



Health Care for Victims of Trafficking

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OBJECTIVES

- AWARENESS OF HUMAN TRAFFICKING
- RECOGNITION OF AT RISK PATIENTS
- SCREENING IN OUR PRACTICES
- TRAUMA INFORMED CARE OF VICTIMS

NO DISCLOSURES

AAP Clinical Report

- Exploitation, Labor and Sex Trafficking of Children and Adolescents: Health Care Needs of Patients
- Jordan Greenbaum, MD, Dana Kaplan, MD, FAAP, Janine Young, MD, FAAP
- Council on Child Abuse and Neglect
- Council on Immigrant and Child and Family Health
- Pediatrics Vol 151, number 1, January 2023

Fugitive from Rand arrested, charged with sex-trafficking of a child: Feds



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Staff reports Updated 2 mins ago  1 min to read

A Kanawha County man has been arrested and charged with sex trafficking — of three adults and a child — and other crimes, U.S. Attorney Will Thompson announced Tuesday.

Tiwan Robert “Quick” Bailey, 48, of Rand, was arrested Friday in Lexington, Kentucky, and charged with three federal felony counts of sex trafficking by force, fraud coercion or sex trafficking of children.

The details

A six-count indictment from October unsealed last week alleges Bailey and codefendant Carrie Roy — also known as “Carrie Ash,” 51, of Charleston — helped each other to recruit an unnamed minor victim to engage in commercial sex in December 2023 in the Charleston and Rand areas. The indictment also alleges that Bailey attempted to engage three adults in prostitution in Charleston and Rand from November 2023 to January 2024.

NBCBLK

White West Virginia couple accused of adopting Black children and forcing them to work ‘as slaves’

Jeanne Whitefeather, 62, and Donald Lantz, 63, are accused of adopting five Black children from a shelter and making them do farm labor.



- On the charge of trafficking of a minor, defined in part as isolating or maintaining an individual to engage in forced labor, both were found guilty of four counts.
- On the charge of civil rights violations, defined in part as preventing the enjoyment of an individual's constitutional rights because of their race, color or ancestry, Whitefeather was found guilty on four counts.
- Lantz was found not guilty on four counts of civil rights violations. According to the children's testimony, it was Whitefeather who typically used derogatory terms toward the children, not Lantz.
- On the charge of using a minor in forced labor, defined in part as using threats of harm to obtain activity with economic value, the couple was found guilty of four counts each.
- On the charge of gross child neglect that created a substantial risk of serious bodily injury and death, both were found guilty of three counts.
- On the charge of child abuse causing bodily injury, Whitefeather was found guilty of four counts relating to her spraying the children with bear repellent. Lantz was found guilty of one count relating to him hitting the oldest boy.

All charges involve the oldest four children.

CHARLESTON, [W.Va.](#) – Jeanne Kay Whitefeather, 63, and Donald Ray Lantz, 65, of Sissonville, West Virginia, were convicted today on Human Trafficking, Civil Rights, and Child Abuse charges.

Whitefeather is scheduled to be sentenced on March 19, 2025, and faces a maximum penalty of imprisonment in a state correctional facility for a maximum of 215 years.

Lantz is scheduled to be sentenced on March 19, 2025, and faces a maximum penalty of imprisonment in the state correctional facility for a maximum of 140 years.

The Kanawha County Prosecuting Attorney commends the investigative work and professionalism of the Kanawha County Sheriff's Office on this case.

Senior Assistant Prosecuting Attorney Chris Krivonyak and Assistant Prosecuting Attorney Madison Tuck prosecuted this case before the Honorable Maryclaire Akers, Circuit Judge.



DEFINITIONS

- DOMESTIC TRAFFICKING-Labor or sex trafficking in person's home country
- TRANSNATIONAL TRAFFICKING-International boundaries are crossed

CHILD SEX TRAFFICKING

- Exchange of sex act for something of perceived value
- Does not require demonstration of force, fraud or coercion

CHILD LABOR TRAFFICKING

- FEDERAL LABOR STANDARDS SET 14 YEARS AS MINIMUM AGE FOR EMPLOYMENT
- FORCE, FRAUD OR COERCION ARE NECESSARY COMPONENTS

2018 Federal Data

- Top 3 countries of origin for trafficked persons in US
 - United States
 - Mexico
 - Philippines
- Data from the Unaccompanied Refugee Minor Program of the Office of Refugee Resettlement has shown significant increase in number of children and adolescent victims

