuals who are trafficked are just one population that has an imbalance in these areas, which leads to occupational deprivation, emotional and physical overload, and other negative health outcomes.

The Model of Occupational Empowerment helps therapists clearly outline the impact a disempowering environment has on a patient's well-being. Less-than-ideal circumstances can lead someone to experience substance use disorders, any form of abuse, poverty, homelessness, unemployment, and more, many of which are risk factors for human trafficking. Someone who experiences these negative circumstances is likely to develop a range of maladaptive behaviors. For this reason, The Model of Occupational Empowerment is an excellent tool for therapists looking to address human trafficking from a preventive lens. Therapists can use this model to implement remedial interventions focused on identity formation, self-efficacy, and competence. As part of The Model of Occupational Empowerment, therapists hone in on a person's occupation, environment, and the concept of empowerment.

The Value and Meaning in Occupations, more commonly known as the ValMO, is another framework that has a wide variety of applications for those impacted by human trafficking. Specifically, there is evidence suggesting this model can benefit individuals who have chronic pain, which is frequently the case for those with a history of trauma. Some of the other frameworks we've mentioned take a more technical approach to occupation-based treatment, while ValMO focuses on role narratives as a way to expand upon the ongoing story that is a person's life. ValMO also discusses macro, micro, and meso tiers of occupation. Micro levels are identified as any sole, distinct actions within an occupation. Macro levels, on the other hand, connect a person's life purpose with their personal identity. Meso levels consist of groups or individual occupations that eventually become the foundation of someone's routine. These three tiers are essential to one another and are considered relatively useless in isolation. For example, an individual may not place much value or emphasis on the physical act of getting out of bed each morning. In fact, this activity is something most people take for granted or possibly even begrudge, especially if they aren't getting enough sleep or are waking in order to go to a job they dislike. The latter is likely the case for individuals who are being trafficked, since they attribute little to no value to the occupations that fill their days. However, if someone has the freedom to structure their entire day without any outside influence, the act of physically getting out of bed each morning may be a welcome transition to the first occupation of their choosing. Therapists who use ValMO to treat patients with a history of human trafficking may focus on concrete and symbolic aspects of tasks along with the self-reward value attached to the task, which involves the immediate gratification they receive.

Lastly in the category of occupation-centered theory bases is the Framework of Occupational Justice. We discussed various forms of occupational injustice at length, but this framework helps remedy those concerns by looking at the ways structural and contextual factors encourage or limit a person's occupational rights. The Framework of Occupational Justice is intended to yield outcomes such as choice, balance, participation, and meaning. Lessons included in this framework state that, in order to create a just environment, societies must:

- Be accountable for fairly including its people in daily occupations
- Implement policy changes in the realms of employment, community engagement, and housing, at the very least
- Create conditions and opportunities for adults with mental health concerns to interact with other populations for the purpose of enhancing their own participation

While this framework has occupation at its center, it takes a very large-scale approach to injustices such as human trafficking. Occupational therapists may want or need to collaborate with other professionals in order to make the most of the Framework of Occupational Justice.

Mental Health Models and Frames of Reference

Many occupation-based models are used to structure treatment that addresses mental health concerns such as depression and anxiety. However, there are also a range of tools that primarily have a mental health focus. One such example is the Recovery Model, which is now one of the standard guidelines in most mental health treatment. The premise of the Recovery Model is straightforward: recovery from mental health concerns is possible when treatment is patient-centered. Since many individuals who experience human trafficking either develop or experience exacerbations of mental health conditions while in captivity, the recovery model helps providers and patients alike approach treatment with an optimistic, holistic lens.

Fidler's Lifestyle Performance Model operates on the belief that it is essential for practitioners to fully grasp a person's chosen activities and the role they have within their life. When practitioners utilize this model, the expected outcome is that a patient lives in a way that is socially, personally, and culturally relevant to them. This type of daily living hinges on four domains: (1) self-care and maintenance of oneself, (2) social fulfillment, involvement, and contribution, (3) intrinsic gratification, and (4) interpersonal connectedness. This model can be used to help therapists provide remedial intervention or preventive education, depending on the needs of the patient. Evidence shows that Fidler's Lifestyle Performance Model is effective in helping individuals with chronic pain and

a range of other mental health concerns. For this reason, it is ideal for human trafficking victims who need assistance identifying what is important to them and physically putting that into practice.

