

## Addressing Suspected Labor Trafficking in the Office

Commentary by RANIT MISHORI, MD, MHS, FAAFP, *Georgetown University School of Medicine, Washington, District of Columbia*

ANITA RAVI, MD, MPH, *Corporal Michael Crescenz VA Medical Center, Philadelphia, Pennsylvania*

Case scenarios are written to express typical situations that family physicians may encounter; authors remain anonymous. Send scenarios to [afpjournal@aafp.org](mailto:afpjournal@aafp.org). Materials are edited to retain confidentiality.

This series is coordinated by Caroline Wellbery, MD, Associate Deputy Editor.

A collection of Curbside Consultation published in *AFP* is available at <http://www.aafp.org/afp/curbside>.

### Case Scenario

A 39-year-old woman came to our clinic reporting headaches and bilateral knee pain. The patient was originally from Sri Lanka. She had no health insurance and was accompanied by another woman who seemed to be unrelated and of a different ethnic and socioeconomic status. The other woman insisted on remaining in the examination room with the patient and on responding to my questions, even though the patient was able to understand and speak English. The patient appeared submissive and had a flat affect and downcast eyes throughout the encounter. We suspected the patient was being exploited, perhaps as a result of human trafficking. What can physicians do if we suspect a patient is a victim of human trafficking?

### Commentary

Several clues in this scenario suggest that the patient is indeed involved in trafficking. Although sex trafficking has received more media attention, labor trafficking—a form of slavery involving the illegal trade of persons for exploitation or commercial gain—is a big business, generating \$150 billion annually.<sup>1</sup> Labor trafficking involves the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, threats, violence, fraud, debt bondage, or other forms of coercion.<sup>2</sup> Globally, the International Labour Organization estimates that 21 million persons are entrapped in occupations that they are unable to leave.<sup>1</sup>

An estimated 18,000 persons are trafficked into the United States for labor each year.<sup>3</sup> They most commonly originate from Latin America (31%), Southeast Asia (26%), and South Asia (13%), and 71% of persons enter

on lawful visas.<sup>4</sup> Domestic labor trafficking involves a variety of sectors and industries, including domestic servitude, agriculture, construction, elder care, hospitality, restaurant and food services, janitorial and cleaning services, manufacturing, door-to-door sales, and beauty services.<sup>5,6</sup>

Health care may be one of the few fields in which professionals are likely to interact with persons who are enslaved.<sup>7</sup> About 30% of trafficked persons are exposed to the health care system at some point during their captivity, yet their situation is seldom recognized.<sup>8</sup>

### IDENTIFICATION

Persons who are trafficked for labor include adults, minors, men, women, foreign nationals, and U.S. citizens; they may be challenging to identify, and there is a dearth of validated screening tools.<sup>9</sup>

Clinicians should note common red flags for trafficking (*Table 1*).<sup>10</sup> These include patients who exhibit a lack of control over their own identification documents or money, or who may have a lack of knowledge about the city they are in or the address where they are staying.<sup>3,11,12</sup> Because administrative staff can elucidate whether patients have access to personal forms of identification or familiarity with their personal information, they can alert physicians to patients who appear to be impeded from sharing details about themselves.

### HEALTH IMPACT OF LABOR TRAFFICKING

*Physical Health.* Labor trafficking victims may experience a multitude of occupational exposures resulting in health issues that prompt them to seek care. Environmental risks may include dangerous heights, confined spaces, dangerous machinery, loud noises, hazard- ▶

**Table 1. Red Flags and Screening Questions for Suspected Labor Trafficking**

**Red flags to identify in patients**

- A foreign national of a country or region known to be involved in trafficking
- Accompanied by another person who wants to take charge of the encounter
- Works in a sector commonly associated with exploitation or trafficking
- Not in possession of identification papers
- Not free to come and go as he or she pleases
- Works very long hours under unusual restrictions at work
- Fearful, anxious, or on-edge

**Screening questions for patients**

- Can you choose to leave your job at any time?
- Are you free to come and go as you wish?
- Has anyone harmed or threatened you for trying to leave a job?
- Has anyone tried to make you feel afraid for your family's safety?
- Who do you live with?
- Where do you sleep and eat?
- Do you owe your employer any money?
- Is your passport or identification document kept by another person?

*Information from reference 10.*

**Table 2. Mental Health Concerns Associated with Trafficking**

**Behavioral and psychological manifestations**

- Avoidance of eye contact
- Confusion
- Denial
- Disorientation
- Fearfulness
- Nervousness
- Paranoia
- Shame
- Submissiveness
- Tension

**Psychiatric conditions**

- Anxiety
- Depression
- Posttraumatic stress disorder
- Traumatic bonding (Stockholm syndrome)

*Information from references 13 through 16.*

ous temperatures, pesticides, and chemical processes.<sup>13,14</sup> These may occur over long hours of exposure and in isolation or confinement by an employer.

