

Human Trafficking: What Medical Personnel Need to Know

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Case

- JR, a 16 year old white female, presents to the ED with severe vaginal bleeding.
- Her brother states she is schizophrenic and the family fears she had tried to induce an abortion on herself.
- After emergency surgery, she is placed in a locked psych ward, and subsequently discharged to her brother.

Re: Case

- In reality, the patient is a victim of sexual trafficking, who as a 14 year old runaway met her trafficker at a mall when he promised her food, shelter and a job. This “brother” trafficker instrumented her with a broken bottle to try and induce an abortion.
- What signs did the medical team miss?
- Why didn't the patient tell someone or use hospitalization to escape?

Definition

- Human trafficking is modern day slavery
 - May have lack of basic freedoms of food, shelter, sleep, play, school, personal safety and human dignity
- It involves
 - Recruitment, harboring, transportation, provisioning or obtaining of a person
 - By means of force, fraud, or coercion
 - For the purposes of labor or services, or sexual exploitation* (*or if victim is under age 18)
- Very under-reported
 - No one agency to collect data
 - Cases may be prosecuted under related offenses

Background

- Human trafficking worldwide is the second most profitable criminal industry after drugs and tied with arms dealing
 - Drugs/arms are sold once, but people can be sold over and over again – more profitable
 - Less risk of getting caught
 - Estimated \$32 - \$91 billion dollars per year globally
- HT has been reported in all 50 states
- California is one of the top 4 trafficking destinations in US (NY, FL, DC)
- California has 9 regional anti-trafficking task forces

Types in US

- Sex trafficking
 - Prostitution – street, closed brothels, massage parlors, spas, escort
 - Pornography
 - Phone sex lines
 - Stripping, live sex shows
 - Mail-order brides
 - Truck stops
- Labor trafficking - underground, unregulated; wage, health, safety violations
 - Domestic servitude (housework/childcare)
 - Service industry (restaurants, hotels)
 - Hair, nail salons
 - Construction
 - Small businesses, factories & “sweatshops”
 - Agriculture, ranch
 - Landscape workers
 - Janitorial
 - Door-to-door sales
 - Panhandling

Can be hidden & locked away,
or hidden in plain sight

Also, internationally:
Human organ provision
Child soldiers

Who are traffickers?

- Individuals
- Families
- Organized groups of criminals in partnership
 - Local gangs
 - International gangs
- HT fuels violence and organized crime
 - Often also involved with drugs, money laundering
- Extensive use of internet and social media to target victims, arrange buyers, and evade police

Who is trafficked?

- US citizens (72% of CA victims 2010-2012)
 - Runaways, foster children, internet contacts, truants, homeless, addicts, disabled – the most vulnerable
- Foreign nationals
 - Arriving on visas for promised work
 - Agree to be smuggled for work or family
 - Smuggled against their will
- All ages, men and women
 - 80% are women and girls; up to 50% minors

Domestic Minor Sex Trafficking (DMST)

- US citizens, usually recruited age 11-14
- “Vulnerable, available, naïve” – need for affection/love
- 2008 at least 100,000 DMST victims in US
- 0.5 - 2.5 million children/youth run away or are “thrown away” from home each year, many end up in prostitution
- Have been viewed as offenders or delinquents instead of victims
- Lack of facilities for multi-faceted care → sent back home or to foster care → repeat runaway/revictimization

How are victims targeted?

- Malls, bus/train stations, arcades, group homes, parks, homeless shelters
 - Kindly woman
 - “Romeo” – “grooming” with gifts, compliments
- Online chat, social media, dating websites
- False advertisements for employment, education, modeling, marriage agencies
- Sold by parents, other relatives or boyfriends
 - Driven by poverty, political instability
- Abduction/kidnapping

How are victims controlled?

