

Recognizing Victims of Human Trafficking in the Pediatric Emergency Department

Heather J. Becker, MD*† and Kirsten Bechtel, MD‡

Abstract: Human trafficking is a form of modern-day slavery that is rapidly expanding in the United States and throughout the world. It is a crime under both the United States and international law. The child and adult victims of human trafficking are denied their basic human rights and subjected to unspeakable physical and emotional harm. Traffickers exert complete control over their victims and are proficient at hiding their condition from authorities. Healthcare practitioners may be the only professionals who come into contact with victims if they present for medical care. This article will describe human trafficking and its potential victims, as well as guide medical management and access to services that will ensure their safety and restore their freedom.

Key Words: human trafficking, child prostitution, forced labor

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TARGET AUDIENCE

This article is intended for emergency department medical providers (physicians, nurses) and social work professionals.

LEARNING OBJECTIVES

After completion of this article, the reader should be able to:

1. Define human trafficking and the scope of the problem.
2. Identify the “red flags” that suggest a patient may be a victim of human trafficking.
3. Describe the multifaceted health issues and complicated social problems facing these victims.
4. List important aspects of medical management and treatment.
5. Access services that can help victims and secure their safety.

DEFINITION AND EPIDEMIOLOGY OF HUMAN TRAFFICKING

The United Nations defines human trafficking as the recruitment, transfer, harboring, or receipt of persons by means of threat or use of force or other forms of coercion, abduction, fraud, deception, the abuse of power, or a position of vulnerability to achieve the consent of a person, having control over another person, for the purpose of exploitation.¹ Human trafficking is a form of modern-day slavery and is a crime under United States and international law. Cases of human trafficking have been reported in all 50 of the United States.²

Human trafficking is a criminal activity that affects all nations worldwide. It is estimated that there are as many as 27 million men, women, and children that are victims of human trafficking worldwide; however, only a small fraction of these victims (40,000 in 2012) are identified by governmental and law enforcement agencies.³ Approximately 800,000 to 900,000 victims are trafficked across international borders annually; between 18,000 and 20,000 of these victims are trafficked into the United States each year.⁴ In the United States and other nations, trafficked individuals include children and adults of both sexes, from all socioeconomic levels, documented or undocumented foreign nationals and native citizens. In the United States, the average age of entry into the commercial sex industry is 12 to 14 years.⁵ Any individual younger than the age of 18 years, male or female who is involved in prostitution, is considered a victim of sex trafficking by US federal law, regardless of the use of force, fraud, or coercion by another. Although trafficking often involves transportation of individuals across international or domestic borders, geographic relocation is not necessary to consider an individual a victim of trafficking. Physical force, abuse, or restraint may be involved but is also not necessary to define a condition of human trafficking. Finally, the consent of the victim or payment received by the victim is irrelevant to the definition of human trafficking.

Internationally human trafficking generates profits of up to US \$32 billion annually.⁶ It is currently surpassing the illegal arms trade as the second largest criminal enterprise in the world.⁷ Members of an organized criminal group often perpetrate human trafficking, but small operations are common as well. Any individual that profits from the control and exploitation of others is participating in human trafficking. The US law includes prostitution, pornography, and other forms of sexual exploitation (eg, strip clubs, massage parlors) as well as forced labor and involuntary servitude, slavery, and debt bondage as forms of this criminal exploitation.⁸ Although sexual exploitation is probably the most commonly recognized goal of traffickers, victims of forced labor should not be overlooked. Trafficking victims can be found working as farm laborers, construction workers, as peddlers, or members of sales crews in textile factories and sweatshops, in restaurants, and in private homes as domestic workers. Other forms of exploitation include forced marriage, forced begging, removal of organs, and in some countries forced recruitment of child soldiers by rebel or governmental military groups.

RECOGNIZING HUMAN TRAFFICKING IN THE EMERGENCY DEPARTMENT

It is estimated that although 30% of trafficked individuals will be exposed to the healthcare system for treatment of an illness or injury at some point during their captivity, they are seldom recognized as victims of human trafficking.⁹ These victims are unlikely to identify themselves as such due to fear of their captor, distrust of authority, unfamiliarity with the regional language and culture, or sense of shame about their situation. They will often present in the company of their trafficker, who may represent him or herself as a family member or trusted friend. The trafficker may be male or female and may appear to be caring, parental, and

*Fellow, Pediatric Emergency Medicine (Becker), Yale School of Medicine, New Haven, CT, †Assistant Professor, Division of Pediatric Emergency Medicine (Becker), St Barnabas Hospital, Bronx, NY, and ‡Associate Professor of Pediatrics, Section of Pediatric Emergency Medicine (Bechtel), Yale School of Medicine, New Haven, CT.

