Identifying and Addressing Human Trafficking in the Urgent Care Setting

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Learning Objectives

• Define human trafficking.
• Assess the global and domestic burdens of this issue.
• Identify the various signs of human trafficking.
• Explain the provider's role in working with a possible victim.
• List resources for victims and providers alike.
Question #1

• True or false: By definition, human trafficking involves moving a person across international borders.
What is human trafficking?

- Human trafficking is the **illegal** use of a variety of means to **force** an individual (the victim) to relinquish his/her personal **freedom** for the **profit** of another person (the trafficker)
### A-M-P model

<table>
<thead>
<tr>
<th>Action</th>
<th>Means</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recruits</td>
<td>• Force</td>
<td>• Commercial sex act (sex trafficking)</td>
</tr>
<tr>
<td>• Obtains</td>
<td>• Fraud</td>
<td>• Labor/services (labor trafficking)</td>
</tr>
<tr>
<td>• Harbors</td>
<td>• Deception</td>
<td>• Other forms of exploitation</td>
</tr>
<tr>
<td>• Transports</td>
<td>• Coercion</td>
<td></td>
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<tr>
<td>• Transfers</td>
<td>• Abduction</td>
<td></td>
</tr>
<tr>
<td>• Provides</td>
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</table>
Definitions

• **Sex trafficking:**
  • Commercial sex act induced by force, fraud, or coercion; or
  • The person induced to perform has not yet reached age 18

• **Labor trafficking:**
  • Performance of labor or services via force, fraud, or coercion
  • Violence, threats, and/or lies to force people to work against their will in a variety of industries
  • Includes debt bondage, forced labor, and child labor

• **Human smuggling:**
  • Deliberate evasion of immigration laws, either clandestinely or through deception (e.g., fraudulent documents)
Examples of trafficking

- **Sexual exploitation:**
  - Prostitution
  - Pornography
  - Bride trafficking
  - Massage parlors
  - Escorting
  - Exotic dancing

- **Forced labor:**
  - Domestic servitude
  - Manual labor (e.g., construction)
  - Restaurants
  - Nail salons
  - Hotel housekeeping
  - Drug trade
  - Begging
  - Child soldiers

*Chisolm-Straker (2007), Logan (2009)*
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</tr>
</thead>
<tbody>
<tr>
<td>N = 58</td>
<td>N = 98</td>
<td>N = 82</td>
<td>N = 4</td>
<td>N = 21</td>
<td>N = 131</td>
<td>N = 64</td>
<td>N = 15</td>
<td></td>
</tr>
<tr>
<td>Sex work (specific mention of prostitution or sex work)</td>
<td>46%</td>
<td>66%</td>
<td>60%</td>
<td>X</td>
<td>X</td>
<td>46.4%</td>
<td>23.2%</td>
<td>40%</td>
</tr>
<tr>
<td>Sex laboring (nonprostitution sectors of sex industry such as stripping)</td>
<td>—</td>
<td>—</td>
<td>28%</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>12%</td>
</tr>
<tr>
<td>Pornography</td>
<td>—</td>
<td>27%</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Entertainment (Sex tourism/entertainment)</td>
<td>—</td>
<td>30%</td>
<td>8%</td>
<td>—</td>
<td>—</td>
<td>3.1%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Personal service (domestic or sexual servitude with one person; servile marriage)</td>
<td>—</td>
<td>37%</td>
<td>10%</td>
<td>X</td>
<td>—</td>
<td>0.8%</td>
<td>23.2%</td>
<td>28%</td>
</tr>
<tr>
<td>Domestic labor</td>
<td>31%</td>
<td>45%</td>
<td>31%</td>
<td>X</td>
<td>X</td>
<td>27.2%</td>
<td>7.3%</td>
<td>33%</td>
</tr>
<tr>
<td>Agricultural or other labor (general, construction, coal mining)</td>
<td>11%</td>
<td>46%</td>
<td>25%</td>
<td>X</td>
<td>—</td>
<td>10.4%</td>
<td>14.5%</td>
<td>12%</td>
</tr>
<tr>
<td>Factory/sweatshop labor</td>
<td>5%</td>
<td>19%</td>
<td>—</td>
<td>—</td>
<td>X</td>
<td>4.8%</td>
<td>—</td>
<td>33%</td>
</tr>
<tr>
<td>Restaurant/bar labor</td>
<td>—</td>
<td>25%</td>
<td>—</td>
<td>—</td>
<td>X</td>
<td>—</td>
<td>8.7%</td>
<td>33%</td>
</tr>
<tr>
<td>Begging/trinket selling</td>
<td>—</td>
<td>4%</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>6%</td>
</tr>
<tr>
<td>Food service industry</td>
<td>—</td>
<td>5%</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>3.8%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Unspecified</td>
<td>7%</td>
<td>—</td>
<td>33%</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>23.2%</td>
<td>—</td>
</tr>
</tbody>
</table>

NOTE: N = Number of participants; X = mentioned in the report, but percentages were not provided.

a. Those included are respondents who worked with victims, cases mentioned, or actual cases. One report did not discuss labor sectors.