- Force
 - Beatings, confinement, rape, starvation, torture, forced drug use
- Fraud
 - False offers of employment, education, marriage
- Coercion
 - Threats to patient, or family back home
 - Debt-bondage (“fees” that can never be repaid)
 - Psychological abuse, manipulation, isolation
 - Blackmail to call police/INS about their undocumented status or illegal industry (e.g. prostitution)

Why don't victims leave?

- Intense shame if circumstances are related to family or town
- “Sophisticated psychological and financial control mechanisms, often minimizing or precluding the need for physical violence or confinement.”
- Traumatic bonding – “coercive control where perpetrator instills in the victim fear as well as gratitude for being allowed to live – this bond is a survival instinct and coping mechanism”
- Movements controlled
- Minors – fear of being returned to family or placed with social services

Public Health Issue

Coming from:

- Mexico
- Central/South America
- Russia, Eastern Europe
- Asia
- Africa
- India
- Canada

Conditions can include (& may be drug resistant):

- TB
- Hepatitis
- Parasites
- Malaria
- STDs
- HIV/AIDs

Contact with Medical Care

- 12 survivors interviewed in Los Angeles
- 6 had had contact with medical system while victimized
 - Domestic workers – injury, pain from RSI
 - Sex workers – STIs, pregnancy tests, abortions
 - 1 worked 20 hrs/day in an elder care facility
- Traffickers accompanied them, filled out the paperwork, did the communicating
- Cost of care added to debt burden
- None were identified by healthcare personnel

Baldwin, 2011, Health and Human Rights 13:1(36-49)

Bottom line for medical interaction

- Persons are considered a commodity
- Clients are free to do as they please with “products” (more severe injuries)
- Traffickers want maximum profit, therefore:
 - No preventative healthcare such as vaccinations or dental care, no health insurance
 - Lack of attention to safety, ergonomics
 - Attempts at unprofessional/unsanitary medical “fixes”, focused on continuing production rather than health
 - Lack of compliance with treatment or follow-up care

Additional health factors spreading illness

- Crowded living conditions
- Poor sanitation, personal hygiene
- Poor ventilation
- Poor nutrition, dehydration
- Heat/cold overexposure
- Sleep deprivation, exhaustion, long work hours
- Dangerous/stressful work conditions
 - Bacterial/airborne contaminants
 - Toxic exposures
- Lack of condom use

Mindset of patient

- May believe no one can help
- May have been very isolated - disoriented
- PTSD emotional numbness, detachment, “flat affect”
- Addiction needs
- Conflicting loyalties - traumatic bonding
- Fear
 - of trafficker – threats to self or family members back home
 - of INS and deportation
 - of police – police may be corrupt/part of trafficking in country of origin
- May not speak English or understand our culture (that there is help available)
- May not understand “trafficking” or identify with concept

Red flags - history

- Delay in seeking care for illness/injury
- Vague/inconsistent history
- Lack of follow-up from previous care
- Hospital hopping (may have different patient name)
- May have a coached cover story about being a student or tourist or “just visiting” – unable to clarify an address
- Appears younger than stated age (younger than 18 coached to say they are older than 18)
- Child/adolescent traveling with older companion who is not a guardian
- Age inappropriate familiarity with sexual terms or practices
- Dressed inappropriately for stated work, weather

Red flags - interaction

- Observe body language and interaction
- Seems afraid/submissive of person with them, doesn't speak
- Person with them answers questions and seems controlling
- "Handler" may pose as spouse, partner, family member or employer
- Lack of ID, or person with them handles ID
- Few personal possessions
- Cash payment

Red flags - physical

- Injury doesn't match history
- Neglect/delay in care, advanced stage of disease/injury
- Evidence of prior poor attempt to treat
- Serious industrial injury
- Chronic back, hearing, vision, skin, respiratory problems from work conditions or toxic exposures
- Persistent or untreated STIs, UTIs
- Cotton debris in vagina (from stuffed cotton padding to hide menstruation during sexual encounters)
- Neck & jaw problems (from oral sex)
- Repeated abortions/miscarriages, or no prenatal care

physical con't.