Consequently, physical symptoms associated with trafficking may be specific to the form of forced labor that a patient has experienced. For persons in domestic servitude, for example, issues can include chronic back pain, joint pain, bruising, and headaches. Other physical signs and symptoms that may be related to occupational exposure include noise-induced hearing loss, visual disturbances, and respiratory difficulties, depending on work conditions and chronicity of exposure.<sup>14</sup> The physical examination may also reveal amputations from machine-related injuries, scars from abuse, and evidence of malnourishment. Children involved in trafficking may have poorly formed or rotting teeth and stunted growth.<sup>15</sup>

**Mental Health.** The impact of trafficking on a person's mental health can manifest as a behavioral or a psychiatric condition (Table 2).<sup>13-16</sup> Traffickers and employers can exert control through psychological manipulation, often directly affecting the patient's mental health. Because factors that increase vulnerability to labor trafficking include immigration status, isolation, and debt, traffickers capitalize on persons who have limited economic opportunities. They may then leverage a person's undocumented

status or large debts to blackmail or threaten him or her into compliance. They may also coach these patients to fabricate stories that are less likely to arouse suspicion when questioned, and arrange for persons being trafficked to be monitored or escorted during their activities.

**MANAGEMENT**

Approaches to caring for survivors of interpersonal and domestic violence can be applied in the care of victims of human trafficking. Physicians should make all efforts to conduct a portion of the encounter with the patient alone. Ways to enable private visits include notifying accompanying persons that one-on-one interviews are standard clinic procedure, and proactively placing signs in the office that state, "Patients only beyond this point."<sup>17</sup> In addition, physicians should arrange for one or more follow-up visits to build rapport and explore the patient's options for leaving an exploitative situation.

Health care professionals may assist patients seeking to leave their circumstances by contacting law enforcement and providing community-based and legal resources. Figure 1 provides an algorithm for assessing human trafficking in clinical settings.<sup>18</sup>

**TRAFFICKING RESOURCES AND REPORTING**

In cases of suspected trafficking, physicians can contact law enforcement by telephone, or submit a tip online using information provided on the Department of Homeland Security's Blue Campaign website at <https://www.dhs.gov/blue-campaign/identify-victim>.

Physicians can also find local community-based resources compiled by the Polaris Project (<http://www>.

## Medical Assessment Tool

### 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, untreated sexually transmitted infections and/or torture  
 Patient exhibits fear, anxiety, depression, submission, tension, or nervousness and/or avoids eye contact  
 Patient is younger than 18 years and is engaging in commercial sex or trading sex for something of value  
 Patient has an unusually high number of sex partners for his/her age  
*For a more comprehensive list, consult Polaris Project's Potential Red Flags and Indicators document*

### First response

Attend to medical needs and treatment; if patient is admitted follow same protocol

### Once medical concerns are assessed/treated

If possible get patient alone to discuss questions with a social worker or medical professional

- "Have you ever been forced to do work you didn't want to do?"
- "Have you ever been forced to have sex to pay off a debt?"
- "Does anyone hold your identity documents (i.e., driver's license/passport) for you? Why?"
- "Have physical abuse or threats from your employer made you fearful to leave your job?"
- "Has anyone lied to you about the type of work you would be doing?"
- "Were you ever threatened with deportation or jail if you tried to leave your situation?"

*For a more comprehensive list, consult Polaris Project's Generic Trafficking Assessment*

### NO to above questions:

Refer to social services as applicable

### YES to any of the above questions:

Call National Human Trafficking Resource Center (NHTRC)  
 Hotline 1-888-373-7888 (24/7 access to 170 languages)  
 Ask for assistance with assessment questions and next steps  
 Indicate which questions you used from above

### Not perceived as trafficking situation

Refer to social services as applicable

### Assessment of potential danger

Ask the hotline to assist in assessing level of danger; be vigilant of immediate environment (who is watching, calling)

Questions to consider:

- Is the trafficker present? (i.e., in the waiting room/outside)
- 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?

### 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 appropriate, sensitive law enforcement contacts

### No perceived danger

The hotline can help determine appropriate next step/referrals

### Resources

The hotline may not have your local resources in their database, so use what you know as well

**Figure 1.** Medical assessment tool for the evaluation of suspected labor trafficking.

Reprinted with permission from Polaris. Tools for service providers and law enforcement. <http://traffickingresourcecenter.org/resources/human-trafficking-assessment-medical-professionals>. Accessed June 29, 2015.

## Curbside Consultation

PolarisProject.org) to assist these patients. The referral initiative 2-1-1 (<http://211.org/services/human-trafficking>) is another nationwide resource to report trafficking and to help patients gain access to services.

Given the prevalence of human trafficking, family physicians may encounter patients who are actively experiencing or have previously experienced exploitation. Appropriate identification and treatment of these patients requires sensitive, collaborative, and practice-wide efforts to optimally serve them.

Address correspondence to Ranit Mishori, MD, MHS, FAAFP, at [mishorir@georgetown.edu](mailto:mishorir@georgetown.edu). Reprints are not available from the authors.

Author disclosure: No relevant financial affiliations.