The Meaning Perspectives Transformation Model is another mental health framework that breaks down a patient's primary concerns into three phases. These phases allow someone to gain meaning in a cognitive, emotional, physical, and spiritual sense. The trigger phase is characterized by a precipitating illness or injury, which is an external catalyst that leads a person to reflect on its impact in their life and any associated emotions. The changing phase consists of a person's self-reflection of functional limitations and concerns in the biopsychosocial realm. Therapists often address these distortions to begin the change process in the form of therapeutic activities and other interventions. For example, during a therapy session, a patient may experience discomfort that leads to flashbacks of abuse they experienced under a trafficker. This may cause resistance, which a therapist can use to help the patient work through their limitations. Lastly is the outcome phase that allows a patient to make choices that better balance each aspect of their life. This model allows therapists to assist patients in overcoming barriers that present themselves during the plan of care, which is likely to happen quite a bit with individuals who have experienced abuse, deprivation, and other forms of trauma.

The Kawa Model is another somewhat more well-known mental health approach that utilizes the analogy of a river to give someone new perspective on their circumstances and what they place value on. Therapists using the Kawa Model to structure treatment will guide patients through a story that tells different parts of their lives. The water in the river represents a person's energy in life and the sides and bottom of the river refer to the contexts that make up a person's life. Any rocks within the water stand as barriers that present challenges and interfere with a person's energy. Any driftwood that is present in the water serves as a life preserver of sorts and is compared to a person's strengths and assets. Any space that exists between the rocks is used to provide treatment and prepare someone to overcome those barriers. According to the Kawa Model, the more harmony that exists between these items, the more well-being someone will experience. The premise behind this model is not necessarily to remove the barriers in a person's life – since that is neither realistic nor ideal – but rather to make more space for their life flow or energy. In the case of human trafficking, it is not possible to rid a person of that trauma, but therapists can work to enrich their present life so it is not negatively impacted by this and other barriers.

Mental health concerns may be a large part of occupational therapy intervention for individuals who have experienced human trafficking. However, patients may experience a range of physical deficits as a result of such trauma. As a result, therapists will likely need to utilize additional models and frameworks to aid in the work they do. Some applicable ones include the Biomechanical and Rehabilitation Frames of Reference, which can both help a

therapist in improving the quality of a patient's movement related to occupational performance. Individuals with significant physical deficits that do not respond to strengthening or other remedial treatments may benefit from the Compensatory Frame of Reference to structure treatment with adaptive equipment. The Four-Stage Model may be used by therapists working in ergonomics consulting or program development, since it can assist businesses in building preventive programming for workers. This may be helpful for companies that have come under new management after being run by traffickers or for business owners who simply want to better serve their employees.

Section 4 Personal Reflection

What practice settings might occupation-based models and frameworks be best suited for?

Section 4 Key Words

Maladaptive behaviors - Any behavior that prevents someone from moving forward; this may be the result of a significant lifestyle change, a chronic illness, or adjustment to an injury

Negative health outcomes - Undesirable end products that come about as a result of unsuitable interventions or a lack of care altogether; negative outcomes include poor well-being, dysfunction, or death

Remedial interventions - Treatments that improve someone's function and skills through consistent task practice, concentrated training, and education

Section 5: Evaluation & Intervention for Human Trafficking

48,49,50,51,52

Based on the deficits a patient presents with, OTs may use a variety of therapy measures to help in building a treatment plan. Daily living assessments are a helpful start in the evaluation process. Some of the most evidence-based tools include the Modified Barthel Index (MBI), Katz Index of Independence in Activities of Daily Living, Performance Assessment of Self-care Skills (PASS), and Functional Independence Measure (FIM). These measures give therapists a good starting point in determining a patient's functional status in the realm of ADLs, which are often impaired in individuals who have experienced human trafficking. Additionally, the Beck Depression Scale can be used to identify signs and symptoms of mood disorders such as depression and the Canadian Occupational Performance Measure (COPM) helps therapists glean how patients rate their performance

across a range of tasks. Therapists may also wish to perform standardized testing for strength, range of motion, endurance, and coordination, since these areas may also be impaired in individuals who have been trafficked.

