Human Trafficking: What Healthcare Providers Need to Know

Jamie Macklin, MD
Physician Lead
Division of Hospital Medicine, University Hospital East
Assistant Clinical Professor of Internal Medicine
and Pediatrics
Department of Internal Medicine
The Ohio State University Wexner Medical Center

Disclosures

- I have no relevant financial relationships with the manufacturers of any commercial products and/or providers of commercial services discussed in this CME activity
- I do not intend to discuss an unapproved or investigative use of a commercial product or device in this presentation

Objectives

- Acknowledge the magnitude of the human trafficking crisis in the United States and in Ohio
- Become familiar with potential trafficking victim presentations to the healthcare system
- Identify medical issues that human trafficking victims develop as a result of their captivity
- Understand resources available to assist human trafficking victims during and after their captivity

What Is It?

- Modern-day slavery
- Use of force, fraud, or coercion to obtain form of labor or commercial sex act
- Hidden crime, as victims rarely come forward
 - Language barriers
 - Fear of the traffickers and/or law enforcement



- Human Trafficking makes more money than Google, Starbucks, Nike, and the NFL combined
 - 150 billion dollars/year vs 136.6 billion dollars/year

How Big Is It?

- ~75% female
- ~25% children
- Only a small fraction (i.e. ~50,000 victims) are identified by law enforcement
- Average age of entry into sex trafficking is 12-14 years

Locations of Potential Human Trafficking Cases in the U.S.

- Port states
 - Florida
 - California
 - New York
 - Texas

Factors Contributing to Trafficking

- Drug or alcohol dependency
- Runaway or homeless status
 - Average 48 hours on the street before being approached by a pimp
- Undocumented status
- Oppressed/impoverished/marginalized status
- History of child abuse
 - 80-90% of prostituted adolescents report this

Human Trafficking Victims in the Medical Setting

- ~30% of trafficked individuals will be exposed to the healthcare system for treatment of illness or injury during their captivity
 - Rarely recognized as victims
 - Fear of captor
 - Distrust of authority
 - · Unfamiliar with culture or language
 - · Ashamed about their situation

Physician Contact with Trafficking Victims

- Survey of National Health Service (UK) physicians
- Knowledge and confidence to respond to human trafficking victims
- 87% respondents didn't know what questions to ask
- 78% reported insufficient training to assist victims
- 95% were unaware of the scale of the issue

Physician Contact with Trafficking Victims

- Survey of pediatricians and other pediatric HCP
- 63% of respondents reported no previous training on sex trafficking
- 48% were able to identify a sex trafficking victim in a case study
- Those with training were significantly more likely to report trafficking as a major problem locally and to have confidence in identifying a victim

Victim Presentation

- Victims will often present with their trafficker
 - Male or female
 - Well-dressed, well-spoken, caring, sympathetic, "rehearsed"
 - Familiar with the spoken language

Red Flags



- "Friend" (trafficker) doesn't allow the patient to speak or answer questions
- Will not allow the patient to be in the room alone with medical provider
- Vague or inconsistent explanations for injuries
- Victims may not know their address or what city/state they are in
- May not have any identification documents
- Disclosures of very high numbers of sexual encounters or unwanted pregnancies

Careful History-Taking

- Get potential victim away from his/her trafficker!
 - Cite clinic/Hospital/ED policy of private physical examination
- Use an interpreter as needed
- · Be mindful of words used in questioning
 - Most victims will not understand the words "trafficking" or "coerced"

Helpful Questions

- Has anyone at home or work ever harmed you?
- Have you ever been forced to do something you didn't want to do?
- Do you have to ask permission to eat/sleep/use the bathroom?
 - Have you ever been denied these things? Medical care?
- Have you ever been threatened for trying to leave your job?
 - Has your family ever been threatened?
- Can you come and go from your home/job as you please?
 - Are there locks on the doors that prevent this?

