

Look Beneath the Surface:

Role of Health Care Providers in Identifying and Helping Victims of Human Trafficking



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Trafficking is a health problem

- Trafficking, like other forms of violence, is a health problem
- It is part of a health assessment
- It should be addressed in a clinical encounter

Health providers more likely to be in contact with trafficked persons

- Accident and Emergency staff
- Sexual and reproductive health clinicians and outreach workers
- Termination of pregnancy services
- General practitioners
- Psychologists and psychiatrists
- Providers that are part of a counter-trafficking referral network

Role of the Health Care Professional

2007 ER study

- 76% heard of trafficking
- 13% felt they could identify a victim
- < 3% had ever had training on recognizing a TIP victim



Chisolm-Strike, Richardson, 2007

- 50% had been seen by a healthcare professional sometime in their captivity
 - Baldwin, SB, et al, "Identification of human trafficking victims in healthcare settings", *Health and Human Rights* 2011, (13)1:1-14
- 87.8% seen by a healthcare professional sometime in their captivity
 - Lederer, L. Wetzel C, "The Health Consequences of Human Trafficking and their implications for identifying victims in healthcare facilities", *Annals of health care law*.23:61-90, 2014.

None had been freed as a result of that encounter

The most common physical health symptoms reported by women at 0-14 days

81% headaches

71% dizzy spells

60-70% various sexual health problems



63% memory problems

69% back pain

82% fatigue

PHYSICAL HEALTH PROBLEMS

Any health problems	99.1% (n =102-106)
Neurological	91.7%
General Health	86.0
Cardiovascular/Respiratory	69.2%
Gastrointestinal	62.0%
Dental	54.3%

Lederer,2014

HEALTH CARE ACCESS

- LACK OF PREVENTIVE SERVICES
- LACK OF ACCESS TO CARE*
- LATE SERVICES

- *20% Interviewed victims could identify a location capable of rendering care
- Restricted freedom, lack of finances, language skills
-

Zimmerman,2003

Health Issues Associated with Victims of Human Trafficking

- Victims suffer from host of physical and psychological problems stemming from:
 - *Inhumane living conditions*
 - *Poor sanitation*
 - *Inadequate nutrition*
 - *Poor personal hygiene*
 - *Brutal physical and emotional abuse*
 - *Dangerous workplace conditions*
 - *General lack of quality medical care*

Poor Living Conditions

- Malnutrition
- Diarrhea
- Scabies
- Head Lice
- Typhoid
- Tuberculosis
- Impetigo



Prostitution is NOT a victimless crime

“Prostitution is risky for both men and women; the average age of death is 34. ⁽¹⁾

“...the American Journal of Epidemiology reported that prostitutes suffer a ‘workplace homicide rate’ 51 times higher than that of the next most dangerous occupation; working in a liquor store.”

Homicide is the leading cause of death for those who work in the sex trade. ⁽¹⁾

1) Leslie Bennetts. *The John Nefc Door*, July 18, 2011, THE DAILY BEAST/NEWSWEEK, available at <http://www.thedailybeast.com/newsweek/2011/07/17/the-growing-demand-for-prostitution.html>.