Some specific screenings and evaluations focus on helping therapists and social service professionals identify those impacted by human trafficking before any interventions are provided. One of the gold standards in the realm of human trafficking is the Comprehensive Human Trafficking Assessment Tool, which is a structured interview for providers to follow when interacting with potential victims of human trafficking. Another option is the RADAR protocol, which many healthcare providers are familiar with due to its use in identifying those who experience domestic violence. Since many individuals get involved in trafficking through a family member or significant other, it's possible for some trafficking victims to experience domestic violence within the home. That makes the RADAR protocol a useful adjunct for this population. The RADAR protocol involves the following steps:

- R: Routine screening
 - Individuals who experience domestic violence rarely offer information about abuse unless prompted. As a result, it is best practice to pose direct, basic questions to individuals who may experience domestic violence while they are alone in a private setting.
- A: Ask questions
 - Providers should express that screening is routine and all patients are asked these questions. They can initiate the screening by asking, "Are you now in or have you ever been in a relationship where you've been hurt, threatened, or abused?" "Do you feel that you are safe in your own home?" and "I see that you have [insert visible physical injury]. Did another person do this to you?"
 - If the patient chooses to talk more, providers should listen without judgment, validate the patient's experience, tell the patient none of this is their fault, and ensure the patient knows they are not alone.
- D: Document any findings
 - If the patient discloses abuse scenarios, add all of this to your documentation word-for-word including assailant name(s) along with physical observations such as multiple injuries that occur at once or bilaterally and observations of physical injuries to the genitals, torso, neck, breasts, head, or abdomen
- A: Assess safety

- Determine if the patient is fearful about returning home due to an increase in severity or frequency of abuse, threats on children, presence of guns and other weapons in the home, etc.
- R: Referrals and resources
 - Patients who express they are in imminent danger will likely need a referral to a shelter unless they can stay with family or friends temporarily. If patients do not report immediate safety concerns, providers should offer them information for hotlines and other community resources. Some individuals may reject these, since even possessing them places them in danger. If this is the case, be sure to schedule a follow-up visit or other way to check in.

In terms of intervention, a therapist may provide treatment in any of the following areas for those impacted by human trafficking:

- ADL retraining (or training for children)
 - All or some basic activities of daily living (BADLs) may be impaired if someone has limited time to care for themselves and has been living in crowded, unsanitary conditions. Individuals who have been trafficked may also have very little control over what to wear, what to eat, who to have sex with, and more, so their motivation as well as their ability for these tasks may be equally limited.
 - Intervention can focus on BADL retraining as well as sexual activity and health, especially perineal hygiene, safe sex practices, and ergonomic positions.
- Instrumental activities of daily living (IADLs)
 - People do not have control over their own documents, health, or a household while being trafficked. They are also often placed in unsafe, unpredictable situations and left without assistance.
 - Intervention can focus on lifestyle redesign to build skills in the areas of personal safety, financial management, health maintenance, community reintegration, and household management. Therapists may use the Wellness Recovery Action Plan (WRAP) model to address personal safety, crisis management, and recovery from mental health concerns.
- Sleep
 - Individuals who are being manipulated emotionally likely experience high stress levels, which impacts their sleep. Additionally, being forced to work

throughout the night can cause shift work disorder that disrupts circadian rhythms and leads to poor sleep.

- Intervention may surround sleep preparation, sleep hygiene, and sleep participation.
- Supportive education or work performance
 - Since traffickers often remove individuals from these places entirely, therapists may need to assist them in re-entering or establishing their place in these environments.
 - Intervention may include vocational identification, vocational training, work hardening (with a trauma-informed approach), ergonomic strategy education, educational accommodations, and more.
- Leisure
 - Individuals are rarely given the option of participating in leisure activities if they are being trafficked.
 - Intervention may include identifying productive leisure and a variety of motor planning (scheduling, organizing, sequencing tasks) to engage in chosen leisure activities.
- Social participation
 - Survivors of human trafficking often have interactions based on fear, intimidation, and coercion, which limits their success in relationships.
 - Intervention may include conflict resolution, communication via assertiveness training, addressing feelings of isolation, and addressing trauma related to abandonment, physical harm, or betrayal.
- Occupational identity
 - Survivors often lack a solid identity and may struggle to think for themselves.
 - Intervention can cover resurrection of lost roles (parent, worker, friend, child, student), self-identity, and beauty and self-image counseling. Therapists may use Cognitive Behavior Therapy (CBT) and other models to address negative thought patterns that can impact someone from forming and maintaining a healthy identity.

Another part of a therapist's role in human trafficking is providing education regarding the risks of not receiving treatment. Individuals who are being trafficked may experience some of the following health outcomes:

- Neurological concerns
 - Amnesia or vertigo with no known etiology, insomnia, difficulty focusing
- Physical injuries that can lead to orthopedic deformities
- Dental issues (underdeveloped teeth, tooth decay), which are more common in children
- Cardiovascular concerns, which are often worsened by stress
 - Arrhythmia, acute respiratory distress, hypertension
- Gastrointestinal disorders, which are often worsened by stress
 - Irritable bowel syndrome (IBS), constipation
- Effects of untreated substance use disorders, including substance dependence, overdose, and death
- Health concerns stemming from poor working conditions (working without protective gear, prolonged exposure to extreme temperatures and hazardous chemicals, repeated tasks)
 - Hypothermia, frostbite, somatic complaints, musculoskeletal injuries (back injuries are the most common), carpal tunnel syndrome, vision concerns, dermatitis, respiratory distress (asthma, bronchitis, emphysema), noise-induced hearing loss, limb amputation(s)
- Psychiatric concerns
 - Post-traumatic stress disorder, panic disorder, phobias, generalized anxiety disorder, depression, traumatic bonding (also known as Stockholm Syndrome), learned helplessness, trauma related to feelings such as shame, denial, and shock
- Reproductive concerns
 - Recurrent sexually transmitted infections (STIs), unwanted or repeated pregnancies (which may lead to neglect, abuse, and emotional distress), genital trauma, genitourinary issues, retained foreign bodies

- Children may experience reproductive concerns stemming from malnourishment and underdevelopment

Section 5 Personal Reflection

What practice settings might benefit from in-services focused on human trafficking warning signs and risk factors?

Section 5 Key Words

Etiology - The cause(s) of a health condition, disease, or disorder

Shift work sleep disorder (SWSD) - A common sleep disorder that impacts many individuals who work non-traditional hours, specifically those during the evening or nighttime that disrupt someone's circadian rhythm, or body clock

Section 6: Case Study #1

A therapist working in acute care begins treating an 18-year-old patient who presented to the hospital with multiple unexplained injuries, including two deep cuts and a few cigarette burns that became infected, a large rash on her legs, and track marks on her arms that suggest intravenous drug use. She is being treated for dehydration, general deconditioning, and is having difficulty with ADLs. She also has several scars from previous injuries she does not wish to talk about. Upon being admitted to the hospital, she did not give staff much information other than not having any friends or family, since she recently relocated. After some time treating her, the patient disclosed to the therapist that she recently left an unsafe living situation where she was forced to “do work she didn't want to do.” The therapist suspects her patient has been a victim of labor and sex trafficking.

1. What should the therapist do about the patient's disclosures?
2. Is this patient able to continue therapy?
3. Should the therapist make any additional referrals?

Section 7: Case Study #1 Review

This section will review the case studies that were previously presented. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. What should the therapist do about the patient's disclosures?

The therapist should use the RADAR protocol to gain more information about the patient's situation. If she is able to learn more, the therapist should document the conversation verbatim. Based on the patient's answers, the next best step for the therapist to take is to offer the patient resources. The patient said she recently left the situation, but that may or may not be true. As a result, she may still need a new place to live, temporary income, and more to support herself.

2. Is this patient able to continue therapy?

As long as the patient is medically cleared to do so, she should continue receiving therapy to build strength and improve ADL function. The therapist should be sure to use a trauma-informed approach to be sensitive to the patient's history.

3. Should the therapist make any additional referrals?

The therapist may want to alert the staff psychologist of this patient's injuries and disclosures so her history can be addressed. Since she is being seen in a hospital, the patient is likely already in contact with a discharge planner. However, the therapist should still contact that person to ensure that she knows the patient does not have a discharge location and needs one before leaving the hospital.

Section 8: Case Study #2

A therapist with 2 years of experience in outpatient mental health wants to assist human trafficking prevention efforts. She does not know where to get started and feels she doesn't have the skills necessary to help in this area.

1. What are some options for her to enhance her skills?
2. What continuing education might she take advantage of to make her more marketable in this area?

Section 9: Case Study #2 Review

This section will review the case studies that were previously presented. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. What are some options for her to enhance her skills?

Since the therapist already has experience in mental health settings, she is prepared to enter other fields that can allow her to make a difference in this area. She can inquire about working at domestic violence shelters, clubhouses, mobile crisis units, acute inpatient psychiatric units, and other similar places that may serve people impacted by human trafficking. Additionally, she can collaborate with social workers or mental health counselors to provide in-services to local businesses about human trafficking warning signs and prevention. This can not only help her serve this population, but also adds to her repertoire in this practice setting and enables her to specialize in this area. Through the American Occupational Therapy Association (AOTA), she can participate in advocacy activities such as Hill Day that give her exposure to OT's role in law making.

2. What continuing education might she take advantage of to make her more marketable in this area?

She might want to pursue a doctoral degree in occupational therapy (OTD) to learn more about ways to influence policy surrounding human trafficking and prevention. She can also obtain a degree in social work, law, or criminal justice to expand her skills in the area of legislation. This allows her to speak on many important issues from more than one lens, which is a very marketable skill to have.

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