Physical Examination

- Thorough!
- Signs of dehydration, malnutrition, exhaustion
 - · Deprivation of water, food, sleep
- Inflicted injuries
- Signs of untreated/undiagnosed chronic diseases
- History or physical findings of substance abuse

Specific Systems

- Skin Exam
 - Bruising, bite marks, cigarette burns, traumatic alopecia
 - Extremity deformities or joint pain (poorly healed fractures)
 - Ligature marks and tattoos

Specific Systems

- Genital/anal injuries not uncommon
 - · Sexual abuse/rape
 - Unsafe abortions
 - · Perforation from inserted objects
 - Perforation from retained foreign bodies (i.e. gauze to prevent menstruation)
 - Untreated STD's

| Injuries | Physical Illness | Mental Illnesses and Psychiatric Symptoms |
|------------------------------|--|--|
| Genital trauma | Sexually tranmitted diseases | Depression |
| Rape, foreign object | Chlamydia, gonorrhea, HIV/acquired immunodeficiency syndrome | Suicidal ideation |
| Anal trauma | Pelvic inflammatory disease | Anxiety |
| Rape, fisting | Tuberculosis | Panic attacks |
| Bruise, abrasion, whip marks | Substance abuse and withdrawal | Dissociative reaction |
| ligature marks | Gastrointestinal disorders | Agoraphobia |
| Head trauma | Complications from untreated chronic diseases | Substance abuse |
| Lacerations | Asthma, diabetes, etc | Poor self-esteem and feelings of worthlessness |
| Knife, razor | Frequen respiratory infections | Shame and guilt |
| Burns | Chronic headaches | Fear for family member's safety Memory loss |
| Cigarette, iron, acid | Back pain | |
| Gunshot wounds | Deformities and chronic pain from improperly | |
| | healed fractures and strains | |
| Run over or dragged by car | Malnutrition | |
| Clumps of hair pulled out | Dental problems | |
| Unwilling pregnancy | | |
| Unsafe abortion | | |

Medical Management

- SANE exam/"rape kit"
- Pregnancy/STD testing
 - Also consider TB testing if victim is from outside United States
- Gonorrhea/chlamydia prophylaxis
- · HIV prophylaxis
 - · Check LFT's first
 - 40-90% prevalence in sex trafficking victims due to unprotected sex with multiple partners and/or injectable drug use
- Consider Hepatitis B prophylaxis

Medical Management

- Tetanus vaccination
- Mental health services/psychiatric evaluation
- Keep them admitted!!
 - · Psychiatric evaluation
 - · Pelvic inflammatory disease
 - Safety

Reporting

- Get social work involved
- · Contact law enforcement if imminent danger
 - If not, consider informing patient before reporting
 - Not a requirement
 - · Could potentially put patient in more danger
- If a minor, you are mandated to contact CPS

National Human Trafficking Hotline

- National Human Trafficking Resource Center hotline
 - 1-888-373-7888
 - 24 hours/day
 - 200+ languages
 - Text option
 - Confidential
 - Can provide guidance regarding assessment and indicators of trafficking
 - Can find resources and develop a patientspecific safety plan for the victim

25 |

- S.M. is a 26-year-old female who came to the United States from Mexico 2 years ago
- She is from a small Mixtec farming community in Oaxaca and speaks Mixteco fluently. She speaks some Spanish and no English

- S.M. left two young children behind in Mexico with her mother and came to the United States with her boyfriend and the help of a smuggler. She was told that when she arrived in the United States, she would be able to find work and pay the smuggler back the nearly \$8,000 she owed for safe passage across the border
- After paying her debt, she had plans to remit money to her mother in Mexico for the care of her children, hoping that they might eventually join her in the United States

- During the border crossing, S.M. walked for days in the desert with little food or water
- Her boyfriend was not able to protect her during the crossing, and she was robbed and gang-raped by a group of bandits
- Upon arrival to the United States, she was transported to Ohio, where she was placed with a family as their nanny. Shortly afterward, she discovered that she was pregnant with her third child

- Her boyfriend found seasonal work nearby picking tomatoes, but when the season ended, he disappeared, leaving her behind
- The Ohio family treats her well, and she enjoys caring for their two young children in addition to her own one and a half-year-old.
 They pay her \$6 an hour and give her a room

- Recently, the smuggler has been making harassing phone calls to the house about the money he is still owed, and S.M. is worried she will lose her job if he does not stop calling. She has been unable to pay him back because he continues to charge her high interest on her debt
- He has threatened to harm her mother and children in Mexico if she does not pay him back soon

 Fearing for her job and the lives of her family in Mexico, S.M. agreed to pay back some of her debt by having sex with the smuggler and his friends

- S.M. is being seen at your clinic today for abdominal pain, unusual vaginal discharge with a foul odor, painful intercourse, painful urination, and irregular menstrual bleeding
- A male, who is interpreting for her, accompanies her into the examination room.
 He states that he is her boyfriend and is holding their child
- There is no one at the clinic that speaks Mixteco

What Do You Do Next?

