Addressing Suspected Labor Trafficking in the Office

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

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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.\(^1\) 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.\(^2\) Globally, the International Labour Organization estimates that 21 million persons are entrapped in occupations that they are unable to leave.\(^1\)

An estimated 18,000 persons are trafficked into the United States for labor each year.\(^3\) They most commonly originate from Latin America (31%), Southeast Asia (26%), and South Asia (13%), and 71% of persons enter on lawful visas.\(^4\) 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.\(^5,6\)

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

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.\(^9\)

Clinicians should note common red flags for trafficking (Table 1).\(^10\) 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.\(^3,11,12\) 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-
uous temperatures, pesticides, and chemical processes. 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 headache. 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. 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.

**Mental Health.** The impact of trafficking on a person’s mental health can manifest as a behavioral or a psychiatric condition (Table 2). 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.” 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.

**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.

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

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<thead>
<tr>
<th>Red flags to identify in patients</th>
<th>Screening questions for patients</th>
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</thead>
<tbody>
<tr>
<td>A foreign national of a country or region known to be involved in trafficking</td>
<td>Can you choose to leave your job at any time?</td>
</tr>
<tr>
<td>Accompanied by another person who wants to take charge of the encounter</td>
<td>Are you free to come and go as you wish?</td>
</tr>
<tr>
<td>Works in a sector commonly associated with exploitation or trafficking</td>
<td>Has anyone harmed or threatened you for trying to leave a job?</td>
</tr>
<tr>
<td>Not in possession of identification papers</td>
<td>Has anyone tried to make you feel afraid for your family’s safety?</td>
</tr>
<tr>
<td>Not free to come and go as he or she pleases</td>
<td>Who do you live with?</td>
</tr>
<tr>
<td>Works very long hours under unusual restrictions at work</td>
<td>Where do you sleep and eat?</td>
</tr>
<tr>
<td>Fearful, anxious, or on-edge</td>
<td>Do you owe your employer any money?</td>
</tr>
<tr>
<td>Is your passport or identification document kept by another person?</td>
<td>Is your passport or identification document kept by another person?</td>
</tr>
</tbody>
</table>

*Information from reference 10.*

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

<table>
<thead>
<tr>
<th>Behavioral and psychological manifestations</th>
<th>Psychiatric conditions</th>
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<tbody>
<tr>
<td>Avoidance of eye contact</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Confusion</td>
<td>Depression</td>
</tr>
<tr>
<td>Denial</td>
<td>Posttraumatic stress disorder</td>
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<tr>
<td>Disorientation</td>
<td>Traumatic bonding (Stockholm syndrome)</td>
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<tr>
<td>Fearfulness</td>
<td></td>
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<tr>
<td>Nervousness</td>
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<tr>
<td>Paranoia</td>
<td></td>
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<tr>
<td>Shame</td>
<td></td>
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<tr>
<td>Submissiveness</td>
<td></td>
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<tr>
<td>Tension</td>
<td></td>
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</table>

*Information from references 13 through 16.*
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*

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

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

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REFERENCES


