

# Human Trafficking

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## Suzanne Harrison, MD, FAAFP

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Dr. Harrison is the president-elect of the American Medical Women's Association (AMWA) and a board-certified family physician who has been working on violence prevention and education for most of her career. She performs medical examinations as part of asylum evaluations for the Center for the Advancement of Human Rights. At the Florida State University College of Medicine, Tallahassee, she is responsible for violence education in the medical student curriculum, and she also developed a free clinic for victims of sexual and physical violence at Refuge House, a shelter in Tallahassee, Florida. Dr. Harrison frequently provides continuing medical education for physicians and other health care professionals on domestic violence and human trafficking. Currently serving as one of the physician co-chairs of the AMWA's anti-trafficking committee (now called Physicians Against the Trafficking of Humans), she was the founding chair of this national effort to provide education to health care professionals and to advocate for victims of human trafficking. She was also instrumental in the development of the AMWA's position paper Sex Trafficking of Women and Girls in the United States.



## Learning Objectives

1. Recognize the common indicators and high-risk factors for human trafficking.
2. Utilize trauma-informed techniques to enhance interaction with a potential victim of human trafficking.
3. Identify local, state and national service referral resources for trafficking victims.



## Audience Engagement System

The image shows three sequential screenshots of a mobile application interface for an audience engagement system. Step 1 is the home screen with a grid of icons for various features. Step 2 shows a list of CME events with details like time and location. Step 3 shows the details for a specific event, including a title, description, and a 'Sign Up' button. Red arrows indicate the flow from Step 1 to Step 2, and from Step 2 to Step 3.



## TVPA

- The US Victims of Trafficking and Violence Protection Act defines severe forms of human trafficking
- First enacted in 2000, has been reauthorized 4 times (most recently 2013)
- Defines involuntary servitude, debt bondage, coercion and commercial sex act

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## Sex Trafficking

- Commercial sex act induced by force, fraud or coercion  
**OR**
- The person induced to perform sex act has not reached the age of 18

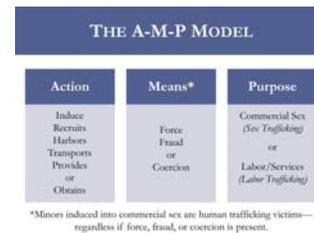
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## Labor trafficking

- Individuals perform labor or services through the use of force, fraud or coercion
- Includes debt bondage, forced labor, child labor
- Violence, threats, lies used to force people to work against their will in many industries

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## National Human Trafficking Resource Center



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## Involuntary Servitude & Debt Bondage

### Involuntary Servitude:

- Person laboring against their will to benefit another, under some form of coercion other than worker's financial needs
- May not represent complete lack of freedom

### Debt Bondage:

- A pledge of labor or services as security for repayment of debt or other obligation
- Services required to be re-paid may be undefined
- Duration of service may be undefined

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## AES Question

Which of the following is true regarding the act and means by which persons are trafficked?

- Transportation across a great distance is always involved in the trafficking of persons
- Coercion is the most common recruitment method for sex trafficking
- Debt bondage is not trafficking because the person agreed to labor for repayment of debt
- Adolescents can consent to commercial sex work

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## Global Human Rights Violation

- Nearly 21 million people living in slavery worldwide
- Forced labor is the most common – about 68%
- Women and children comprise the majority of victims, about 55% of forced labor and 85% of sex trafficking
- ILO estimates \$150 billion industry, with 600,000-800,000 persons trafficked across international borders annually

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## Trafficking in the United States

- Estimated to be \$32 billion industry, ranging from 40 to 290 million in major cities
- Highest in California, Texas, Florida
- More than 25,000 cases identified through NHTRC hotline in last 8 years
- 85% of trafficked victims are US citizens
- Polaris Project estimates hundreds of thousands enslaved in United States (labor and sex)

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## Why? An issue of supply & demand

Factors that drive supply	Factors that drive demand
Widespread poverty	Huge profits (don't pay labor)
History of prior abuse & running away	Dropping prices (elasticity)
Gender and ethnic discrimination	Male demand for sex
Social instability	
Lawlessness	
Military conflict	
Economic breakdown	

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## In the healthcare setting

- Survivors encounter healthcare professionals during the time they are trafficked, yet most are not identified
  - 2014 (Lederer) – 88% of interviewed survivors of domestic sex trafficking had encountered at least one healthcare provider – NONE were identified
- Lack of training
  - Few physicians recognize that a patient may be a victim of human trafficking
  - Most physicians say they wouldn't know what to do

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## Where do we see trafficked victims?