- Do you allow the man to stay in the exam room? To interpret?
- What would you diagnose her with? How would you treat her?
- · Anything else?

What Do You Do Next?

- Do you allow the man to stay in the room during your evaluation? To interpret?
 - No!!
- What would you diagnose her with? How would you treat her?
 - You could diagnose her with PID (or suspicion thereof). She needs IV antibiotics
- Anything else?
 - Call the National Human Trafficking Hotline Number

Federal Legislation

Trafficking Victims Protection Act (2000)

| 3 Elements Necessary to Meet Trafficking Definition: | | |
|--|------------------|-----------------------|
| (1) | (2) | (3) |
| Process Action | Particular Means | For the purpose of |
| Recruiting | | Involuntary Servitude |
| OR | Force | OR |
| Harboring | OR | Dept Bondage |
| OR | Fraud | OR |
| Moving | OR | Slavery |
| OR | Coercion | OR |
| Obtaining A person | | Sexual Exploitation |

Federal Legislation

- Trafficking Victims Protection Act (2000)
 - Prevention through public awareness programs overseas and State Departmentled "Office to Monitor and Combat Trafficking" program
 - Protection through visas and services
 - · Prosecution of trafficking as a federal crime
- Re-authorized multiple times, last in 2017
- Bi-partisan

T Visa

- Trafficking visa
- Undocumented victims
- Created by US Department of Justice in 2010
- Victims (and some family members) can remain in the United States if they comply with "reasonable requests for assistance in the investigation or prosecution of acts of trafficking"

U Visa

- Non-immigrant visa
- Set aside for victims of crimes (and immediate family members) who have suffered extensive physical and/or mental abuse
- Have to be willing to assist law enforcement and government officials in prosecution of criminal activity

National Awareness

- National Slavery and Human Trafficking Prevention Month every January
- Proclamation in 2011
- Anniversary is known as National Human Trafficking Awareness Day
 - January 11
 - Many mass campaigns observed across the country

How Can I Help?

- Contact local Salvation Army
 - Awareness initiatives
 - Shelter/food/clothing
 - Legal aid
 - Substance abuse treatment

References

Beck ME, Lineer MM, & Melzer-Lange M. Medical Providers' Understanding of Sex Trafficking and Their Experience with At-Risk Patients. *Pediatrics* 2015; 135(4): e895-902.

Becker HJ & Bechtel K. Recognizing Victims of Human Trafficking in the Pediatric Emergency Department. *Pediatric Emergency Care* 2015; 31: 144-150.

The Department of Homeland Security. Blue Campaign; What Is Human Trafficking? Available at: https://www.dhs.gov/blue-campaign/what-human-trafficking. Accessed on May 23, 2018.

Dovydaitis, T. Human Trafficking: The Role of the Health Care Provider. Journal of Midwifery and Women's Health 2010; 55(5): 462-467.

International Labour Organization. Forced labour, modern slavery, and human trafficking. Available at: http://www.ilo.org. Accessed on May 30, 2018.

National Human Trafficking Hotline. Federal Law. Available at: https://humantraffickinghotline.org/what-human-trafficking/federal-law. Accessed on May 31, 2018.

Office on Human Trafficking in Persons. CDC Adds New Human Trafficking Data Collection Fields for Health Care Providers. Available at: https://www.acf.hhs.gov/otip/news/icd-10. Accessed on June 18, 2018.

References

Peters K. The Growing Business of Human Trafficking and the Power of Emergency Nurses to Stop It. *Journal of Emergency Nursing* 2013; 39(3): 280-288.

Polaris Project. Human Trafficking; The Facts. Available at: https://polarisproject.org/human-trafficking/facts. Accessed on May 30, 2018.

Ross C, Dimitrova S, & Howard LM et al. Human trafficking and health: a cross-sectional survey of NHS' professionals contact with victims of human trafficking. *BMJ Open* 2015;5:e008682. doi: 10.1136/bmjopen-2015-008682.

United States Department of State. Trafficking in Persons Report. 2017. Available at: https://www.state.gov/documents/organization/271339.pdf. Accessed on May 30, 2018.

42

Questions?

