

**Written Testimony for the US House of Representatives Homeland Security Committee
Field Hearing on Human Trafficking
Texas Southern University**

Submitted by Reena Isaac, MD

Assistant Professor of Pediatrics, Baylor College of Medicine

Attending Physician, Child Abuse Pediatrics Section of the Emergency Department

Texas Children's Hospital

March 20, 2014

Healthcare providers are one of the few groups of professionals likely to interface with victims of human trafficking while they are still under the control of the criminals who profit from them. A study in 2005 found that 28% of victims came into contact with the health care system at least one time during their captivity. This represents a critical opportunity for identification and intervention. Health care providers are in a unique position to screen for victims of trafficking and provide important medical and psychological care for victims, as well, as introduce critical services and supports that may enable them rescue and re-integration back into society. Front-line medical care centers such as emergency departments, primary care pediatric centers, family practice offices, reproductive health clinics, public health clinics, are most likely to interface with victims seeking acute and basic medical care. Efforts to optimize these opportunities for intervention require additional training for identification of victims by medical and nursing personnel, as well as, instruction on available community resources for support, services, and protection of the victim.

Human trafficking encompasses many different aspects: international vs. domestic victims, adult vs. child victims, and labor vs. sex trafficking victims. It is estimated that 100,000 children are in the sex trade in the United States each year. Children at highest risk for victimization are the homeless youth, throwaway and runaway children, children with low self-esteem, children who are neglected and abused, or any child that seeks love. Recognizing these children as high risk may serve as an important prevention strategy and an area where healthcare professionals may also be in a position to intervene and redirect.

One of the challenges for the healthcare worker is identifying this vulnerable, silent population. Some of the recognized barriers to detecting victims include: 1) isolation from others, 2) victim reluctance to disclose abuse, 3) continual surveillance by traffickers, 4) lack of awareness of being a victim, and 5) basic distrust of adults and mistrust of authorities. Given this understanding, victims do not readily self-identify themselves as victims and training on recognizing the signs is crucial and development of skills to facilitate identification is necessary.

The trafficking victim-patient carries a unique set of health care needs that, once identified, can be properly assessed and addressed. Given the scope and breadth of the problems faced by this marginalized population, it has become clear that the issue of human trafficking is not only a human rights issue but also a global public health issue. The role of the healthcare professional is an important one on many levels.

The possible signs and symptoms in a trafficked victim's presentation that may alert health professionals are vast:

Mental health: Children with exposure to trauma typically experience affective, behavioral and cognitive problems. Increased incidences of acute anxiety and stress disorder, affective disorders, conduct disorders and personality disorders have also been recognized. Other mental health problems may include low self-esteem, suicidal ideation, poor academic achievement, and poor interpersonal relationship quality. Drug addiction and substance abuse may also manifest during their years in captivity. Research of 130 trafficked women revealed that 69% suffered from posttraumatic stress disorder. Sex trafficking and sexual exploitation appear to carry a greater increased risk for adverse health outcomes than with a homelessness or runaway status alone.

Physical trauma: Physical trauma can result from forced manual labor or from direct physical violence by the trafficker or clients in an effort to control and dominate the victim. Any form of bodily injury may be a result of extreme physical stress. Traffickers may beat, kick, choke, burn or cut victims, as a way to control and manipulate them. Cigarette burns, fractures, bruises, and burns are common injuries of physical violence. Tattoos found on the body may serve to identify the victim as property of a particular trafficker, in effect branding the victim as a mere product of commerce.

Reproductive and genitourinary issues: Children, adolescents, and adults who are victims of the sex trafficking industry are at high risk for acquiring multiple sexually transmitted diseases, including HIV infection. Sexually exploited adolescents are at greater risk of HIV infection than adults due, in part, to the greater levels of violence toward minor victims and the anatomic variances between the two. Pregnancy, complications from unsafe termination procedures, and complicated infections of the genital tract may also present.

Substance abuse: Traffickers may introduce drug use for their victims to keep them compliant or passive during their time of captivity. Children with pre-existing addictions may be recruited into exploitation in their attempt to obtain drugs. Other victims may use drugs and alcohol to help them cope with the stress of their lives.

Infectious diseases: In addition to being at risk for acquiring sexually transmitted infections, human trafficking victims may be forced to live and work under unsanitary conditions, placing them at risk for various infections including tuberculosis.

Seeking to respond to the call by both national and Houston-based community needs assessments for additional training of health care professionals in the identification and intervention of human trafficking victims, a local grassroots non-profit organization, The Houston Rescue and Restore Coalition (HRRC) adopted a curriculum-planning project that was constructed and organized by a graduate student researcher from the UT School of Public Health and guided in the medical approach and practical delivery by a Texas Children's Hospital physician advisor and other professionals. This program, Health Professionals and Human Trafficking: Look Beneath the Surface, H.E.A.R. Your Patient, provides not only the knowledge

and awareness of human trafficking to health professionals, but also builds the skills of identification and referral of a potential victim of human trafficking.

The components of the program include: Section 1: Fundamental information on human trafficking (definition, types, prevalence, myths, challenges, importance of health professionals). Section 2: The building of the skill set required to approach and critically assess details of a case that may involve a potential victim of human trafficking is fostered. A case study introduces the challenges and potential indicators for a suspected victim. The introduction of the H.E.A.R. acronym is incorporated. The acronym outlines the steps of how to properly identify a victim and refer and report.