SMUGGLING VS TRAFFICKING

- SMUGGLING-represents a crime against a country; requires transportation
- TRAFFICKING-exploitation of person- may occur in the absence of victim transport

GLOBAL INCIDENCE-2021

- International Labor Organizations categorizes child sex trafficking as a subset of forced labor
- 3.3 million children and adolescents experienced force labor
- 1.7 million of them subjected to commercial sexual exploitation

Commercial Sexual Exploitation of Children

- Involves online or offline “crimes of a sexual nature committed against juvenile victims for financial or other economic reasons”
- Includes: sex trafficking, “prostitution” (term no longer used), production and or viewing child sexuality abuse materials, etc
- May include “survival sex”-sexual activity in exchange for basic necessities-common in homeless and runaway youth

RISK FACTORS

- 11-17 years –typical age of entrance into T/E
- Poverty
- Child Abuse and Neglect
- American Indian, Alaskan Natives, Asian Females
- Run Away Youth
- LGBTQ+- especially Black trans “womyn/gurls”
- Transgender youth nearly 7 times more likely to engage in transactional sex

Where to we encounter T/E patients

- Emergency Departments/Urgent Care facilities
- Family Planning Clinics
- Public Clinics or Private Offices
- Child abuse or foster care clinics
- School-based health centers
- Hospitals
- Tribal clinics

SHORT SCREEN FOR CHILD SEX TRAFFICKING

- Not to obtain a disclosure of T/E
- Assess the level of RISK
- Identify patient vulnerabilities
- Referral to community services
- High rate of disclosure of sensitive info if used electronic tablet

RISKS AND VULNERABILITIES

- Substance use
- Law enforcement encounters
- Number of sexual partners
- History of STIs
- History of running away

Screening Questions:

- 1) Have you ever broken any bones, had any cuts that required stitches, or been knocked unconscious? ** No
 Yes
- 2) Some kids have a hard time living at home and feel that they need to run away. Have you ever run away from home? No Yes
- 3) Kids often use drugs or drink alcohol, and different kids use different drugs. Have you used drugs or alcohol in the last 12 months? No Yes
- 4) Sometimes kids have been involved with the police. Maybe for running away, for breaking curfew, for shoplifting. There can be lots of different reasons. Have you ever had any problems with the police? No
 Yes
- 5) If you have had sex before, how many sexual partners have you had?
 0 partners 1-5 partners 6-10 partners >10 partners
- 6) Have you ever had a sexually transmitted disease (STD), like herpes or gonorrhea or chlamydia or trichomonas?
 No Yes



HEADSSS ASSESSMENT

- Home
- Education/Employment
- Activities
- Drugs
- Sexuality
- Suicide/Depression
- Safety

TABLE 3 Potential "Red Flags" for Labor or Sex T/E

Initial presentation

- Accompanied by domineering adult who does not allow child to answer questions
- Accompanied by unrelated adult
- Accompanied by peers and only 1 other adult
- Inconsistent information provided by patient or companion
- Delay in seeking medical care
- Patient is poor historian (from sleep deprivation or drug intoxication)

Chief complaint involves:

- Acute assault (sexual or physical)
- Work-related trauma or toxic exposure
- Mental and emotional health issues
- Genitourinary symptoms or signs
- Substance use or ingestion

Historical factors

- Multiple sexually transmitted infections
- Previous pregnancy or termination
- Frequent visits for emergency contraception
- Frequent substance use
- Prior sexual abuse, assault, or other maltreatment
- Recent immigration; does not speak local language; undocumented immigrant status

Physical findings

- Withdrawn, fearful, hostile, or suspicious demeanor
- Evidence of malnutrition
- Untreated chronic disease or injury
- Evidence suggestive of inflicted injury
- Signs of substance use or abuse (eg, nonmedical use)
- Dental trauma or evidence of neglect
- In possession of expensive items, such as clothing, inconsistent with rest of presentation
- Constantly checking phone, appears anxious or afraid

APPROACH TO EVALUATION

- Trauma Informed
- Rights Based
- Culturally Sensitive

STRATEGIES

- Safety and Trust
- Privacy and Confidentiality
- Respect
- Transparency
- Empowerment and Collaboration
- Sensitivity to culture, gender, racism, discrimination
- Minimize retraumatization

