

Human Trafficking and the Healthcare Professional

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Abstract: Despite the legislation passed in the 19th century outlawing human slavery, it is more widespread today than at the conclusion of the civil war. Modern human slavery, termed human trafficking, comes in several forms. The most common type of human trafficking is sex trafficking, the sale of women and children into prostitution. Labor trafficking is the sale of men, women, and children into hard labor for which they receive little or no compensation. Other forms of trafficking include child soldiering, war brides, and organ removal. Healthcare professionals play a critical role in both finding victims of human trafficking while they are still in captivity, as well as caring for their mental and physical needs upon release. Those working in the healthcare profession need to be educated regarding how a trafficking victim may present, as well as their unique healthcare needs.

Key Words: human trafficking, slavery, sex trafficking

Despite the advancement of human rights with the legal abolition of slavery in England,¹ the United States² and elsewhere, each ensuing decade brings additional evidence that the practice of slavery is alive and well around the globe. Rather than being a global trade sanctioned by nations, however, today's slavery is largely practiced by individuals, families, and criminal networks ranging from small and informal to highly organized on a global scale. The terms "human trafficking" and "trafficking in persons" (TIP) have been created to describe the enslavement, buying, and selling of human lives. In the Trafficking Victims Protection Act of 2000,³ Congress defined "severe forms of TIP" as:

1. Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the

person induced to perform such act has not attained 18 years of age; or

2. The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

On every continent, the demand for purchased sex is so great that large sums of money can be made by traffickers and pimps willing to exploit victims in prostitution. Therefore, the enslavement of women and children for the purpose of sexual services is the single most common manifestation of trafficking.³⁻⁵ However, people are also trafficked to serve in hotels and restaurants, in agricultural and industrial settings,⁶ and as domestic servants.⁷

Statistics

Because of the hidden and illegal nature of the activities, it has been very difficult to estimate how many people are trafficked into, and within, the United States. The Central Intelligence Agency published a rough figure of 50,000 per year in the late 1990s.⁸ More recently, the US Department of State has published estimates that 14,500 to 17,500 persons per year are being trafficked into the United States.⁹ In its most recent annual report, the TIP division of the US State Department states that 800,000 people are trafficked annually across international borders, with 80% of these victims being women and girls, and up to 50% minors.¹⁰

Key Points

- Modern slavery still exists in society under the name of human trafficking.
- Healthcare professionals are in the unique position to find and free these victims.
- Healthcare professionals also have a role in restoring the mental and physical health of those who survive human trafficking.
- To properly fulfill these roles, healthcare professionals must be educated regarding the phenomenon of human trafficking.

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These numbers, however, do not include the most common form of severe trafficking found in the United States: underage prostitution. The vast majority of these individuals are American youth who come out of abusive homes and are forced to survive on the streets through selling sex under the control of a trafficker or pimp. Even though some would suggest that these young people are “voluntarily” involved in prostitution, Congress has determined that an individual under the age of 18 cannot properly consent to this activity, which is why prostitution under age 18 is included as a form of severe trafficking in the Trafficking Victims Protection Act of 2000. In a recent representative sample of over 13,000 US adolescents, 3.5% admitted that they had exchanged sex for money or drugs.¹¹ According to US 2000 census data, that translates into over 400,000 American adolescents that have either sold sex or exchanged it for drugs. This number is similar to a study from the University of Pennsylvania that estimated that as many as 325,000 American youth are at risk of commercial sexual exploitation.¹² This means that every state within the United States has several thousand youth who are either actively being prostituted, or are at risk of becoming prostituted in the next year.

How Healthcare Professionals Can Help

Healthcare professionals play two very critical roles in the lives of these victims. First of all, they are among the few professionals likely to encounter these victims while they are being held by their trafficker. A study examining the experience of European trafficking victims found that 28% encountered a healthcare professional while still in captivity.¹³ Unfortunately, none of these encounters resulted in the victim being freed, because the healthcare professionals failed to recognize the true condition of the victim because of lack of training. A recent study examining the experience of emergency room personnel regarding trafficking victims found that although 29% thought it was a problem in their emergency department population, only 13% felt confident or very confident that they could identify a TIP victim, and less than 3% had ever had any training on recognizing TIP victims.¹⁴

In its Rescue and Restore Campaign, Health and Human Services has put together a list of clues that a patient may in fact be a victim of human trafficking.¹⁵ Indicators that a particular patient may be a victim of human trafficking include:

- The patient is accompanied by another person who seems controlling;
- The accompanying person insists on giving health information;
- The patient has visible signs of physical abuse;
- The patient acts unusually fearful or submissive;
- The patient does not speak English;

- The patient has recently been brought to this country from Eastern Europe, Asia, Latin America, Canada, Africa, or India; and/or
- The patient lacks a passport, immigration, or identification documentation.