Logan (2009)
How does one become a victim?

- Born into slavery
- Kidnapped, sold, or physically-forced
  - Abduction
  - Sold by parents/partner
- Tricked
  - Coyotes (smugglers who them across borders)
  - Promises of marriage and/or a better life
  - Advertisements for modeling jobs or work/study abroad

*Dovyda (2010), Logan (2009)*
How do traffickers maintain control?

- **Control IDs** (passports, etc.) to prevent eloping
- **Charge high fees/interest** to make it impossible to pay off debt
- **Threats** to self or family
- **Isolate** victims from family, friends, and the public in general
- **Move** victims from place to place to keep them from forming relationships and/or being identified

- The victim’s focus becomes *survival*
Question #2

• Multiple choice: Which of the following countries does not meet the minimum standards of the Trafficking Victims Protection Act (TVPA) and does not seem to be making any efforts to do so (Tier 3)?

  a. South Africa
  b. Colombia
  c. Russia
  d. Egypt
  e. Fiji
Global burden

- Approximately **21 million people** living in slavery worldwide (International Labour Organization, 2012)
- 600k-800k persons trafficked across borders annually
- **Forced labor** most common (68%)
- **Women and children** are the majority of trafficking victims (55% of forced labor, 85% of sex trafficking)
- Estimated to be a $150 billion industry (ILO, 2014)
- Third largest source of income for **organized crime**

- **Twice as many people enslaved today as during the African slave trade**

Trafficking Victims Protection Act

• Tier 1 = fully meet TVPA minimum standards

• Tier 2 = do not fully meet minimum standards but are making significant efforts towards compliance

• Tier 2 watch list = as Tier 2, but high absolute number of victims, increasing number of victims, or inadequate efforts to combat trafficking

• Tier 3 = do not fully meet minimum standards and not making efforts to do so
### TIER 2 WATCH LIST

<table>
<thead>
<tr>
<th>Afghanistan</th>
<th>Bolivia</th>
<th>Guinea-Bissau</th>
<th>Malawi</th>
<th>South Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>Bosnia &amp; Herzegovina</td>
<td>Hungary</td>
<td>Malaysia</td>
<td>Sri Lanka</td>
</tr>
<tr>
<td>Angola</td>
<td>Cambodia</td>
<td>Iraq</td>
<td>Maldives</td>
<td>Sudan</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>Central African Republic</td>
<td>Kazakhstan</td>
<td>Marshall Islands</td>
<td>Tanzania</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Congo, Republic of the Curacao</td>
<td>Kyrgyz Republic</td>
<td>Montenegro</td>
<td>Uzbekistan</td>
</tr>
<tr>
<td>Barbados</td>
<td>Fiji</td>
<td>Laos</td>
<td>Nicaragua</td>
<td>Vietnam</td>
</tr>
<tr>
<td>Belize</td>
<td>Gabon</td>
<td>Lesotho</td>
<td>Romania</td>
<td></td>
</tr>
<tr>
<td>Brunei</td>
<td></td>
<td>Liberia</td>
<td>Sierra Leone</td>
<td></td>
</tr>
</tbody>
</table>

### TIER 3

<table>
<thead>
<tr>
<th>Belarus</th>
<th>Comoros</th>
<th>Eritrea</th>
<th>Papua New Guinea</th>
<th>Turkmenistan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhutan</td>
<td>Congo, Democratic Rep. of the Cuba</td>
<td>The Gambia</td>
<td>Russia</td>
<td>Veneuela</td>
</tr>
<tr>
<td>Burma</td>
<td>Equatorial Guinea</td>
<td>Iran</td>
<td>Saudi Arabia</td>
<td></td>
</tr>
<tr>
<td>Burundi</td>
<td>China (PRC)</td>
<td>Korea, North</td>
<td>South Sudan</td>
<td></td>
</tr>
</tbody>
</table>

### SPECIAL CASE

<table>
<thead>
<tr>
<th>Libya</th>
<th>Somalia</th>
<th>Yemen</th>
</tr>
</thead>
</table>
Burden in the United States

- Of the 5,147 cases reported to the National Human Trafficking Hotline in 2018,
  - 4,233 of victims (82%) were female†
  - 1,399 (27%) were minors
  - 845 (16%) were US citizens (as opposed to foreign nationals)
  - 3,718 (72%) were involved in sex trafficking
    - 418 (11%) illicit massage/spa business
    - 302 (8%) residence-based commercial sex
    - 301 (8%) hotel-based commercial sex
    - 262 (7%) pornography