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Reprints: Kirsten Bechtel, MD, Section of Pediatric Emergency Medicine, Yale School of Medicine, 100 York St, Suite 1F, New Haven, CT 06510 (e-mail: Kirsten.Bechtel@yale.edu).

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sympathetic toward the victim. Traffickers are often well spoken, facile with the native language, well dressed and presentable, and well rehearsed in their pretense so as not to arouse suspicion.

Identifying an emergency department (ED) patient as a possible victim of trafficking can be challenging, but there are “red flags” in the presentation that can be helpful. For example, the “friend” or “family member” who does not allow the patient to answer the clinician's questions and answers for the patient, or is reluctant to allow the patient to be alone in the company of a medical professional, should arouse suspicion. Similar to victims of domestic violence, the patient may seem reluctant to explain or have vague or inconsistent explanations for his injuries or illness. Patients may not be able to provide their address, have no identification cards or documents, and may be unaware of the city or state in which they currently reside. Patients may seem anxious, depressed or nervous, may avoid eye contact, or have a flat affect and may become fearful at any reference to law enforcement or other governmental authorities. Traffickers often convince their victims that they will be arrested or deported if they disclose their situation to others. A common tactic by traffickers is to threaten that the victim's loved ones will be harmed or killed if they try to escape from their current situation.

In the United States, runaway and homeless youth are at extremely high risk of sexual exploitation. These adolescents are lured into the commercial sex industry by promises of emotional, economic, and domestic stability. Experts suggest that runaway adolescents are likely to be approached by a pimp or invited to participate in the commercial sex industry within 48 hours of being on the street.¹⁰

Although some victims may seem reticent and fearful, clinicians should be aware that not all trafficked individuals see themselves or present themselves as victimized. Seemingly street-wise, hardened, arrogant teens, who see themselves in control of their situation and their choices, may still be victims of human trafficking. Adolescents ensconced in the sex industry may refer to their pimp as their “boyfriend” or the only person who cares for them. Disclosures of an unusually high number of sexual partners or unwanted pregnancies may provide clues to the clinician of the patient's involvement in the commercial sex industry and should prompt further investigation.

If the clinician suspects trafficking, it is important to separate the victim from the accompanying person. Assuring this person that a private physical examination is standard ED practice for all patients may help to accomplish the separation without arousing suspicion. When taking a history from a non-English-speaking patient, it is important to use a trained interpreter. With any victims (English speaking or not), the clinician should be selective about the words used in questioning. It is likely that victims will not recognize terms such as trafficking or coercion. Questions should be phrased in a nonjudgmental way, respectfully delivered even if the patient is reacting with hostility. It is important to convey a desire to provide assistance and to foster trust. Questions that seem less judgmental may be helpful in the beginning of the interview, such as “Have you ever been forced to do something you didn't want to do?” The questioner may want to ask where the patient lives, with whom, and whether the patient can come and go freely as well as whether the patient is ever threatened or has been forced to have sex or do other work to pay off a debt (Table 1). It may be useful to ask about a history of child sexual abuse because it is estimated that 80% to 90% of prostituted adolescents report they were victims of child sexual abuse before their entry into the commercial sex industry.¹¹

The physical examination should be thorough from head to toe. Physical examination findings that may be indicative of a

TABLE 1. Types of Helpful Historical Questions for Suspected Cases of Human Trafficking

Can you come and go from your home (or job) whenever you please?
Has anyone at home or work ever physically harmed you?
Have you ever been threatened for trying to leave your job?
Is anyone forcing you to do things you do not want to do?
Do you have to ask permission to eat, sleep, or use the bathroom?
Are there locks on your doors and windows that keep you from leaving?
Have you ever been denied food, water, sleep, or medical care?
Has anyone ever threatened your family?
Has anyone taken away your identification papers or cards?

Adapted from Crane P. A Human trafficking toolkit for nursing intervention. In: deChesnay M, ed. *Sex Trafficking: A Clinical Guide for Nurses*. New York, NY: Springer Publishing LLC; 2013:167–181.

patient who is being exploited include signs of malnutrition, dehydration, or exhaustion as well as poor general hygiene and dental disease. Victims may present with signs of untreated or undiagnosed chronic disease such as asthma or diabetes; young adolescent victims may display signs of growth delay. Traffickers use food, water, and sleep deprivation, and in some cases bondage or confinement to keep their victims isolated and dependent. Infliction of physical injury is commonplace. Victims are often physically tortured until they submit to a traffickers demands (Table 2).