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## Physical indicators

- Unusual occupational injuries
- Signs of physical trauma
- Unusual infections
- Malnutrition and dehydration
- Multiple STIs
- Multiple pregnancies or abortions
- Branding tattoos
- RFID tags

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## Red Flags

- Inconsistent or **scripted** history
- Discrepancy between story and observations
- Appears much younger than stated age
- Doesn't know current city or can't give address
- Minor trading sex for something of value (food, shelter, drugs, money)
- Unusually high number of sexual partners
- Seasonally or situationally inappropriate clothing
- Carrying large amount of cash (or none at all)

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## AES Question

AS is an adolescent male who presents with burning pain with urination. He is quiet with downcast eyes, and his father will not leave the room. On exam, he has penile discharge, several vesicular lesions near his anus and a rather large anal fissure. What is the next best step in his care?

- Ask AS how many sexual partners he has
- Test for sexually transmitted infections
- Call the abuse hotline because you suspect the father is abusing his son
- Find a way to separate patient from father

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## Control Indicators

- Accompanied by controlling person
  - That person doesn't allow them to answer or interrupts/corrects the patient
- Patient exhibits fear, nervousness, avoids eye contact
  - Receives frequent texts or calls
  - Exhibits hyper-vigilance or subordinate demeanor
- Not in control of identification (especially passport)

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## Severe Harm

Physical Issues	Psychological Issues
Injuries from violence	Complex-trauma related PTSD
Reproductive conditions	Anxiety and depression
Untreated chronic conditions	Suicidality
Malnutrition	Trauma-bonding & Stockholm syndrome
Poor dentition	Addiction
Unusual or multiple infections	Eating disorders

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## Complex Trauma

- Repetitive, cumulative
- Inability to recover between interpersonal assaults
- Examples: child sexual abuse, sex trafficking



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## Health of Trafficked Women

- 95% report physical or sexual violence while being trafficked
- 59% report pre-trafficking abuse
- 76% report never having personal freedom
- Most have multiple physical and psychological problems
  - 63% have 10 or more concurrent health problems
  - 57% PTSD
  - 39% suicidal thoughts in preceding week
  - 62% memory difficulties

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## Health Outcomes in Minors

- Leading cause of death in victims of sexual exploitation
  - Homicide
  - HIV/AIDS
- Strongly associated with being trafficked
  - Suicidality
  - STIs
  - Unplanned pregnancy
  - Substance abuse
  - Injuries related to violence

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## AES Question

Which of the following is a leading cause of death in patients who were victims of sexual exploitation during childhood?

- a. Substance abuse
- b. AIDS
- c. PTSD
- d. Malnutrition

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## Trauma-Informed Care

- Always interview and examine patient without accompanying family or friend
- Begin with assumption that everyone has experienced some sort of trauma in their past
- Proceed carefully, respectfully – avoid pressure
- Confidentiality is paramount

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## Interview

- **Engage trust**
- Listen with an open mind, avoiding culturally-based assumptions
- Non-judgmental (understand they are victims and not offenders)
- Offer comfort – food, clothing, blanket
- Let patient narrate their own story in a style that is familiar and comfortable
- If interpreter is needed, make sure that person is not linked to the trafficking in any way
- Remember that patient may be unaware of rights and may distrust authority

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## Victims' Perspectives

- May not disclose status
  - Fear or shame (many past traumas, notably sex abuse)
  - Language or cultural barrier
  - May fear deportation (foreign national)
  - Brief interaction time with provider
- May not want to be "rescued"
  - Fear, threats, retaliation
  - Distrust law or authority
  - Stockholm syndrome, traumatic bonding
  - Do not self-identify as victims
  - May have criminal records

