# Human Trafficking: Red Flags, Common Myths, and Health Effects

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The Trafficking Victims Protection Act of 2000 and subsequent reauthorizations define human trafficking as a crime that involves exploiting an individual for labor, services, or commercial sex.[1] Human trafficking, also known as *trafficking in persons* and *modern slavery*, is a highly profitable crime in which a perpetrator, often referred to as a *trafficker*, exploits adults, adolescents, or children by compelling them to perform labor or engage in commercial sex acts.[2] The U.S. Department of State recognizes 2 primary forms of human trafficking: forced labor and sex trafficking.[2]

According to data collected by the National Human Trafficking Hotline, there were 10 359 situations of human trafficking identified in 2021, with most involving sex trafficking (7498, 72.4%).[3] There were 16 554 people trafficked, with most individuals being sex trafficked (10 571, 63.9%).[3] In 2021, there also was an increase in the number of individuals in the United States who were brought into trafficking by a family member.[3]

Byrne et al stated up to 80% of human trafficking survivors indicated that they saw a health care provider while being trafficked but were never identified.[4] Completing human trafficking prevention education is important for providers, including medical imaging and radiation therapy professionals, so that they can identify patients who possibly are being trafficked and provide appropriate care, ending the cycle of exploitation.

## Labor and Sex Trafficking

Forced labor, or labor trafficking, occurs when a trafficker uses force, fraud, or coercion to obtain an individual's labor or services.[1,2] Activities associated with labor trafficking include recruiting, harboring, transporting, providing, or obtaining an individual for exploitative labor using force, fraud, or coercion.[2] Domestic servitude is a form of forced labor where the person is forced to perform work in a private residence, with the employer often controlling their access to food, transportation, and housing.[2] Forced child labor refers to forced labor schemes involving children.[2] Although some children might engage voluntarily and legally in some forms of work, forcing or coercing them to work is illegal in the United States.[2]

Sex trafficking encompasses the range of activities involved when a trafficker uses force, fraud, or coercion to compel someone, including a minor, to engage in a commercial sex act.[1,2] There is an exchange of sex for money or something else of value, such as food, drugs, or housing.[2] In addition to the activities associated with forced labor, activities associated with sex trafficking include patronizing, soliciting, or advertising for another person to engage in commercial sex and are accompanied by force, fraud, or coercion.[2] When a trafficker engages in any of these acts with a minor (someone younger than 18 years), the use of force, fraud, or coercion is irrelevant. In the United States, the use of minors in commercial sex is prohibited by law.[2]

## Red Flags

Considering nearly 80% of survivors of human trafficking indicated that they saw a health care provider while actively being trafficked, providing education on the red flags or warning signs is important.[4] The American Hospital Association provides 10 red flags that might suggest the patient being cared for is being trafficked[5]:

- clinical presentation and oral history do not match
- evidence that care has been lacking for previous or existing conditions
- fearful, anxious, depressed, submissive, hypervigilant, or paranoid behavior
- occupational-type injuries or physical ailments linked to their work
- oral history is scripted, memorized, or mechanical
- sexually transmitted infections
- shows concern about being arrested or jailed
- shows concern about their family's safety
- someone with the patient exerts an unusual amount of control during the visit
- tattoos or insignias indicating ownership (branding)

Anyone can be exploited through human trafficking, but some individuals are at an increased risk. The Polaris Project, a nonprofit organization that operates and maintains the National Human Trafficking Hotline, provides a list of people at higher risk for human trafficking, including[6]:

- individuals addicted to drugs or alcohol or those who have a relative with a substance abuse issue
- individuals with a history of sexual abuse
- LGBTQ+ individuals
- people of color
- people with a history of domestic violence
- runaways or juveniles involved in the justice or foster care system
- those facing poverty or economic need
- those who have an unstable living situation
- undocumented immigrants

## Common Myths

False, inaccurate, or misleading information related to human trafficking is prevalent, and this misinformation can lead to challenges in identifying and caring for trafficked individuals. Health care providers should be able to recognize and debunk common myths specific to human trafficking.

### *Human trafficking is always or usually a violent crime*

The most pervasive myth about human trafficking is that it often involves kidnapping or physically forcing an individual into a situation.[7] Most traffickers use psychological tools to trick, defraud, manipulate, or threaten individuals into providing commercial sex or exploitative labor.[7] Although commercial sex or exploitative labor can turn violent, the idea that individuals are kidnapped, chained, and locked in basements does not reflect reality.