† when a demographic was reported (i.e., not all proportions add up to 5,147)

http://traffickingresourcecenter.org/states
It is happening now

http://traffickingresourcecenter.org/states
It is happening *here*

Cases of human trafficking, by state (2018)

- California: 1656 cases
- Texas: 1000 cases
- Florida: 767 cases
- New York: 492 cases
- Ohio: 443 cases
- Michigan: 383 cases
- Georgia: 375 cases
- Nevada: 313 cases
- Illinois: 296 cases
- N Carolina: 287 cases

http://traffickingresourcecenter.org/states
Supply and demand

Gender and ethnic discrimination
Widespread poverty
History of prior abuse and running away
Economic breakdown
Social instability
Military conflict
Demand for sex
Lawlessness
Dropping prices
Huge profits

Harrison (2016)
Question #3

• Multiple choice: Victims of human trafficking may encounter a medical provider for which of the following reasons?

   a. Workplace injury (e.g., laceration or puncture wound)
   b. Respiratory illness
   c. Sexually-transmitted infections (STIs)
   d. Abortion services
   e. All of the above
Missed opportunities

• **Between 28% and 88%** of survivors in various studies had seen a healthcare provider while trafficked but were not identified

• Medical visits were due to injury, respiratory illness, STIs, and/or abortion (i.e., problems that preclude them from working)

• Few physicians recognize that a patient may be a victim, and most don’t know what to do
Missed opportunities (con’t)

Providers types victims of human trafficking visited while trafficked

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED/UC provider</td>
<td>55.6%</td>
</tr>
<tr>
<td>Primary Care provider</td>
<td>44.4%</td>
</tr>
<tr>
<td>Dentist</td>
<td>26.5%</td>
</tr>
<tr>
<td>OB/Gyn</td>
<td>25.6%</td>
</tr>
<tr>
<td>Alternative healer</td>
<td>8.5%</td>
</tr>
<tr>
<td>Pediatrician</td>
<td>3.4%</td>
</tr>
<tr>
<td>Other</td>
<td>5.1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Chisolm-Straker (2016)
Social signs (things the front desk might notice)

- **Accompanied by a controlling person** (doesn’t allow them to answer, interrupts/corrects them, overly involved, completes paperwork)
- Patient exhibits fear, nervousness, avoids eye contact (hypervigilance, subordinate behavior, evasiveness); may receive frequent texts/calls
- **Not in control of identification (especially passport) or confused/cannot give identifying information**
- **Seasonally/situationally-inappropriate clothing**
- Carrying a large amount of cash (or none at all), or payment for services in cash
Physical signs (things the clinical staff might see)

- Unusual occupational injuries, environmental exposures, signs of physical trauma
- Malnutrition and dehydration, stunted growth, poor dentition
- Evidence of neglect or delays in seeking care
- Unusual infections, multiple STIs, multiple pregnancies/abortions
- Branding tattoos, RFID tags

*Harrison (2016), Atkinson (2016)*
Other red flags (history)

• Inconsistent/scripted history
• Story doesn’t match observations
• Appears to be younger than stated age
• Doesn’t know current city or address
• Minor trading sex for food, shelter, drugs, or money
• Unusually high number of sexual partners

• Forgo your preconceived notions/stereotypes about victims and traffickers
Complex trauma

- Repetitive, cumulative
- Inability to recover between interpersonal assaults

• Physical and psychological issues
  - Injuries from violence
  - Reproductive conditions
  - Untreated chronic conditions
  - Malnutrition
  - Poor dentition
  - Unusual or multiple infections
  - Complex trauma-related PTSD
  - Anxiety and depression
  - Suicidality
  - Addiction
  - Eating disorders

Harrison (2016)
Trafficked women

• 95% report physical or sexual violence while being trafficked
• 59% report pre-trafficking abuse
• 76% report never having personal freedom

• 63% have 10+ concurrent health problems
• 62% have difficulties with memory
• 57% endorse PTSD
• 39% have had suicidal thoughts in the preceding week

Harrison (2016)
Minors

- Victims often experienced abuse and/or neglect and are frequently runaways and/or homeless
- HIV/AIDS and homicide as leading causes of death in victims of sexual exploitation
- Violent injuries, substance abuse, STIs, unplanned pregnancies, and suicidality strongly associated with being trafficked
Question #4

• Multiple choice: Which of the following challenges do providers who suspect they have encountered a victim of human trafficking face?

a. Distrust
b. Language barriers
c. Limited time for the clinical encounter
d. Unclear best practices
e. All of the above
What is your role?

