

Journal of Family Strengths

Volume 18

Issue 1 *Critical Issues: Defining and Debunking
Misconceptions in Health, Education, Criminal
Justice, and Social Work/Social Services*

Article 7

October 2018

Human Trafficking: It's Not Just a Crime

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Recommended Citation

Recknor, Frances H. and Chisolm-Straker, Makini (2018) "Human Trafficking: It's Not Just a Crime," *Journal of Family Strengths*: Vol. 18 : Iss. 1 , Article 7.

Available at: <https://digitalcommons.library.tmc.edu/jfs/vol18/iss1/7>

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A few years back, I was a resident in emergency medicine, but on my internal medicine block, and I was paged by the emergency department (ED) for a consult at 3am on a weekday. To be clear, the ED doesn't consult general medicine, we consult specialists, so I imagined this was related to a patient already admitted to my internal medicine service team and still boarding in the ED, because the floors were full. Loving the ED more than anywhere else in the hospital, it was my practice to return all pages from the ED in person.

Downstairs, the attending told me the team had a patient for whom they were concerned about trafficking. So, they called me, a national expert in the topic. The patient presented to the ED in those wee hours after night, but before true morning, with a headache. Her neurological examination was completely benign, and she did not appear to be in any distress at all. She'd had this headache for a few days and hadn't tried anything for it yet. So, the ED resident asked the most important question any clinician can ask a patient:

"What happened that you came in now, and not tomorrow or yesterday?"

The inquiry gave her the opening she needed to explain that this was the first opportunity she had to seek medical care. She was being made to sell knockoff handbags on the streets of New York. Failure to meet her quota would result in severe beatings and possibly harm to her family. But they don't sell bags in the middle of the night, so that's when she came. Worn out and worn down, she chose our hospital for some respite. Instead, she got a second chance at life. Simply because a clinician took a moment and allowed her to say more.

—Makini Chisolm-Straker, MD, MPH

This story illustrates that trafficked persons present for healthcare, and by asking a few more questions, a healthcare provider can recognize such patients. In this situation, the patient did not complain of health issues typically associated with human trafficking, such as recurrent sexually transmitted infections (STIs) or physical trauma. Rather, she presented with a moderate headache and had a normal neurological examination. This patient, unlike many trafficked persons who seek clinical care, was fortunate to encounter a physician trained on trafficking in the clinical setting and willing to probe further.

Trafficking is commonly conceived of as a crime, and therefore, falling primarily in the purview of the justice system. The truth is that human trafficking is also a health and public health issue (Chisolm-Straker & Stoklosa, 2017; Todres, 2011, 2013; Zimmerman, Hossain, & Watts, 2011). And trafficking can generate nonspecific and sometimes psychosomatic symptoms (Chisolm-Straker et al., 2016; Ottisova, Hemmings, Howard, Zimmerman, & Oram, 2016; Richards, 2014), as in the referenced story. It can also lead to multiple sequelae of physical and mental health conditions that can have acute and long-term ramifications for individual and population health. Resultant ill health may eventually bring trafficked individuals to the attention of healthcare providers (Baldwin, Eisenman, Sayles, Ryan, & Chuang, 2011; Chisolm-Straker et al., 2016; Family Violence Prevention Fund [FVPF], 2005; Lederer & Wetzell, 2014; Macias-Konstantopoulos, 2017; Moynihan, 2006; Ottisova et al., 2016; Such, Laurent, & Salway, 2017; Zimmerman et al., 2011). But if the focus and resources for anti-trafficking remain largely in the criminal justice realm—a sector mainly focused on apprehending and prosecuting criminals—then the health and public health sectors' capacity to mitigate effects of and combat trafficking will remain underdeveloped.

In this commentary, we present human trafficking as both a health and public health issue. Further, we illustrate how both sectors can contribute to improving the health and well-being of trafficked people, the general public, and anti-trafficking efforts.