### *Human trafficking is the same as human smuggling*

Human trafficking often is confused with human smuggling. Human smuggling is a crime against a country or state in which individuals are moved illegally across borders.[7] Human trafficking is a crime against a person and might not involve movement.[7] Individuals can be recruited and trafficked in their homes.[7] However, individuals who are smuggled across borders are vulnerable to human trafficking because of language and cultural barriers.[6,7] In short, human smuggling can lead to human trafficking, but they are 2 distinct crimes.

### *All human trafficking involves sex*

Researchers believe that worldwide there are more situations of labor trafficking than of sex trafficking, but sex trafficking is more prevalent in the United States than is labor trafficking.[3,7]

### *All commercial sex is human trafficking*

All commercial sex involving a minor (ie, < 18 years) is legally considered human trafficking. Commercial sex involving an adult is human trafficking only if the person providing that commercial sex act is doing so against their will because of force, fraud, or coercion.[1,2,7]

### *Only women and girls can be trafficked for and survive sex trafficking*

Men and boys also experience sex trafficking.[6,7] LGBTQ+ boys and young men are seen as particularly vulnerable to sex trafficking.[7]

## Health Effects

Raker and Hromadik discussed the physical and psychological health implications observed in people who have experienced human trafficking.[8] Most of these implications are caused by food and sleep deprivation, extreme stress, hazardous travel, physical and sexual violence, and hazardous working conditions. Trafficked individuals might present for medical care for a variety of gynecologic and reproductive issues, such as[8]:

- forced abortion
- infertility
- miscarriage
- pelvic pain
- retained foreign body
- sexually transmitted infection
- unintended pregnancy
- urinary tract infection
- vaginal and anal trauma

If buyers become violent with trafficked individuals, physical injuries such as fractures, contusions (bruises) in various stages of healing, burns, scars, and bite marks might be present.[8] Individuals who are trafficked for labor might present with chronic pain, muscle sprains or strains, and cardiovascular or respiratory conditions.[8] In addition to physical injuries and illnesses, people who are trafficked often experience psychological trauma, which can manifest as[8]:

- anxiety
- denial
- depression
- disbelief
- guilt
- helplessness
- humiliation
- nightmares
- posttraumatic stress disorder
- shame
- shock
- suicidal ideations

Some individuals develop trauma-coerced bonding, similar to Stockholm syndrome, in which an emotional bond forms between the individual and their trafficker.[8]

### *Responding and Caring*

The goal of any medical encounter with a patient possibly being trafficked is to let them know that help is available.[4] The message to them should be that there is a way out of being trafficked.[4] A health care provider's role is not to try to rescue patients being trafficked; instead, providers should connect them with a social worker, preferably with an oral referral because a written referral might be found by the trafficker.[4,8] If a social worker cannot be identified, health care providers should assist patients in contacting the National Human Trafficking Hotline at (888) 373-7888, or they can encourage them to contact local advocacy or faith-based organizations for support and assistance.[4,8] If individuals being trafficked hear the messages that help is available and that they are not to blame for their situation every time they present for care, then they are more likely to seek help to end the cycle of abuse. Health care providers are mandated to report suspicions of sex trafficking of a minor to the appropriate authorities; however, they are not mandated to intervene.

When an individual being trafficked is identified, health care providers should respond using a trauma-informed approach.[8] Trauma-informed care promotes patient safety, autonomy, and empowerment by helping health care providers recognize the signs and symptoms of trauma and how that trauma affects a person's care-seeking behaviors. Trauma-informed practices also work to avoid retraumatizing patients while in the health care setting.[9] Raker and Hromadik emphasized that radiology professionals should provide a safe, nonjudgmental environment when caring for trafficking individuals.[8] They recommended speaking to the patient alone, using professional interpreters rather than family members to translate, and documenting all findings and suspicions for future reference.[8]

## Case Study

This case study is hypothetical in nature and is intended for educational purposes only.