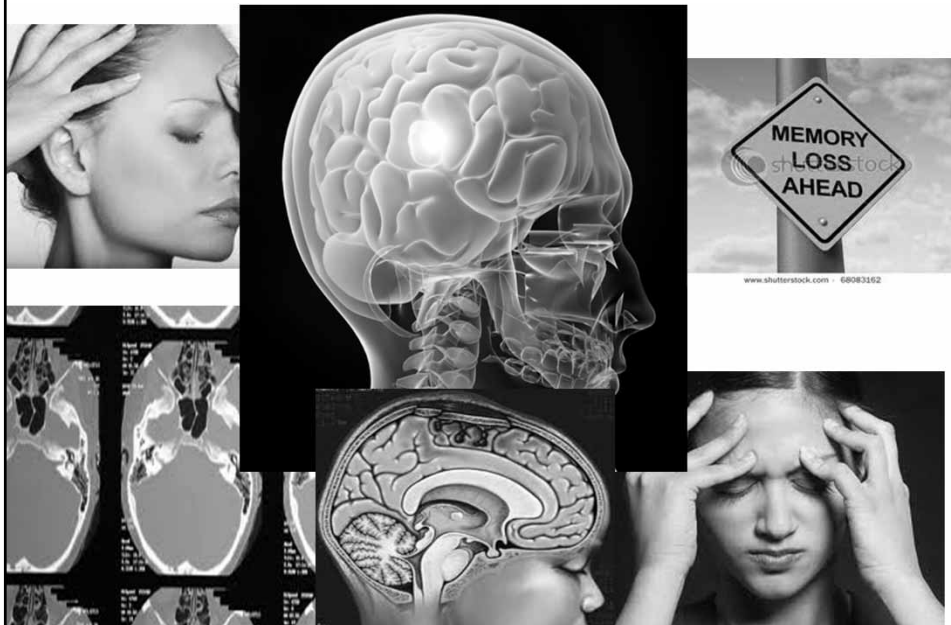
PHYSICAL ABUSE

- FRACTURED BONES
- JOINT DISLOCATION
- BRUISES
- CUTS AND PUNCTURE WOUNDS
- DENTAL INJURIES
- FACIAL INJURIES
- BURNS
- HEAD TRAUMA, CONCUSSION, HEADACHES
- PERFORATED TYMPANIC MEMBRANE

Health Issues Associated with Victims of Human Trafficking

- Physical trauma 92%
 - Broken bones, concussions, burnsEstimated each year **2.5 million** prostituted children are physically assaulted
 - **6900** murders
- Sexual trauma 95%
 - Vaginal and anal tearing

TRAUMATIC BRAIN INJURY



Infectious diseases

From place of origin- undiagnosed or treatment stopped

- From transit- crowded, poorly ventilated, contaminated water
- From destination- neglected



Teenage Prostitution...

The most common form of trafficking in the US today



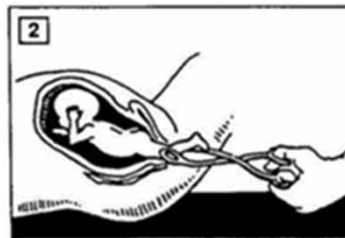
CONSEQUENCES OF PREGNANCY IN PROSTITUTED CHILDREN

- 9 million girls per year
- Maternal deaths 4752
- Induced abortions 1,224,000
- Abortion related complications 367,200
- Abortion related deaths 710

Lancet 2002

ABORTION COMPLICATIONS

PROLONGED BLEEDING
HEAVY BLEEDING
FEVER
LOWER ABDOMINAL PAIN
FOUL VAGINAL DISCHARGE



LATE ABORTION COMPLICATIONS

- PREMATURITY
- INCOMPETENT CERVIX- PG LOSS
- PLACENTA PREVIA
- INFERTILITY
- CHRONIC PELVIC PAIN
- ECTOPIC PREGNANCY



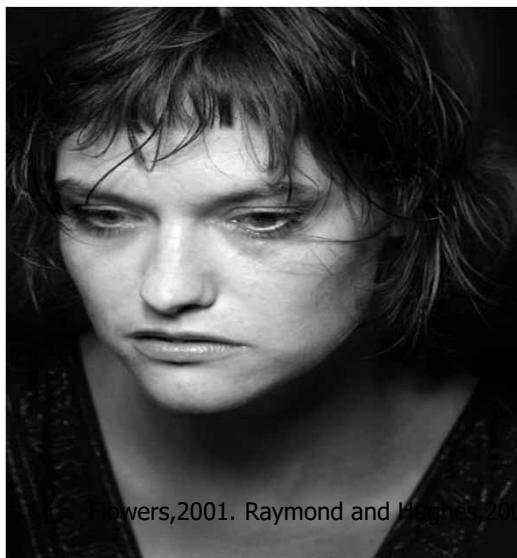
Reproductive Considerations

- HIV testing
- Pregnancy test
- STI screening
- Contraception options
- Safe sex counseling
- ? Syndromic treatment



Mental Health Consequences

- PTSD 68%
- Acute Anxiety 91%
- Depression 85%
- Insomnia
- Hyperalertness
- Loneliness 88%
- Fear 85%
- Tension 84%



Flowers, 2001. Raymond and Holmes, 2001




MENTAL HEALTH CONSEQUENCES

- Mind/body separation
Disassociated ego states
- Shame
- Grief
- Distrust
- Hatred of men
- Suicidal thoughts
67%, selfhatred



**Mental Health issues for
Children**

- Affective disorders
- Behavioral disorders
- Cognitive problems
- Acute anxiety and stress
- Conduct disorders
- Personality disorders
- Poor academic achievement
- Poor interpersonal relationships



SUBSTANCE ABUSE

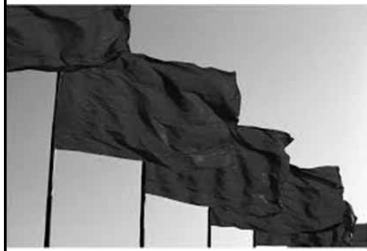


- I was a mess, wrecked my life, wasted it on drugs because I had been raped and didn't think I mattered anymore
Radeel, survivor

The Faces of Prostitution



CCourtney. *The Denver Post*. 2005.