H: Human Trafficking and Health Professionals

E: Examine History, Examine Body, Examine Emotion

A: Ask specific questions:

“Is anyone forcing you to do anything you do not want to do?”

“Can you leave your job or situation if you want?”

“Have you or your family been threatened if you try to leave?”

R: Review options, Refer, Report.

Section 3: Three case studies with different scenarios with various barriers in which the learners must appropriately identify, refer, and report their patients. Currently the project has evolved into having these case studies as video vignettes to further visually depict the challenges of these cases in a health care setting. Information regarding the available supports and services for the identified survivor’s basic needs and safety are provided. In the cases involving children, human trafficking is a form of child abuse for those victims under the age of 18 and any suspicion of its activity involves the mandated reporting to law enforcement and child protection agencies.

This project which began in 2010 has been instrumental in successfully training hundreds of medical and nursing professionals in the Houston area and is in the process of evolving into a multi-media training program with the expectation for a much larger reach nationally. The global community has become aware of the numerous challenges faced by human trafficking victims. Once contact is made between the victim and health care professionals, the opportunity then exists to identify, treat, and assist the victims. Once their medical and psychological needs are assessed and treatment offered, many of the other recognized immediate needs of these persons including the basics of housing, food, medical needs, safety, and legal services can be addressed.

In addition to the identification of victims, healthcare professionals can be instrumental in the criminal investigation and prosecution of traffickers and clients in the collection of patient historical information (required for diagnosis and treatment) and forensic evidence. Meticulous

documentation of findings and, in some cases, photo-documentation of injuries may assist in bolstering a case for criminal investigation and prosecution. Medical professionals may be asked to provide medical knowledge of the science, medical record review, or provide information of their personal evaluation of the child. Medical professionals with particular expertise in child abuse and child sexual abuse may serve as expert witnesses in the court room. In these capacities, the profession can provide a voice to the voiceless.

The medical and nursing communities are important stakeholders in the role of identifying and victims of this hidden population. The front-line physicians and nurses, and specialized forensic physicians and nurses, and sexual assault nurse examiners are solid and available community resources throughout the country and may play a vital role in the prevention, protection, and prosecution of these cases by collaborating and communicating with the other dedicated professionals in a multidisciplinary manner and bringing these children back into the light.

The victims of these crimes have experienced incredible physical, emotional, and psychological traumas. Instead of a childhood filled with laughter and promise, child victims, many of whom having been forced to cross borders from their familiar homelands into our nation, have been subjected to and experienced unimaginable horrors that strip them of their own identities and the very beauty of what it means to be human. I would propose for the Committee to consider the allowance of funding to enhance collaborative training of healthcare professionals in our efforts to identify and intervene on behalf of these victims. A small allocation of the monetary proceeds of seized assets of disrupted trafficking rings can perhaps be one area where such funding could assist in the continued development and delivery of needed training programs as I have described. I thank the Committee for this opportunity to speak on behalf of the medical professionals involved in the care of these children.

References:

Family Violence Prevention Fund, World Childhood Foundation. Turning Pain into Power: Trafficking Survivors' Perspectives on Early Intervention Strategies. Available at: www.endabuse.org.

Barrows J, Finger R. Human trafficking and the healthcare professional. *South Med J*. 2008; 101: 521-4.

Isaac R, Solak J, Giardino A. (2011) "Health Care Providers' Training Needs Related to Human Trafficking: Maximizing the Opportunity to Effectively Screen and Intervene." *Journal of Applied Research on Children: Informing Policy for Children at Risk*. Vol 2 (1), Article8.2011. Available: <http://digitalcommons.library.tmc.edu/childrenatrisk/vol2/iss1/8>.

Greenbaum J, Kellogg N, Isaac R, et al. "The Commercial Sexual Exploitation of Children: The Medical Provider's Role in Identification, Assessment and Treatment." *APSAC (American Professional Society on the Abuse of Children) Practice Guidelines*. 2013.

The Polaris Project. Human Trafficking. Available at: <http://www.polarisproject.org/>. Accessed March 16, 2014.

Cohen J, Mannarino A. Trauma-focused cognitive behavioral therapy for children and parents. *Child and Adolescent Health*. 2008; 13(4): 158-162.

Farley M ed. *Prostitution, Trafficking, and Traumatic Stress*. New York. The Haworth Press; 2003.

Zimmerman C, Yun K, Watts C, et al. *The Health Risks and Consequences of Trafficking in Women and Adolescent*. Findings from a European Study. London, UK LSHTM, 2003.

Moore A. *An Intervention Mapping Approach: Identification of Human Trafficking Victims by Health Professionals*. Master of Public Health Thesis. Houston, Texas; The University of Houston School of Public Health; 2010.

Steinberg CS. *Needs Assessment: Human Trafficking in Houston*. Office of Community Projects. Graduate School of Social Work. University of Houston. March 2004.

U.S. Department of Health and Human services. Administration for Children and Families. *Rescue and Restore Victims of Human Trafficking*. Campaign Tool Kits. Identifying and Interacting with Victims of Human Trafficking. Available at: http://www.acf.hhs.gov/trafficking/campaign_kits/tool_kit_health/identify_victims.html. Accessed January 2011.

Yates GL, Mackenzie RG, Pennbridge J, Swofford A. A risk profile comparison of homeless youth involved in prostitution and homeless youth not involved. *J Adolesc Health*, 12(7), 545-548. 1991.