Safety and Trust

- Speak to patient alone regarding sensitive information
- Explain that it is organizational practice
- Assure that patient comfortable speaking to you alone
- Chaperone in room
- Time to build rapport
- Attend to patient need-food, drink, blanket etc

Privacy and Confidentiality

- Expert opinion recommends that legal status or lack of should not be documented in the medical record
- Mandated reporting
- Access to medical records by others

Suggested introduction: “Hello. We often ask teens some questions to find out a little more about what is going on in their lives. It helps us understand more about how we might be able to offer help. Some of the questions are sensitive and may make you feel uncomfortable so it is important to know that *you do not have to answer the questions if you don't want to*. If you decide to answer them, it will help us with your evaluation. Answers to some of the questions may be included in your general medical record. I am generally able to keep what you tell me private (or confidential). There are two exceptions to this. The first is if you tell me there is a threat to your safety or the safety of someone else. The second is if we are required by law to share information in our medical record. Do you understand these exceptions? If not, please ask us and we are happy to explain.”

RESPECT

- Remember they are fragile
- Be calm, nonjudgmental, empathic, not hurried
- Actively listen, maintain eye contact
- Recognize their resilience and remind them of their strengths
- Explain your role, review all steps of visit
- Reason for each step of visit: sensitive questions, exam, labs

EMPOWERMENT AND COLLABORATION

- Ask if patient has questions about visit
- Acknowledge to them their right to refuse
- Ask permission each step of exam
- Offer choices –Would you like to sit in the chair or on the table
- Before offering services, ask patient what they feel would be most helpful, ask if you may offer some ideas for resources
- Encourage shared decision making
- Understand circumstances of patient consent, parent consent and patient assent for medical intervention

Sensitivity to culture, gender, systemic racism

- Avoid assumptions about gender identity sexual orientation
- Ask preferred name or pronouns
- Be aware of personal biases and those in workplace
- Use Professional medical interpreters not the companion

MINIMIZE RETRAUMATIZATION

- Avoid situations where patient may feel out of control, coerced or judged
- Monitor the patient for signs of distress
- Give them power to ask provider to stop if they become uncomfortable

PHYSICAL EXAM

- Tattoos
- Mouth
- Neck
- Arm
- Breast/Groin



...former tattoos used by traffickers can vary by region. You can check with your local law enforcement
identified as common in your community.

Bar Codes



Image - The Independent

A tattoo resembling the above bar code has long been linked to human trafficking in Europe. While the

Property of...



Image - CNN

In many instances in America, the trafficker will tattoo his name (or nickname) on the trafficking victims, signaling that they are property. Victims are often coerced into getting these tattoos as a way to show they belong to a group and are cared for. Similar tattoos can include a crown with the trafficker's initials. Be advised, these tattoos are also common among women who belong to a motorcycle club and they may not be victims of human trafficking.

Currency

Currency



Image: Daily Mail

MEDICAL SCREEN & TREATMENT

- Laboratory screen for most urgent need
- Explain and consent
- Sexually transmitted infection: HIV, Hepatitis, Syphilis, Gonorrhea, Chlamydia. Vaginitis panel
- Pregnancy, PID
- Forensic kit & Prophylaxis if acute assault
- Contraception
- Vaccines
- Mental Health

MANDATED REPORTING

- 2015 Federal Act Amendment adding human trafficking and child sexual abuse materials as forms of child abuse
- State specific adoption. WV Code covers
- Mandatory reporting for child labor trafficking not present in most states
- WV CPS Hotline 1-800-352-6513. Child or adult abuse and neglect

CALL TO ACTION

- Remember this could be the only encounter you may have
- Trauma informed: not rushed, calm, compassionate tone
- All staff needs education on awareness and response
- Format a response process including staff assignments
- Posters in waiting areas and or restrooms
- Teach hand signal for help
- Know community resources

Immediate Response Plan

- Call 911
- Call FBI
- CPS Hotline 1-800-352-6513

WHY RETURN TO THE “LIFE”

- Common for patient to return several times before final extrication
- Emotional bond to exploiter
- Fear of retribution
- Reluctance to return home
- Debt bondage
- Deportation

RESOURCES

- NATIONAL HUMAN TRAFFICKING RESOURCE CENTER AND HOTLINE. 1-888-373-7888. [Humantraffickinghotline.org](https://www.humantraffickinghotline.org)
- POLARIS PROJECT. [Polarisproject.org](https://www.polarisproject.org)

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