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## Response to Disclosure

- Listen empathically
- Validate the patient's experiences
- Make sure patient knows they are not alone, that help is available
- You are NOT a service provider for human trafficking – you are a LINK to the services
- Put patient-identified needs first
- Each patient will have unique concerns – respect that, and the decisions of the individual
- Ensure patient understands confidentiality, including mandatory reporting laws

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## Intervention

- Provide the patient with NHTRC hotline number and encourage call. Number is easily memorized (888-3737-888).
- Life-threatening danger – follow institutional policies. Partner with patient when possible.
- Provide resources for services, reporting
- Safety assessment is part of the discharge planning process.
- Follow institutional protocols for abuse, unless a specific protocol is in place for human trafficking. If patient is a minor, follow state mandated reporting laws for child abuse.
- Disclosure and exam findings must be documented accurately.

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## Barriers & Challenges

- Patients
  - Victims are at-risk individuals from marginalized groups
  - Severely traumatized with multiple issues and complex needs
- Providers
  - Generally do not have education or training
  - Brief interactions with patients
  - Resource intensive – time, expertise, funding
  - Best practices? New evidence being developed
- Culture
  - Hypersexualization
  - Pornography and prostitution normalized

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## Practice Recommendations

- Training for all healthcare professionals
- Team-based approach with case management and victim advocate involvement
- Develop institutional protocols

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## Resources

Agency	Contact Number
National human trafficking resource center	888-3737-888 or text "befree" Email: <a href="mailto:nhtrc@polarisproject.org">nhtrc@polarisproject.org</a> Submit tip online
National center for missing and exploited children	800-THE-LOST
ICE victim assistance program	866-872-4973
Polaris Project	<a href="https://polarisproject.org/recognize-signs">https://polarisproject.org/recognize-signs</a>
HEAL Trafficking	<a href="https://healtrafficking.org">https://healtrafficking.org</a>
Physicians Against the Trafficking of Humans (PATH) – video curriculum	<a href="http://www.doc-path.org">www.doc-path.org</a>

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## AES Question

You have identified an adult patient who decides not to call the NHTRC hotline this evening. You decide to have her memorize the number before she leaves. What is the correct phone number?

- 800-96-ABUSE
- 800-THE-LOST
- 888-3737-888
- 866-872-4973

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## In Retrospect...

Have you seen patients you now suspect might have been a victim of human trafficking?

- What do you remember?
- Did you ask any questions?
- What resources did you provide?
- Would you do anything differently now?

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## Selected References

- ❑ Chisolm-Straker M, Richardson LD, Coession T. Combating Slavery in the 21<sup>st</sup> Century: The Role of Emergency Medicine. *J Health Care for the Poor & Underserved* 2012;23:980-987. <http://www.humantraffickingped.com>
- ❑ Institute of Medicine. Confronting Commercial Sex Exploitation and Sex Trafficking of Minors in the United States. Sept, 2013.
- ❑ Polaris Trafficking Indicators for Medical Professionals. Polaris Project. <http://www.polarisproject.org/what-we-do/national-human-trafficking-hotline/access-training/online-training>.
- ❑ Safe Horizons. Recognizing Human Trafficking: Guidelines for Health Care Providers. [www.nyc.gov/html/ehdnt/downloads/ppt/training.ppt](http://www.nyc.gov/html/ehdnt/downloads/ppt/training.ppt)
- ❑ Zimmerman C, et al. The Health of Trafficked Women: A Survey of Women Entering Services in Europe. *Am J Public Health*. 2006;98:55-59. doi:10.2105/AJPH.2006.108357 Post-trafficking
- ❑ US DHHS Administration for Children, Youth & Families. Guidance to States and Services on Addressing Human Trafficking of Children and Youth in the United States. 2013.
- ❑ Baldwin, S.B., Eisenman, D.P., Sayles, J.N., Ryan, G., Chuang, K.S. (2011). "Identification of human trafficking victims in health care settings." *Health and Human Rights* 13(1): 36-49.
- ❑ Grace, A.M., Lippert, S., Collins, K. et al., (2014). "Educating health care professionals on human trafficking." *Pediatric Emergency Care* 30 (12): 856-861.

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## Billing & Coding

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### When services performed in conjunction with:

Office Visit 992xx

\*Time-based selection documentation criteria:

- Face-to-face time
  - greater than 50% spent counseling/coordinate care
- 

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