If a healthcare professional encounters a patient that he or she believes may be a victim of human trafficking, it is imperative that the person be separated from the potential trafficker and sensitively questioned regarding his or her situation. An otherwise uninvolved person who speaks the native language of the patient is very helpful, especially if he or she is able to establish rapport with the patient. Sample questions to ask these patients include:

- Can you leave your work or job situation if you want?
- When you are not working, can you come and go as you please?
- Have you been threatened with harm if you try to quit?
- Has anyone threatened your family?
- 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?

If the answers to these questions indicate that the patient may be a victim of human trafficking, or at least raise that possibility, Health and Human Services has established a hotline number (1.888.3737.888) to provide further assistance. Trained personnel will help determine whether the person is truly a victim of trafficking and help get them connected to local resources that will be able to help them.

Second, as healthcare professionals encounter these victims, they will need to take steps to assure provision of their healthcare. Trafficked persons suffer a wide variety of health problems beyond what would be expected given their age, gender, and country of residence. There are three major factors that cause this. First of all, trafficking typically involves removing a person from his or her previous home and life circumstances, usually by force, threats, deception, or some combination of the three.¹⁶ In the process, the person often experiences deprivation of food and sleep, extreme stress, and the hazards of travel, as well as violence from the perpetrators. Secondly, the nature of the work to which people are trafficked is generally hazardous in itself. Prostitution by its nature exposes one to violence, unwanted pregnancy, and sexually transmitted infections. Those trafficked into farm or factory work often labor under unsafe and unpredictable conditions. Finally, because of the illegal nature of the activities, trafficked persons are not usually provided access to needed healthcare in a timely fashion. Thus, their problems are compounded and become worse because of lack of proper treatment.

Unfortunately, very little good data exist on the specific health problems affecting these victims. One study of sex trafficking victims in Europe examined the symptoms these women experienced in the interval following their release from captivity.¹⁷ When this data is combined with international health data on child prostitution,¹⁸ six categories of health consequences are found for victims of human trafficking. These six categories are:

- Infectious diseases such as human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS);
- Noninfectious diseases;
- Reproductive health problems;
- Substance abuse;
- Mental health problems; and
- Physical trauma

A recent report evaluating the incidence of HIV/AIDS in girls trafficked from Nepal into prostitution in India found that on their return to Nepal, 38% were HIV+, and if they were trafficked when they were less than 15, the HIV+ rate jumped to just over 60%.¹⁹ Similar HIV+ rates have been reported in sex trafficking victims returning to Nigeria.²⁰ Risk factors for trafficked women and girls becoming HIV+ include time within the brothel and young age when first trafficked.²¹ Along with HIV/AIDS, these victims are at obvious risk for other sexually transmitted infections, and nonsexually transmitted infections such as tuberculosis. Reproductive health problems can include infertility from chronic salpingitis and complications such as cervical incompetence from unsafe abortion.

Mental health problems reported with human trafficking include a high risk of posttraumatic stress disorder, with one researcher finding that 68% of trafficked women suffered from posttraumatic stress disorder.²² Other mental health problems that might be encountered in human trafficking victims include suicidal ideation, depression, anxiety, and chronic fear.

Physical trauma can result from the work the victim is forced to undertake, or may be a direct result of the physical violence used by the trafficker to control the victim. The complications from this violence are compounded by the chronic lack of medical care often experienced by these victims.

Conclusion

In summary, healthcare professionals have a responsibility to be educated about the ever-growing phenomenon of human trafficking for two reasons. First, they are among the few in a unique position to see these victims while they are still in captivity and thus have a chance to free them. Second,

as a result of their horrific ordeal, these victims suffer from many unique health consequences that require accurate diagnosis and treatment from properly trained professionals. Only then can they begin to rebuild the parts of their lives that have been so brutally taken from them.

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Please see James Hanvey's editorial on page 464 of this issue.

"You are today where the thoughts of yesterday have brought you and you will be tomorrow where the thoughts of today take you."

—Blaise Pascal