Identification and Medical Evaluation of Labor Trafficking Victims

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Learning Objectives
Participants will be able to:

- Recognize the forms of trafficking in persons (TIP) including adults and children for labor purposes
- Recognize signs and symptoms that may indicate a patient is a victim of labor trafficking
- Take appropriate steps in the assessment and management of a labor trafficking victim
Definition review

- Palermo Protocol\(^1\) UN 2000 is the most widely accepted definition.

- **Key features:**
  - movement or confinement of an individual
  - removing personal agency, with coercion and exploitation for
  - financial profit or gain of another

- An individual need not leave his/her home town to be trafficked.
Definition: forced labor

- Includes work induced by force, fraud or coercion including:
  - By threats of serious harm to or physical restraint against any person
  - By means of any plan intended to cause the person to believe that, if the person did not perform such labor, that person or another person would suffer serious harm or physical restraint
  - By means of the abuse or threatened abuse of law or the legal process²,³
Forms of Labor Trafficking

- Industries that tend to attract traffickers include:
  - domestic servitude, fishing, agriculture, construction, factories, soldiering, child labor, etc
- Traffickers may take advantage of migrant workers who don’t know their rights
- Traffickers find holes in labor/migration laws to exploit workers.
Child Labor Trafficking in U.S.

According to the TVPA, which defines human trafficking in the United States, labor trafficking of a minor (<18) does require proof of force, fraud, or coercion.
Child Trafficking According to UN

• According to the UN, all forms of child trafficking do NOT require proof of force, violence, fraud, or coercion

• Forms of child exploitation include
  – prostitution
  – forced labor
  – domestic services
  – pornography
  – child soldiering
Child Trafficking and Child Labor

• According to the UN a “child” is less than 18 years old.
• However, different countries have differing ages of emancipation.
• It remains problematic to determine whether a child is actually being trafficked or simply working within the laws and guidelines of that country.
Child Trafficking and Child Labor

Difficulties in the definition and identification of child trafficking:

• Child labor is technically not the same as child trafficking, as many children work legitimately within the local labor laws
• Unaccompanied adolescents migrate for work, creating a higher risk for exploitation and trafficking
• Children who work may or may not be separated from parents
Child Trafficking and Child Labor

Difficulties in the definition and identification of child trafficking:

• Trafficked children may be mis-identified as migrants, homeless, delinquent, etc.
• Child laborers may be misidentified as TIP victims
• Reported statistics may not reflect the true scope of child TIP
Child Soldiers

- No exact figures are available, but human rights watch estimates “hundreds of thousands” of children globally.
- Risk factors include:
  - Live in combat areas
  - Separated from family
  - Poor
  - Uneducated
Child soldiers

- Since 2001, child soldiers were reported in 21 on-going or recent armed conflicts in almost every region of the world.

- “Children are uniquely vulnerable to military recruitment because of their emotional and physical immaturity. They are easily manipulated and can be drawn into violence that they are too young to resist or understand.”

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Christian Medical & Dental Associations
Changing Hearts in Healthcare
US Dept of Justice Statistics

• Approximately 11% of 2515 cases identified in 2008-2010 were classified as labor trafficking
• 389 incidents (of “high data quality”) involved 527 victims: more than half (62%) of the confirmed labor trafficking victims were age 25 or older
• Labor trafficking victims were more likely to be Hispanic (63%) or Asian (17%).
• Most confirmed labor trafficking victims were identified as undocumented aliens (67%) or “qualified aliens” (28%).
Vignette: Thailand Prawn Industry⁶

- Workers from Burma and Cambodia paid brokers to help them find work in Thailand
- Instead, they were sold to boat captains for as little as £250
- "I thought I was going to die," said Vuthy, a former monk from Cambodia who was sold from captain to captain. "They kept me chained up, they didn't care about me or give me any food"
- "We'd get beaten even if we worked hard," said another.
- Another trafficking victim said he had seen as many as 20 fellow slaves killed in front of him.
Consider:

• What are the probable health conditions of these Southeast Asian men living and working in the reported conditions?
• What types of preventive care may have been neglected and how might you approach this problem?
• It remains unclear as to who will be responsible for the health care (immediate and long-term) in terms of providing as well as paying for it. What are the implications for future cases?
More Examples of Labor Trafficking

• Homeless British men trafficked to Sweden\(^7\)
• Filipino and Muslim Refugees forced into begging on the streets in Malaysia\(^8\)
• Children and young women in forced labor in the cotton industry in Uzbekistan and India\(^9\)
• Child trafficking and exploitation for labor in west Africa\(^{10}\)
• Globalization in the Greater Mekong Sub-region increases the trafficking of men, women, & children within and throughout the fluid borders.\(^{11}\)
Greater Mekong Sub-region (GMS)

The [GMS]… include very diverse patterns of human trafficking, such as internal and cross-border; highly organized and also small-scale; sex and labor, both formal and informal recruitment mechanisms and involving the victimization of men, women, boys, girls, and families. 11
Therefore, within the GMS, there is not so much a single pattern of trafficking in persons as a range of different forms, with diverse victim and criminal profiles. For example, trafficking victims and families...is done against a background of widespread irregular migration.\textsuperscript{11}
Identification of labor trafficked people

There is not a set of clear or defined diagnostic criteria for trafficking, but a set of clues & “red flags” can help:

• Have few or no identification or personal records or are not in control of such items
• Communication is restricted or controlled
• Live in locations with unusual security
• Individual has required medical attention but has been denied care, or care has been very inadequate
• His/her story has many inconsistencies - don’t be surprised if he/she doesn’t tell the truth (or all of it) up front.
• Are fearful of being arrested or deported
An example of identification in the health care setting

• An infant with a severe respiratory infection was brought to an urgent care facility, accompanied by a young woman – allegedly the mother - and a middle-aged male. The male interpreted for the woman, saying they were from a foreign country and the woman did not speak English.

• The staff recalled this male had brought other young women to this facility in the past. They were able to get the mother alone and found that she indeed spoke English.

• After the child was transported to a children’s hospital, the staff informed the ED of their concerns and this case was investigated further. (no follow up available)
Trafficked person characteristics

• They will not know or understand what “trafficking” is or if they are a victim. Also,
  – They may not want to be identified as a TIP victim.
  – May not be helpful to directly ask them, “Have you been trafficked?”
• Have limited personal freedom and feel trapped with no way out – real or perceived.
• Work under pressure to pay off debts or feel burden of a family financial crisis.
Trafficked person characteristics

- Fear reprisals from trafficker or “employers”
- Worry about their legal status in the destination country.
- May be moved regularly from place to place, venue to venue, and may not know where they currently are.
- May be susceptible to penalties, fines or punishment by traffickers.
- May lie to anyone “outside” about legal status, age, country of origin, family or relationship with trafficker
Trafficked person characteristics

• Worry about the safety and well-being of family at home due to threats from the trafficker.
• May have consented to work but then became enslaved
• May have participated in a crime as a direct result of being trafficked
• May have been born into servitude, such as children of trafficked people
Recognizing a trafficked person

What to do if you suspect?
• Review the signs and red-flags
• Get the patient alone and speak with him/her (with an objective interpreter if necessary)
• Ensure the safety of the patient and verbalize your intention to keep the patient safe
• Remember that the process involves a multi-disciplinary team so get law-enforcement, social work, and others involved.
Factors negatively affecting health of trafficked people

- Few data document the specific health problems of trafficked people
- Poor health condition prior to being trafficked
- Crowded & unsanitary living conditions
- Poor nutrition
- Lack of access to health professionals
- Social/cultural isolation & restriction
- Growth and development problems in children
- Compounding co-morbidities
Assessment of trafficked people:

- A comprehensive history, review of systems, and physical exam including:
  - A complete reproductive health assessment for each patient, male or female
  - A mental health assessment - by you or a mental health specialist
  - Consider forensic consultation in particular cases
  - Check vision and hearing
  - A careful oral/dental exam
  - A thorough neurological exam
Assessment of trafficked people:

- Trafficked people often suffer routine illnesses and injuries:
  - ordinary and chronic problems untreated (e.g. diabetes)
  - unusual presentations of routine illnesses
- Note that physical findings may reflect the patient’s status as:
  - impoverished prior to being trafficked
  - their work in unsafe conditions
  - squalid living conditions
Medical Assessment Algorithm

1. **Signs to Look Out For**
   - Patient is reluctant to explain or has inconsistencies when asked about his/her injury
   - Patient is not aware of his/her location (i.e., what city or state he/she is in)
   - Patient has someone speaking for him/her
   - Patient shows signs of physical or sexual abuse, medical neglect, unexplained STIs and/or torture
   - Patient exhibits fear, anxiety, depression, submission, tension, nervousness and/or avoids eye contact
   - Patient is under 18 and is engaging in commercial sex or trading sex for something of value
   - Patient has an unusually high number of sexual partners for his/her age

   **For a more comprehensive list, consult Polaris Project’s Potential Red Flags and Indicators Document**

2. **First Response**
   - Attend to medical needs and treatment – if patient is admitteed follow same protocol

3. **Once medical concerns are assessed / treated**
   - If possible get patient alone to discuss questions with a social worker or medical professional.

4. **YES to any of the above questions:**
   - Call National Human Trafficking Resource Center (NHTRC) Hotline 1-888-373-7888 (24/7 and available in 170 languages)
   - Ask for assistance with assessment questions and next steps indicate which questions you used from above.

5. **NO to above questions:**
   - Refer to social services as applicable.

6. **Assessment of Potential Danger**
   - Ask the Hotline to assist in assessing level of danger. Be vigilant of the immediate environment – who is watching, calling, etc.
   - Questions to Consider:
     - Is the trafficker present? (i.e. in the waiting room/area)
     - 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?
     - Is the patient a minor?

7. **No Perceived Danger**
   - The Hotline can help determine appropriate next steps referrals.

8. **Perceived Danger**
   - The Hotline can assist in determining next steps. You may need to involve law enforcement for victim safety. The Hotline can assist in determining necessary protective orders and support services.

**Resources:**
- The Hotline may not have your local resources in their database so use what you know as well.
Health Hazards

• Document the types of work performed to help guide your assessment and diagnosis

• You may find evidence of a prolonged infection that could have easily been treated if medical attention had been sought earlier.

• Personal protective equipment is often not provided

• Many women & men are sexually abused while in a labor trafficking situation
Occupational Health Hazards

• Inspect the skin for tattoos as “branding” marks, burns, or multiple wounds in various stages of healing.
Occupational Health Hazards

• Signs of malnourishment - vitamin or mineral deficiencies
• Ask about head trauma, recurrence of it, history of loss of consciousness, or vertigo
• Ask about ventilation in the work and living spaces – consider infections or other toxins and causes of respiratory problems
• Chemical burns
• Exposure to cold, water, or other elements
Occupational Health Hazards

Repetitive patterns of injury that may suggest an “occupational hazard”

– Musculoskeletal repetitive injury (e.g. chronic back pain, unusually large calluses, carpal tunnel syndrome, etc)
– Hearing loss due to lack of protection from foreign bodies or high decibels
– Eye injuries may result from foreign bodies or chemicals
– Evidence of recurrent trauma due to abuse by boss (bruises, fractured bones in different stages of healing, abdominal or genitourinary injuries)
Assessment: Labs and Imaging

• Studies ought to reflect the findings of the history and physical exam.
• Consider testing for uncommon illnesses.
• If concerned about antibiotic resistance, consult the Center for Disease Control (CDC) in the USA or in the country where you are working.
Assessment: Labs and Imaging

- Complete blood count (CBC) with differential
- HIV, Hep B & C, syphilis, other STIs
- Chest X-ray and/or skin test for TB
- Pregnancy test
- Stool for ova & parasites
- X-ray of any musculoskeletal deformations - chronic or acute
- Head imaging for history of chronic or serious head trauma
Management and follow up

• Specific management is according to the problems discovered, but consider the following in all patients:
  – Routine vitamin supplements
  – Adequate pain medication
  – Vaccinations such as tetanus booster