Trafficking and the Individual's Health

Healthcare focuses on the individual person as a patient, how illnesses and injuries affect an individual, and what interventions can help at the individual level. People of all ages are trafficked for labor and/or sex and experience a wide variety of physical and mental health issues (Hopper, 2017a; Ottisova et al., 2016). Injuries can arise from violent acts, such as being beaten or strangled, and being physically and/or sexually assaulted (FVPF, 2005; Geynisman-Tan, Taylor, Edersheim & Taubel, 2017; Kiss et al., 2015; Lederer & Wetzell, 2014; Oram et al., 2016; Turner-Moss, Zimmerman, Howard, & Oram, 2014; Zimmerman & Schenker, 2014). People experience injuries related to strenuous manual work, repetitive motion, and unsafe labor practices (Baldwin et al., 2011; Kiss et al., 2015; Littenberg & Baldwin, 2017; Oram et al., 2016; Turner-Moss et al., 2014; Zimmerman & Schenker, 2014). Chronic illnesses, such as diabetes, asthma, and hypertension, may go untreated or undertreated (Baldwin et al., 2011; FVPF, 2005; Geynisman-Tan et al., 2017; Littenberg & Baldwin, 2017; Ravi, Pfeiffer, Rosner, & Shea, 2017). Deprivation of food and sleep and

crowded, unhygienic living and working conditions can lead to a host of ill effects, including dental decay, malnourishment, dehydration, and communicable diseases (FVPPF, 2005; Kiss et al., 2015; Lederer & Wetzel, 2014; Macias-Konstantopoulos, 2016; Macias-Konstantopoulos & Ma, 2017; Oram et al., 2016; Turner-Moss et al., 2014; Zimmerman & Schenker, 2014). Sexual health issues are widely reported, including the acquisition of HIV and unwanted pregnancies (Baldwin et al., 2011; Geynisman-Tan et al., 2017; Lederer & Wetzel, 2014; Oram et al., 2016; Ravi et al., 2017). Some people experience forced abortions and complications from unsafe abortion practices (Lederer & Wetzel, 2014). Reported mental health issues arising from the physical, sexual, and psychological abuse include depression, anxiety, post-traumatic stress, suicidality, and substance use disorders (Geynisman-Tan et al., 2017; Hopper, 2017b; Kiss et al., 2015; Lederer & Wetzel, 2014; Nguyen et al., 2018; Oram et al., 2016; Turner-Moss et al., 2014). Legal and illicit substances are often used as an effective method of recruitment and control by traffickers and as a form of self-medicating for the exploited (Geynisman-Tan et al., 2017; Lederer & Wetzel, 2014; Oram et al., 2016; Zimmerman & Schenker, 2014). As reflected in the introductory story to this commentary, health issues can also be nonspecific (Chisolm-Straker et al., 2016; Oram et al., 2016; Ottisova et al., 2016; Richards, 2014). Not surprisingly, the health consequences of trafficking are diverse, and they can be severe and long-lasting (Barrows & Finger, 2008; FVPPF, 2005; Lederer & Wetzel, 2014; Ottisova et al., 2016).

Trafficking and the Public's Health

Public health is concerned with the health of populations and aims to improve the overall well-being of communities by preventing illness and injury and mitigating their effects (American Public Health Association [APHA], 2018). Recognition of trafficking as a public health issue allows for an expansion in the conceptualization of trafficking as problem. It is a complex trauma that negatively impacts not only individuals but also communities. For example, STIs and other communicable infections, like typhoid, intestinal parasites, and tuberculosis, are well documented as affecting many trafficked individuals (Dharmadhikari, Gupta, Decker, Raj, & Silverman, 2009; Lederer & Wetzel, 2014; Macias-Konstantopoulos, 2016; Macias-Konstantopoulos & Ma, 2017; Silverman et al., 2006; Silverman et al., 2007; Silverman et al., 2008). These infections are readily spread to family members, buyers, coworkers, and other community members. Many trafficked individuals do not have health insurance, so they may rely on or only be able to access emergency care for complications of these and other

health issues, rather than preventative, primary care visits (APHA, 2015; Benjamin, 2017).