A thorough skin examination is warranted and may reveal bruising, lacerations, bite marks, cigarette burns, or areas of traumatic alopecia on the scalp from inflicted injuries. Victims may have scars or unhealed wounds, rashes, or sores that were never brought to medical attention. Similarly, a victim may have extremity deformities or have extremity and joint pain due to poorly healed fractures. Extremities should also be examined for ligature marks and signs of physical restraint. The presence of a tattoo, especially one of a name or nickname, in unusual locations such as the back of the neck, underarm, lower back, or inner thigh, may be a clue that the patient is a victim of sex trafficking. Pimps often use tattoos or other forms of branding (cutting, burning) to identify their “property” and to further dehumanize their victims.

Victims of sex trafficking frequently have history or physical examination findings consistent with substance abuse. Traffickers may capitalize on victims' history of drug or alcohol use, encouraging their habit to prolong their dependency or may force victims who are naive to substances into drug use and dependency. Furthermore, drug abuse and addiction may be a cause or an effect of participation in the commercial sex industry. Patients should be asked about substance use, whether voluntary or forced, methods of use (snorting, injection, etc), and the presence of any withdrawal symptoms (eg, diarrhea, diaphoresis, tremors). Track marks or other signs of drug use or abuse should be noted. Patients may present acutely intoxicated or withdrawing from alcohol and drugs (Table 3).

The genitourinary examination is important as well, especially for sex trafficking victims, because they are frequently subjected to sexual assault, gang rape, and unsafe sexual practices. They may suffer from untreated sexually transmitted disease, unwanted pregnancy, genital and anal injuries, or complications of unsafe abortion. In addition to infection from genital or anal rape, victims may experience injuries such as perforation from inserted objects and retained

TABLE 2. Injuries and Illnesses Experienced by Human Trafficking Victims

Injuries	Physical Illnesses	Mental Illnesses and Psychiatric Symptoms
Genital trauma	Sexually transmitted diseases	Depression
Rape, foreign object	Chlamydia, gonorrhea, HIV/acquired immunodeficiency syndrome	Suicidal ideation
Anal trauma		Anxiety
Rape, fisting	Pelvic inflammatory disease	Panic attacks
Bruises, abrasions, whip marks, ligature marks	Tuberculosis	Dissociative reaction
Head trauma	Substance abuse and withdrawal	Agoraphobia
Lacerations	Gastrointestinal disorders	Substance abuse
Knife, razor	Complications from untreated chronic diseases	Poor self-esteem and feelings of worthlessness
Burns	Asthma, diabetes, etc	Shame and guilt
Cigarette, iron, acid	Frequent respiratory infections	Fear for family members' safety
Gunshot wounds	Chronic headaches	Memory loss
Run over or dragged by car	Back pain	
Clumps of hair pulled out	Deformities and chronic pain from improperly healed fractures and strains	
Unwilling pregnancy	Malnutrition	
Unsafe abortion	Dental problems	

Adapted from deChesnay M, et al. First-person accounts of illnesses and injuries sustained while trafficked. In: deChesnay M, ed. *Sex Trafficking: A Clinical Guide for Nurses*. New York, NY: Springer Publishing LLC; 2013:131–150.

foreign bodies, such as gauze or other packing to prevent menstruation.

MEDICAL MANAGEMENT AND DISPOSITION

The priority in the medical management, as with any ED patient, is to address any acute, emergent, surgical, and/or life-threatening issue, such as hemorrhage, trauma, or severe infection. Chronic health issues that have gone untreated may require aggressive treatment and may require inpatient admission for stabilization.

In cases where sexual assault is suspected, institutional sexual assault guidelines should be followed. An evidence-collecting medical examination (“rape kit”) should be considered if local law enforcement believes that the evidence will aid in the prosecution of perpetrators, although the utility in cases of human trafficking has not been studied.¹² Evidence collection requires informed consent of the victim and should be performed by trained medical professionals. SANE (Sexual Assault Nurse Examiners) practitioners, registered nurses trained in the forensic examination of sexual assault victims, can be helpful not only in evidence collection, but also as advocates to insure that patients receive appropriate crisis intervention services and necessary referrals.

Female patients should be tested for pregnancy. Testing for sexually transmitted diseases, such as gonorrhea, chlamydia, human immunodeficiency virus (HIV), syphilis, and hepatitis is important in cases of sex trafficking. In males and females, urine can be obtained to test for gonorrhea and chlamydia by polymerase chain reaction in lieu of cervical or urethral swabs. Serum should be obtained for antibodies to hepatitis, HIV, and syphilis (VDRL or rapid plasma reagin). Urine toxicology may be helpful, especially for patients presenting with symptoms of acute intoxication or withdrawal. Tuberculosis testing may also be warranted, especially in cases of victims who have been trafficked from outside the United States.

If a female patient's pregnancy test is negative, pregnancy prophylaxis can be offered for up to 120 hours after last sexual activity. A female patient with physical examination findings

consistent with pelvic inflammatory disease should be admitted for inpatient treatment. For asymptomatic patients, prophylaxis for gonorrhea and chlamydia should be administered.