Behaviors

- ◆ Fearful, anxious, or depressed affect
- ◆ Inappropriately dressed for the weather
- ◆ Have certain expensive belongings (gifts from exploiters) but seem to lack basic other necessities
- ◆ Not allowed or able to speak for themselves (a third party may insist on being present and/ or translating)
- ◆ Seems interested in getting care, but doesn't follow up
- ◆ Truancy from school
- ◆ Chronically fatigued

Identifying Victims of Human Trafficking

- Is potential victim accompanied by another person who seems controlling?
- Does person accompanying potential victim insist on giving information to health providers?
- Can you see or detect any physical abuse?
- Does potential victim seem submissive or fearful?

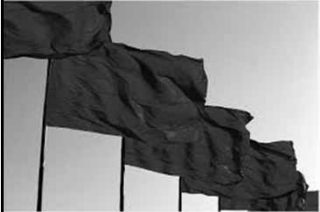
Signs of Control Suggestive of Trafficking

- Presence of overly controlling boyfriend/other
- Restricted communication
- Anxious, fearful or submissive demeanor



- Signs of Inconsistency Suggestive of Trafficking

- Pt doesn't know where she is
- Pt unable to give her address
- Pt may be lying about her age
- Poor historian
- History changes
- The pieces don't fit together



History

- Inconsistent historical account of illness or reason for presentation to care
- Lack of awareness about where they are or how they got there
- History of child abuse or domestic violence
- History of substance abuse
- Untreated chronic conditions
- Multiple pregnancies or pregnancy terminations; poor obstetric history
- Multiple or frequent sexually transmitted infections
- Reference to "the life," "the game," "the track,"
- Discrepancy between reported age and apparent age

Recognition of a Potential TIP Victim


<ul style="list-style-type: none"> • R runaway behavior • E educational trouble • S sexual assault friends/ • C court appearances • U using drugs or alcohol older person • E emotional abuse 	<ul style="list-style-type: none"> C child abuse/neglect H homelessness I influence from family in the trade L loving much D difficulty making friends •
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Communicating with Victims of Human Trafficking

- Before questioning potential trafficking victim:
 - **Isolate** individual from person accompanying her/him without raising suspicions
 - *Individual accompanying patient may be trafficker posing as spouse, other family member or employer*

Interpreters


- Do not use volunteer interpreters
- No discrimination- against sex work, migrants, women
- No neighbors- from the same town or community
- Gender- may prefer a male or female
- Warn against any disclosures
- CHECK ACCEPTABILITY OF INTERPRETER WITH THE PATIENT



Physical Exam Findings

- ◆ Sexually explicit tattoos, tattoos on the neck, inner thigh or suprapubic area Or tattoos if men's names gang symbols, or bar codes
- ◆ Broken bones, concussions, traumatic brain injuries. cigarette burns, or
- ◆ Injuries in protected areas" that should not be exposed to injury (neck, inner thigh
- ◆ Malnourishment
- ◆ Somatic manifestations of stress: IBS, chronic pain, migraines, pelvic pain
- ◆ Signs of substance abuse, especially cocaine, methamphetamines, alcohol
- ◆ Vaginal, anal or perineal lacerations
- ◆ Injuries around the mouth

Tattoos



The collage shows several examples of tattoos: a snake with a banner, a dollar sign, a barcode on a neck, the text "Daddy's Lil Bitch" on a torso, and the text "One and Only Lay Low" on a lower back.

What do you do if you suspect a patient may be a victim of human trafficking?

Principles for Interviewing

- Principles for interviewing trafficked people
 - Get informed consent for all interviews, exams and tests
 - Survivors often don't feel safe, so repeatedly ensure and reinforce the safety of the patient at all times
 - Separate the patient from the escort/interpreter for the interview, no matter who they claim to be
 - Example: Schedule an X-ray or other exam where chaperones aren't permitted

WHO,2003

Communicating with Victims of Human Trafficking: Questions

- What are your working or living conditions like?
- Where do you sleep and eat?
- Do you have to ask permission to eat, sleep or go to the bathroom?
- Is there a lock on your door or windows so you cannot get out?
- Is anyone forcing you to do things you don't want to do?

Domestic Human Trafficking Questions

- Have you been asked to have sex with multiple men each night?
- Do you have to reach a quota of money before you can safely go home?
- Has someone forced you to perform sexually before a camera? (posted on internet?)
- Has anyone ever forced you to engage in sexual acts with their friends or business associates?