- **Identify** human trafficking victims
- **Treat** the chief concern/illness and/or the emergent issue
- **Offer** appropriate treatment for the unsafe environment

*Chisolm-Straker (2007)*
Trauma-informed care (TIC)

- Emphasize confidentiality
- Victim may be unaware of their rights and may distrust authority
- Assume *everyone* has experienced some sort of trauma in their past
- Interview/examine patient alone, if possible
- Limit the number of staff the person has to interact with
- Avoid pressure; proceed carefully and respectfully
The interview

- Engage trust; avoid reinjury
- Avoid culturally-based assumptions
- Be non-judgmental (these are victims rather than offenders)
- Offer comfort (e.g., food, clothing, blankets)
- If a (professional) interpreter is needed, make sure they are not linked to the patient or trafficking in any way
High-yield questions

• Ask about the patient’s living situation, and their work (e.g., type of work, work hours, owing money to employer, ability to get a new job)

• History of:
  • Drug/alcohol use
  • Running away from home
  • Interactions with law enforcement
  • STIs
  • High number of sexual partners
  • Significant injury/wound

*Chisolm-Straker (2016), Kaltiso (2018), Greenbaum (2018)*
Caveats

• Do not ask about immigration status
• Do not ask “are you being trafficked?” (many victims do not see themselves as such, or do not understand)
• Do not make promises that you cannot keep
• Do not deceive or coerce someone to “save” them
• Do not be discouraged if the person wants to leave

• *Do* trust your gut
Disclosure

- Listen empathetically
- Validate patient’s experiences
- Offer help (they are not alone); *you are the link to services, not a service provider for human trafficking*
- Put patient-identified needs first; respect their decisions/concerns
- Ensure patient understands confidentiality but also mandatory reporting laws (e.g., minors)
Roadblocks

- Victim may not disclose status
  - Fear/shame
  - Language/cultural barrier (e.g., inaccurate translation services)
  - Fear of deportation/police corruption
  - Brief time with provider
  - Lies and false stories

- Victim may not wish to be “rescued”
  - Fear/threats/retaliation (e.g., harm to family)
  - Distrust law/authority
  - Stockholm syndrome/traumatic bonding
  - Do not self-identify as a victim
  - May have criminal records

Other challenges

• **Victims:**
  • at-risk individuals from marginalized groups
  • severely traumatized with multiple issues and complex needs

• **Providers:**
  • poor training in this area
  • brief interactions with patients
  • resource intensive
  • unclear best practices

• **Culture:**
  • hypersexualization
  • pornography and prostitution normalized

• **Research**
Intervention

- Provide NHTRC hotline number: 1-888-373-7888
- If life-threatening danger, follow institutional policies; same for abuse (*mandatory reporting if victim is a minor*)
- Disclosure and exam findings must be documented accurately
- If patient is a flight risk, try to obtain descriptions of the people involved, car license plate, etc.
- **Safety assessment** should be part of the discharge planning process
- TVPA and type T visas

*Harrison (2016), Dovydaitis (2010)*
Resources

• National Human Trafficking Resource Center (NHTRC)
  • Hotline open 24/7 and confidential: 1-888-373-7888
  • Email: NHTRC@PolarisProject.org
Resources (con’t)

• National Center for Missing and Exploited Children: 1-800-THE-LOST

• Polaris Project: http://www.PolarisProject.org/human-trafficking

• HEAL Trafficking: http://www.HEALTrafficking.org

• Physicians Against the Trafficking of Humans (PATH): http://www.Doc-PATH.org

• Office for Victims of Crime: http://ovc.ncjrs.gov/humantrafficking/publicawareness.html
Take-home points

• Human trafficking is a multi-billion dollar, criminal international industry
• Victims often only receive medical care if their injury/illness would cause them to otherwise become unprofitable
• In many ways, victims of human trafficking should be treated as victims of domestic abuse or rape would be (e.g., separate the victim from the abuser, keep them safe, use your available resources)
• Pursue education on this topic and have a work-flow/plan in place
Parting thoughts

“It is not just stealing someone’s labor; it is the theft of an entire life.”

(Bales 2000, qtd in Logan 2009)
Reflection

HUMAN TRAFFICKING IS MODERN-DAY SLAVERY

A victim of trafficking may look like many of the people you see everyday.

Ask the right questions and look for clues. You are vital because you may be the only outsider with the opportunity to speak with a victim.

There are safe housing, health, immigration, food, income, employment, legal and interpretation services available to victims, but first they must be found.

Report Suspected Human Trafficking
When observing patients or incidents with these signs of human trafficking, responders should notify local law enforcement or call 866-347-2423 anytime. www.dhs.gov/humantrafficking
References


References (con’t)


• [http://www.HumanTraffickingED.com](http://www.HumanTraffickingED.com)