- Dizziness, headaches, memory loss from traumatic brain injury/concussion
- Chronic pain syndromes
- Poor dentition
- Weight loss, malnourished, children stunted growth
- Undetected diseases such as diabetes, hypertension
- Evidence of inflicted injury (multiple, old and new)
 - Bruising, scarring, burns, ligature marks, broken bones
 - Branding, tattooing of “ownership”, won't talk about
 - Complications from attempt at induced abortion
 - Vaginal/anal trauma

Red flags – mental/emotional

- Depression, hopelessness
- Suicidality
- Anxiety, panic attacks
- PTSD, dissociation
- Disoriented/confused
 - may be purposely moved from city to city and not know where they are
- Addiction
 - forced drugs to maintain control
 - numbness as a coping mechanism

Differential

- Domestic violence
- Rape
- Child abuse
- Homelessness
- Addiction

Sample questions

- What type of work do you do? What are your work hours?
- How often do you get to visit/speak to your family or friends?
Does anyone monitor or forbid your conversations?
- Can you find another job if you want?
- Can you come and go as you please?
- Have you or your family been threatened if you try to leave?
- Where do you eat and sleep? What are the conditions like?
- Are you being paid? Do you owe money to your employer?
- Do you have control of your money and ID/documents?
- Do you ever feel pressured to do something you don't want to do?
- Have you been physically hurt?
- Did someone tell you what to say today?

Responding to “yes”

- I’m very sorry that this has happened to you.
- We are here to help you.
- Our first priority is your safety.
- We can find you a safe place to stay.
- We can help to protect your family.
- You have rights, and we can help you to rebuild your life safely.
- We want to make sure that what happened to you doesn’t happen to anyone else.
- Can have patient talk to hotline 888-3737-888

Provide comprehensive health assessment

- Document the range of abuses
- Head-to-toe physical exam
 - Include oral health
 - Signs of nutritional deficiencies
- Review of systems including history of strangulation, head trauma, work exposures, exposures to others with illness
- Screening labs including STIs, pregnancy
- Forensic collection as needed

Consider danger

- Is the trafficker present? (i.e. in the waiting room/outside)
- What will happen if the patient does not return to the trafficker?
- Does the patient believe he/she or a family member is in danger?
- Are ED/clinic personnel in danger?

Cautions

- Talk privately (separate from the person who brought them in)
- Only use hospital interpreter/language line
- Limit involved staff to a minimum and make sure they understand confidentiality is vital - there may be high danger to patient or family members from disclosing
- Cases of doctors and US police corruption by traffickers have occurred

What is reportable?

- HT presently is not a mandated report for medical personnel
- However, HT may overlap with mandated reporting for child abuse, domestic violence, sexual abuse, or elder abuse
 - Do mandated report as required by usual protocol
 - Plus call national HT hotline to connect case to appropriate trafficking law enforcement, FBI, Homeland Security and obtain victim services

1-888-3737-888

What if there is nothing reportable?

- Let patient know that there are services available and ask if s/he would like help
 - If yes provide hotline number or let patient talk to hotline right then
 - If no, ask if s/he would like number for future reference

What services are available?

- Physical, dental and mental health services
- Rehabilitation
- Tattoo removal
- Substance abuse treatment
- Safety, housing, relocation, witness protection
- Legal, including T- or U-visas
- Education, life skills, job training
- In certain circumstances family members may be brought here from country of origin
- Minor with prostitution charges may have record expunged

Local Resource

- South Bay Coalition to End Human Trafficking
 - One of 9 regional task forces in CA
 - Made up of:
 - San Jose Police Department Human Trafficking Task Force
 - Community Solutions
 - Katharine & George Alexander Community Law Center
 - Multiple other local, state and federal organizations
- Provides crisis intervention, short and long term support

A victim of trafficking
can look like anyone.

Look beneath the surface.

<http://humantraffickingmed.stanford.edu>