### *Presentation*

Suppose a staff sonographer is working during a busy day in the radiology department. They receive a requisition for transvaginal sonography from the emergency department for pelvic pain and abnormal bleeding. The requisition also states that the patient has a low-grade fever. In between outpatients, they head to the emergency department to get the patient. As they enter the

room, they observe a young woman sitting quietly on the stretcher. A man sitting in a chair by the stretcher stands up to meet them. As the sonographer introduces themself and asks the young woman to state her name and date of birth, the man quickly responds. He states that her name is Maria, and her date of birth is May 1, 2001.

The sonographer politely tells the man that they need the patient to answer their questions. As they reach toward the patient to look at her armband, she flinches from the touch and refuses to make eye contact. The man informs the sonographer that he is her boyfriend, and she does not speak much English, so he will need to accompany her during the examination to translate. Because the patient has not spoken or made eye contact, the sonographer agrees.

### *Examination*

In the radiology department, the sonographer asks the boyfriend to translate that the patient needs to empty her bladder before the examination begins. The boyfriend grabs the patient's arm and escorts her to the bathroom. As they walk away, the sonographer notices bruises on her thighs and arms that are in various stages of healing.

After they return, the sonographer explains the examination and asks the patient to position herself at the edge of the examination table with her feet in the stirrups, with the boyfriend translating. As the examination begins, the sonographer notices a tattoo on the patient's inner thigh. The tattoo reads "713," and the skin around the tattoo is red and dry. Cotton debris at the vaginal opening also is present.

During the examination, the patient is extremely tense and anxious. When the examination is finished, the transducer is removed, and the sonographer notices blood, abnormal vaginal discharge, and cotton debris on the probe cover.

After returning the patient and the boyfriend to the emergency department, the images and preliminary findings are sent to the radiologist, and the sonographer proceeds with their next outpatient.

### *Key findings*

There are several key findings throughout this case study. First, the requisition from the emergency department states that the patient is experiencing pelvic pain, abnormal bleeding, and a low-grade fever, which could be abortion-related complications or signs of a sexually transmitted infection. A red flag for human trafficking is the presence of someone with the patient who exerts an unusual amount of control during the visit. This behavior is observed when the sonographer enters the room and meets the boyfriend. He answers all the questions and states he must be present during the examination to translate. Maria displays some behavioral signs of human trafficking, including feelings of helplessness, shame, and guilt (eg, not speaking or making eye contact). Bruises that are in various stages of healing are noticeable on Maria's arms and thighs. Bruising can be a physical sign of sex trafficking, especially if buyers have been violent. A tattoo (713) is visible, which is a possible sign of branding or ownership. Cotton debris is present around the vaginal opening and on the probe cover. Some women who are sex trafficked insert cotton into their vagina to hide menstruation so that they can continue working.

### *Response*

Maria is being sex trafficked. When she presented for care, she demonstrated some of the physical and psychological implications of trafficking. The use of professional interpreters is important when caring for trafficked individuals with language barriers. For example, without an interpreter, knowing whether the boyfriend was translating correctly or was intimidating Maria, telling her to be quiet, was not possible. Staff could have explained to the boyfriend that visitors are not allowed in the examination room and that professional interpreters are available for translation purposes. With the boyfriend absent, screening questions would have been possible, for example: What is happening to you? Is there anything you need to tell me? Are you being made to have sex with multiple partners? Tell me about the 713 tattoo. Why is there cotton debris in your vagina? Because some of these questions are sensitive in nature, conversation should be nonjudgmental. The professional interpreter could have conveyed that help is available and that she is not to blame.

If Maria felt safe during the appointment, she might have shared more about her situation. The sonographer

might have referred her to a social worker or connected her with a local advocacy group that supports people experiencing sex trafficking. Furthermore, they could have provided Maria with the number to the National Human Trafficking Hotline. A trauma-informed approach might have helped Maria feel safe during her medical care.

## Conclusion

Human trafficking is a public health concern that affects millions of people globally. As a result of being exploited, most trafficked individuals need medical care; however, the lack of awareness among health care providers remains a barrier to identifying and helping them. Providing education on human trafficking can help providers recognize the prevalence of the crime and identify patients who potentially are being trafficked. In addition, providing education on trauma-informed care might encourage providers to respond appropriately and avoid exposing trafficked individuals to additional trauma while in the health care setting. Health care providers should be aware of this crime so that the cycle of exploitation can end.

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