Don't ask:

- "Have you been trafficked?"
 - Not knowing or understand what "trafficking" is
 - Not knowing they are a victim
- "How many sexual partners have you had?"
 - "In what ways have you been abused?"
 - Personal or voyeuristic questions

A Complex Victim Group

Disclosure barriers

- Fear of retaliation by traffickers
- Fear for family safety
- Guilt of her perceived complicity in what occurred
- Guilt over any criminal activities in which she participated
- Shame about what she has done, particularly sexual activities
- Little trust in officials, e.g., police, immigration, health workers
- Lies to anyone "outside" about legal status, age, country of origin, relationship with trafficker
- Loyalty to traffickers as coping mechanism
- Feeling hopeless

TRAUMA INFORMED CARE

- Give priority to survivor's physical and emotional safety
- Concurrently address co-occurring problems
- Use an empowerment philosophy to guide service delivery
- Maximize survivor's choice and control of services
- Emphasize survivor's resilience
- Minimize the potential of the survivor experiencing additional trauma

The trauma-informed care approach

- Create a clinical 'safe space' for disclosure and discussion
- Promote patient decision-making
- Establish and maintain patient safety
- Establish and maintain provider safety
- Ensure informed consent

Communicating with Victims of Human Trafficking: Messages

- Gaining victim's trust important first step in providing assistance
- Sample messages to convey:
 - *We are here to help you.*
 - *Our first priority is your safety.*
 - *If you are a victim of trafficking and you cooperate, you will not be deported.*
 - *We will give you the medical care that you need.*

Clinical 'safe space' for disclosure and discussion

- Create an environment and approach that enables you to ask about violence and people feel at ease to disclose abuse and express their concerns
- Ensure a quiet, uninterrupted atmosphere, conducive to disclosure. (door, phone, others)
- Ensure privacy and anonymity and communicate these assurances to patients
- Make eye contact and be perceptive
- Show acceptance and understanding, not judgements or disapproval
- Help 'normalise' symptoms by sharing information about common responses to trauma

Promoting patient decision-making

- Give information about procedures and treatment options before beginning examination or care
- Provide a step-by-step description while giving care
- Provide clear information about diagnoses or follow-up procedures promptly
- Confirm that patients understand what has been communicated by asking questions and soliciting responses

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Promoting patient decision-making

- Empower individuals to have control in a clinical encounter
- Ensure that consent is requested, well-informed and given freely
- Give individuals opportunities to ask questions and raise objections
- Listen and watch carefully for verbal and 'non-verbal' signals
- Do not give legal or other non-health advice
- Do not make promises that you're not sure you can keep

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Exam and Diagnostic Evaluation

- Focus on:
 - 1) Assessing and treating acute and chronic conditions
 - 2) Documenting acute/remote injuries, genital and extra-genital
 - 3) Assessing overall health, nutritional status and hydration
 - 4) Obtaining a sexual assault evidence kit as indicated
 - 5) Testing for pregnancy and sexually transmitted infections and providing prophylaxis.
 - 6) Screening for alcohol and drugs (+/- drug

- “The healthcare community must become more engaged in increasing the recognition of trafficked women and girls in healthcare settings, in provision of appropriate services, and in helping shape public policy to address what is one of the most disturbing health issues of our time.”

❖Chris Beyrer, Lancet, 2004

Scenario 1: When you suspect

And referral *seems* possible:

- Apply the trauma-informed care approach
- Offer to provide information or to refer the person (e.g. hotline number)
 - Be careful they are alone!
 - Communicate clearly
 - Be mindful of traceable documentation; be discrete
- Act only with informed consent



Scenario 1: When you suspect

And referral is *not* possible (the situation is unsafe or the patient does not want referral):

- Provide as much information as possible
 - Be careful they are alone!
 - Communicate clearly
 - Be mindful of traceable documentation; be discrete
- Provide as much treatment as possible
 - Provide a complete regimen of prescribed medication and a medical summary
 - Use single dose therapy when possible
- Apply the trauma-informed care approach
- Try to arrange a follow-up visit if possible





- 1. know your resources
- 2. develop protocols
- 3. research needed

Taking Action: US Reporting

- How do you report a trafficked person?
 - Call the National Human Trafficking Resource Center (NHTRC) hotline at 888-3737-888
 - NHTRC email: nhtrc@PolarisProject.org
 - Provide the person with the hotline number and encourage him/her to call
 - NHTRC can provide info on local resources, but *may not* have all the info you need, so it is helpful if you do your own homework on local resources as well

Awareness

- Awareness is the first step of action
- Awareness is empowerment
- Awareness is responsibility
- Awareness starts from you

Unless someone like
you
Cares a whole awful lot
Nothing is going to get
better.
It's not.