• Adherence to treatment, compliance to medications, follow-up appointments can be problematic in this population – teamwork among the different stakeholders involved (social work, law enforcement, health care, etc) is essential
Long term follow up

• Continuity is very important, a “medical home” is recommended
• Ensure that plans for follow up with various specialists (if necessary), social work, and legal enforcement have been made for advocacy and safety
• Family planning, contraception, and fertility
• Mental health issues
  – Please review mental health module
Taking Action: Being Prepared

One needs to prepare ahead of time
• Understand the forms of labor trafficking that may exist in your community
• Develop protocols for your institution
• Knowing where and how to report once a victim is identified
  – Referral to appropriate law enforcement
• Training in trauma-informed care and principles of interviewing trafficked people
• Forensic medicine: when and how to involve
• Referrals for social workers/assistance programs
Taking action: reporting in USA

How do you report a trafficked person?

- Call National Human Trafficking Resource Center (NHTRC) hotline: 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
Trauma-informed care:

- Is the holistic approach and treatment of someone who has suffered complex trauma, or “a type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts”\(^{13}\)
- It applies to the whole person over the course of care and involves providing a safe environment in which the survivor can begin to learn to affect control and feel safe
- It is not the same thing as applying specific therapy to address issues of trauma - often used in psychological services
Working with interpreters

• Interpreters need to be trained in the same basic principles of interviewing outlined in this module
• An interpreter should be culturally appropriate, of the same gender as the patient, not from same family or village
• Tips to remember
  – Pace your speech,
  – don’t use idioms or vernacular difficult to interpret,
  – give interpreter and patient time to respond
  – Speak to the patient, not the interpreter
Principles for Interviewing Trafficked People

• Get informed consent for all interviews, exams, and tests
• Survivors often don’t feel safe: ensure safety and reinforce the safety of the patient at all times, and repeatedly
• Separate the patient from the escort/interpreter - no matter who they claim to be – for the interview. (e.g. schedule an X-ray or other exam where chaperones aren’t permitted)
• Use culturally appropriate methods (e.g. women interviewing/examining women)
• Adequately select and prepare interpreters and co-workers
• Questions should be oriented to the history and physical - questions to satisfy your curiosity should be withheld
Principles for Interviewing Trafficked People

- Ensure anonymity and confidentiality
- Try to avoid using people in police uniform for interviewing
- Listen to and respect each person’s assessment of the situation and risks to his/her safety
- Do not put the patient or yourself in danger
- Prepare referral information – do not make promises you cannot fulfill
- Be prepared for emergency intervention
- Take care not to re-traumatize the patient
Forensic medicine

• Labor trafficking cases often do not involve forensic evidence collection, but there may be times when it is necessary.
• Not every case requires forensic evidence for prosecution or conviction
• Consider forensic evidence collection if sexual abuse has occurred recently
Forensic medicine

• If necessary, collection of forensic evidence should be done either by or in consultation with a forensic specialist
• Not every case will produce useful forensic evidence
• Different countries (or states) have different laws, guidelines, and practices regarding the collection and use of forensic evidence
Summary of Care

• All testing is voluntary: Giving survivors autonomy is crucial to helping them regain empowerment – allow them to say “NO” even if against your medical advice

• In the case of a life-threatening emergency and the patient is unable to give consent, care should be given

• Remember that a victim of labor trafficking may also have been sexually abused
Summary of Care

• Health consequences have a high co-morbidity
• Mental & emotional health issues are perhaps the most important contributors to negative health.
• Post-TIP healing is a long term and multi-stage process
• A multidisciplinary team is necessary to adequately address the problems
• Maintain confidentiality in recording data
References


Additional Resources

• UNODC global database on human trafficking cases: http://www.unodc.org/cld/index.jspx
Post Test –

Your success in gaining knowledge through this module is important to us. To measure what you have learned, click on the following link and take a brief self evaluation:

https://www.surveymonkey.com/r/TIP5PT

To receive continuing education credits for this module, you MUST complete the online evaluation through the link above and pay any appropriate fees (see http://www.cmda.org/library/doclib/tipcepaymentform.pdf for more information).