Human Trafficking: What Medical Personnel Need to Know

2013

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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.
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