Anti-Trafficking Efforts Include the Health and Public Health Sectors

The Clinician's Role in the Anti-Trafficking Movement

In contrast to criminal justice professionals who primarily encounter victims at the time of a crime, clinicians see patients throughout their lifespan. Healthcare practitioners are thus well positioned to intervene with individuals at risk of trafficking, individuals who are being trafficked, and those living after their trafficking experience(s) (Chang & Hayashi, 2017; Zimmerman et al., 2011). Indeed, studies demonstrate that people present for healthcare during all stages of trafficking (Chisolm-Straker et al., 2016; FVPF, 2005; Geynisman-Tan et al., 2017; Goldberg, Moore, Houck, Kaplan, Barron, 2017; Kiss et al., 2015; Lederer & Wetzel, 2014; Turner-Moss et al., 2014; Westwood et al., 2016; Zimmerman et al., 2008). But extant literature also reflects low levels of provider awareness and knowledge about human trafficking and low or inconsistent identification in healthcare settings (Baldwin et al., 2011; Beck et al., 2015; Chisolm-Straker, 2016; Chisolm-Straker, Richardson, & Cossio, 2012; Lederer & Wetzel, 2014; Recknor, Gemeinhardt, & Selwyn, 2017). So, although trafficked persons present for clinical care at different stages of trafficking, data indicate that a considerable number of these intervention opportunities are missed by clinicians. Thankfully, as the evidence has made the need apparent, more clinicians are being trained about human trafficking, how it might manifest in the clinical setting, and how they can safely intervene. In addition, states are increasingly requiring this education of clinicians (Atkinson, Curnin, & Hanson, 2016).

Healthcare providers knowledgeable about human trafficking can assess for it in relevant patient encounters and provide important interventions when recognized and/or disclosed in a clinical care setting. For patients at increased risk for trafficking, evidence-based prevention efforts can include discussion about contributory factors (e.g., homelessness) and risky behaviors (e.g., minors "dating" adults) that can make some vulnerable to exploitation (Bigelsen & Vuotto, 2013; Institute of Medicine & National Research Council, 2013; Murphy, Taylor, & Bolden, 2015). Productive conversations include referrals to programs to help address such issues. For adults being trafficked at the time of the healthcare visit and who express readiness to leave that situation, clinical professionals can connect patients to community-based organizations to meet their non-health needs. For adult patients not yet ready to leave, harm

mitigation should involve risk assessment and safety planning as well as discussion about community resources they might contact in the future (Alpert et al., 2014; Zimmerman & Borland, 2009). For all patients, empiric treatment for sexually transmitted infections (STIs) should be offered, if relevant (Morrow, 2005). Additionally, vaccines for hepatitis B, human papillomavirus, and boosters for tetanus may be considered. In some cases, post-exposure prophylaxis (PEP) for HIV is warranted (Greenbaum, Crawford-Jukubiak, & Committee on Child Abuse and Neglect, 2015).

For patients exiting a trafficking situation, anxiety, post-traumatic stress symptoms, and other poorly controlled psychiatric disorders may make it difficult for them to follow through with the myriad of complex systems they must navigate in remaking their lives. Judicious use of medication for restful sleep and mood stabilizers may help in the transition and decrease the risk of patients returning to trafficking or other exploitative situations (Chambers, 2017). For patients who have been out of trafficking for longer periods, clinicians can provide routine preventive and management care for physical and mental health (Hopper, 2017a; Littenberg & Baldwin, 2017; Macias-Konstantopoulos & Ma, 2017).