### REFERENCES

1. International Labour Organization. ILO says forced labour generates annual profits of US\$ 150 billion. May 20, 2014. [http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS\\_243201/lang-en/index.htm](http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_243201/lang-en/index.htm). Accessed June 29, 2015.
2. U.S. Department of Homeland Security. Blue Campaign. What is human trafficking? <http://www.dhs.gov/definition-human-trafficking>. Accessed June 29, 2015.
3. Baldwin SB, Eisenman DP, Sayles JN, Ryan G, Chuang KS. Identification of human trafficking victims in health care settings. *Health Hum Rights*. 2011;13(1):E36-E49.
4. Owens C, Dank M, Farrell A, et al.; Urban Institute. Understanding the organization, operation, and victimization process of labor trafficking in the United States. <http://www.urban.org/research/publication/understanding-organization-operation-and-victimization-process-labor-trafficking-united-states>. Accessed June 29, 2015.
5. U.S. Department of Health and Human Services. Office of Refugee Resettlement. Fact sheet: labor trafficking (English). Washington, DC: U.S. Department of Homeland Security; August 6, 2012. <http://www.acf.hhs.gov/programs/orr/resource/fact-sheet-labor-trafficking-english>. Accessed June 29, 2015.
6. National Human Trafficking Resource Center. Labor trafficking. <http://www.traffickingresourcecenter.org/type-trafficking/labor-trafficking>. Accessed June 29, 2015.
7. Grace AM, Lippert S, Collins K, et al. Educating health care professionals on human trafficking. *Pediatr Emerg Care*. 2014;30(12):856-861.
8. Becker HJ, Bechtel K. Recognizing victims of human trafficking in the pediatric emergency department. *Pediatr Emerg Care*. 2015;31(2):144-147.
9. Bernalova N, Morgan J, Coverdale J. A pathway to freedom: an evaluation of screening tools for the identification of trafficking victims [published ahead of print November 15, 2014]. *Acad Psychiatry*. <http://link.springer.com/article/10.1007%2Fs40596-014-0245-1> (paid access). Accessed June 29, 2015.
10. U.S. Department of State. Identify and assist a trafficking victim. <http://www.state.gov/j/tip/id/>. Accessed June 29, 2015.
11. National Human Trafficking Resource Center. Recognizing the signs. <http://www.traffickingresourcecenter.org/what-human-trafficking/recognizing-signs>. Accessed June 29, 2015.
12. Dovydaite T. Human trafficking: the role of the health care provider. *J Midwifery Womens Health*. 2010;55(5):462-467.
13. U.S. Department of State. Health consequences of trafficking in persons. Washington, DC: Office to Monitor and Combat Trafficking in Persons; August 8, 2007. <http://2001-2009.state.gov/g/tip/rls/fs/07/91418.htm>. Accessed June 29, 2015.
14. Zimmerman C, Schenker MB. Human trafficking for forced labour and occupational health. *Occup Environ Med*. 2014;71(12):807-808.
15. Zimmerman C, Yun K, Shvab I, et al. *The Health Risks and Consequences of Trafficking in Women and Adolescents: Findings from a European Study*. London: London School of Hygiene & Tropical Medicine; 2003. <http://www.lshtm.ac.uk/php/ghd/docs/traffickingfinal.pdf>. Accessed June 29, 2015.
16. Oram S, Stöckl H, Busza J, Howard LM, Zimmerman C. Prevalence and risk of violence and the physical, mental, and sexual health problems associated with human trafficking: systematic review. *PLoS Med*. 2012;9(5):e1001224.
17. Caring for Trafficked Persons: Guidance for Health Providers. IOM Publications. [http://publications.iom.int/bookstore/index.php?main\\_page=product\\_info&Path=47&products\\_id=510](http://publications.iom.int/bookstore/index.php?main_page=product_info&Path=47&products_id=510). Accessed March 26, 2015.
18. Polaris. Human trafficking assessment for medical professionals. <http://traffickingresourcecenter.org/resources/human-trafficking-assessment-medical-professionals>. Accessed June 29, 2015. ■



**You've spent 20 years building your career.**

**We've spent 60 years protecting your investment.**



AAFP Insurance Services offers exclusive insurance

programs designed to help protect the career you've worked so hard to build. That includes the **AAFP Group Disability Income Insurance Plan** from New York Life Insurance Company.

You may be able to collect up to **\$10,000 a month, \$120,000 a year**, to help replace the income you'd lose if a covered accident or illness prevents you from working. Protect your most valuable asset ... your ability to earn a living. Affordable rates start at **less than \$3.13\* per day**.

**Call (866) 794-2513** or visit [aafpins.com](http://aafpins.com) for more information on the plan including rates, exclusions, limitations, eligibility and renewal provisions.



Underwritten by New York Life Insurance Company  
51 Madison Avenue, New York, NY 10010.

Group Policy Form GMR – FACE/G-7201. CA license #0547642. \*For male under 30 years old

- [facebook.com/aafpinsurance](https://facebook.com/aafpinsurance)
- [twitter.com/aafpinsurance](https://twitter.com/aafpinsurance)
- [linkedin.com/company/aafp-insurance-services](https://linkedin.com/company/aafp-insurance-services)