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

• 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
  – $32 billion dollars a 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

• 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
  – 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
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 children
How are victims targeted?

• Malls, bus/train stations, group homes, parks, homeless shelters
  – Kindly woman
  – “Romeo”
• Online chat, social media, dating websites
• Advertisements for education, marriage or jobs
• Sold by parents, other relatives or boyfriends
• Abduction
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
  – 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

28% of victims come in contact with medical services during victimization (FVPF, 2005)
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
Red flags - history

- Delay in seeking care
- 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)
- Dressed inappropriately for stated work, weather
Red flags - interaction

- Seems afraid/submissive of person with them, doesn’t speak
- Few personal possessions
- Lack of ID, or person with them handles ID
- Person with them answers questions and seems controlling
- “Handler” may pose as spouse, partner, family member or employer
Red flags - physical

• Advanced stage of disease or injury
• Evidence of prior poor attempt to treat
• Serious industrial injury
• Chronic back, hearing, vision, skin, respiratory problems from work conditions or 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 or miscarriages
• No prenatal care if continuing a pregnancy
physical con’t.

• Dizziness, headaches, memory loss from traumatic brain injury/concussion
• Poor dentition
• 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”
  – Attempt at induced abortion
  – Vaginal/anal trauma
Red flags – mental/emotional

• Depression
• Suicidality
• Anxiety, panic attacks
• PTSD
• Disoriented/confused
  – may be purposely moved from city to city and not know where they are
• Addiction
  – forced drugs to maintain control
  – coping mechanism
Differential

• Domestic violence
• Rape
• Child abuse
• Homelessness
• Addiction
Mindset of patient

• Helplessness, shame, 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
Trauma informed medical care

• The medical setting may be the only place an isolated/frightened person may privately and safely disclose abuse

• Patient may have been extremely traumatized and needs to be treated with sensitivity and compassion

• Provide support that is patient-centered, culturally informed, nonjudgmental, respectful, and empowering – provide choices

• Explain confidentiality and reporting obligations
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 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”

• 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
• Thorough 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 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.