Human immunodeficiency virus prophylaxis may also be offered to victims who have had sexual activity within 48 hours, but baseline complete blood cell count and liver function tests should be obtained before administration. The prevalence of HIV ranges from 40% to 90% in sex trafficking victims who are subjected to unprotected sex with multiple partners and may be forced into unsafe use of injectable drugs.¹³ Due to this high prevalence rate, HIV serology may be indicative of already existing seroconversion and need for further long-term medical management. Hepatitis B prophylaxis (immunoglobulin and vaccination) should also be considered in unimmunized patients.

Patients with urine tests that are positive for drugs of abuse may require inpatient treatment for detoxification and/or initiation of medical treatment. Tetanus toxoid should also be considered for

TABLE 3. General Physical Signs of Substance Abuse

Very thin or malnourished, muscle wasting
Rhinorrhea or flu-like symptoms
Repetitive yawning
Abnormal mental status (eg, drowsy, confused, agitated)
Dilated pupils
Unusual smell to clothes or breath
Impaired coordination or concentration
Abnormal affect or odd behaviors
“Track marks” on upper or lower extremities, groin, or neck
Poor complexion and skin complaints
Dental caries, rotting teeth

Adapted from Groot K. Drug-abused women and children. In: deChesnay M, ed. *Sex Trafficking: A Clinical Guide for Nurses*. New York, NY: Springer Publishing LLC; 2013:203–238.

intravenous drug users as well as for any trafficking victim with abrasions or lacerations.

Trafficking victims experience a myriad of mental health issues, including posttraumatic stress disorder, depression, anxiety, and so on. Many of these victims present with suicidal ideation. An acute psychiatric evaluation may be warranted in the ED, and inpatient admission may be required for behavioral health stabilization.

ASSISTANCE AND REPORTING

If the clinician suspects that a patient is a victim of human trafficking, it is imperative that they engage a social worker or other victim advocate early in the patient's care. For patients younger than the age of 18 years, as in any case of child maltreatment, a call to the state's child protective service agency is warranted and mandated. If a patient is in immediate danger from traffickers, local law enforcement should be contacted. With adult victims who do not appear to be in imminent danger, the clinician should consider informing the patient before reporting a crime or seeking protection on their behalf. This will avoid eroding trust and may allow the clinician to obtain more information. In some cases, the patient may need to be admitted to the hospital to ensure safety.

There are a number of resources available for the care of victims of human trafficking. The National Human Trafficking Resource Center hot line (1-888-373-7888) is available to anyone (healthcare professionals and citizens alike) with a suspicion that human trafficking may be taking place. It is toll free, available 24 hours a day, in 180 languages. It is confidential and serves the United States and US territories. The Resource Center can provide guidance regarding assessment questions and potential indicators of trafficking. It can also provide access to safety, shelter, and other critical support services, as well as a safety plan for the victim. The hot line collects data and statistics regarding human trafficking in the United States, but it is not a mandated reporter. Another helpful resource is www.traffickingmap.org. On this Web site is an interactive map of the United States that provides a listing of local organizations and resources for victims, current criminal statutes, and state laws concerning human trafficking.

For victims who are not US citizens, there is assistance available from the federal government. The Trafficking Victims Protection Act (2000) is a federally funded program that enables trafficking victims to obtain medical care, witness protection, and other social service assistance, including the ability to obtain legal immigration status. To obtain these services, adults must agree to assist law enforcement and participate in legal proceedings against traffickers, but children are exempt. The Office of Refugee Resettlement of the US Department of Justice can certify that a noncitizen has been a victim of human trafficking so that they may receive the same benefits afforded to refugees. Every state (except Wyoming) has a State Refugee Health coordinator that oversees benefits to trafficking victims. Noncitizen victims and their immediate families may be eligible for a nonimmigrant T visa. This T visa allows the victim and his/her family to stay in the United States for 4 years, serves as authorization for employment, and ensures that victims and their families can receive medical care and housing. The US Department of Justice, Trafficking Victim Verification service can be contacted toll free at 1-866-401-5510.

CONCLUSIONS

Human trafficking is a problem that is global in scope but is omnipresent in the United States as well. It is a quickly expanding and lucrative enterprise for those who coerce and subjugate others for financial gain. It is an ongoing struggle for law enforcement and government agencies to combat the problem, and millions of victims go undetected and unrecognized. The human suffering and injury sustained by trafficked individuals is extreme and long lasting. It is important that healthcare professionals recognize the warning signs and to realize that when victims present for medical care it may be the only opportunity for these patients to escape their predicament. Knowledge about the problem and possible solutions for these victims empowers healthcare professionals to save lives and contribute to the fight against this modern-day slavery.

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