Patients under the age of 18 years require specialized intervention that attends to their physical and mental health and state-mandated reporting requirements, while simultaneously respecting their agency. Reporting requirements vary state to state and are rapidly evolving; practitioners must familiarize themselves with local laws (Atkinson et al., 2016). Practitioners' secretive compliance with mandated reporting laws can harm the trust a minor may develop with a clinician. Clinicians, therefore, must be forthcoming about their obligations under the law so that the agency of the youth and the clinical bond are protected. A clinician's primary duty, regardless of patient age, is the provision of high-quality healthcare; patients who do not trust the healthcare setting will not return for care or when they are ready to leave their exploitative situation (Shandro et al., 2016).

Public Health in the Anti-Trafficking Movement

In recent years, the public health paradigm has been recognized as one that will enhance current U.S. anti-trafficking endeavors (APHA, 2015; Chisolm-Straker & Stoklosa, 2017; Haase, 2014; Office on Trafficking in Persons [OTIP], 2016; Todres, 2011, 2013). Although the Trafficking Victims Protection Act of 2000 originally outlined a three-pronged approach—the prosecution of perpetrators, the protection of victims, and the prevention of trafficking (Victims of Trafficking and Violence Protection Act, 2000)—scholars note that the bulk of resources have been channeled

to the prosecutorial arm of the framework (Alpert & Chin, 2017). Assuredly, law enforcement efforts are vital to the mitigation of trafficking's harmful effects. However, a singular or primary focus on prosecuting crime does not address the underlying conditions that render people susceptible to trafficking. Public health demands that in addition to individual intervention(s), evidence-based prevention efforts at the community level are used to combat trafficking. Public health requires the consideration of distal, upstream contributors to the downstream problem; in this case, trafficking is the downstream problem to which upstream determinants like systemic oppression, homelessness, economic drivers, and adverse childhood experiences contribute (Burke, Hellman, Scott, Weems, & Carrion, 2011; Felitti et al., 1998). A public health framing of human trafficking can facilitate the prevention of trafficking as well as the recovery of trafficked persons so they can live productive lives benefiting themselves and their families and communities.

Public health prevention aims to rectify the contributing conditions that make people vulnerable and develops, implements, monitors, evaluates, and revises prevention programs targeted at specific identified groups at risk. Some contributing conditions and vulnerabilities include poverty, undereducation, mental illness, gender inequities, immigration status, and systemic inequities of power and resources. With the goal of root-cause prevention, public health seeks to prevent harm from occurring in the first place. Without attention to these factors, there will always be vulnerable groups and people able to exploit them (D'Adamo, 2016; Chisolm-Straker & Stoklosa, 2017; Cho, 2012; Greenbaum, 2017; Marmot et al., 2008; OTIP, 2016; Perry & McEwing, 2013; Todres, 2011, 2013).

Anti-trafficking programs, policies, and laws are not often based on scientifically rigorous research, nor has their efficacy been rigorously evaluated. Public health's prioritization of evidence-based action is crucial to successful and ethically responsible anti-trafficking efforts. Public health calls for sound research as the basis for prevention and intervention programs and policy development as well as for resource allocation to enhance anti-trafficking initiatives (Todres, 2011, 2013). Public health techniques and approaches have proven successful in a wide array of societal problems. By promoting change at all levels of the socio-ecologic model—individual, family, community, and society—public health has had success in reducing childhood obesity, youth smoking, and other seemingly intractable problems. Lessons learned from these experiences can be applied to reshaping the societal attitudes and norms that embolden exploiters and enable trafficking. For example, supply chain opacity and

U.S. societal desire for inexpensive goods support cheap labor and/or labor trafficking (OTIP, 2016; Todres, 2011, 2013).

Human trafficking is not just a matter for the criminal justice system; it is clearly an issue of health and public health. A paradigm expansion, recognizing the critical roles of the health and public health sectors, is urgently needed as are fiscal resources to do the work. Collaborative contribution of all three fields is fundamental to mitigating the effects of and ultimately eradicating trafficking.

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