



FOCUS ON HEALTH

General

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Topic

Human trafficking

Article

Human trafficking – what the health care professional can do

Approved for **TWO (2)** Clinical Continuing Educational Units (CEU's)

HUMAN TRAFFICKING – WHAT THE HEALTH CARE PROFESSIONAL CAN DO

Review article: This article consists of key elements from various articles on the topic of human trafficking. This article was reviewed and combined by D.D. van Zyl and A. Pienaar of Focus on Health

ABSTRACT

Healthcare providers may come into contact with victims of human trafficking and have a unique opportunity to provide them with much needed support and services. They are often the only professionals to interact with trafficking victims who are still in captivity. Anyone in a healthcare setting may be in a position to recognize human trafficking – from clerical staff to lab technicians, nursing staff, ambulatory care, radiology staff, security personnel, case managers, and physicians. (National Human Trafficking Resource Center, 2016)

The purpose of this article is to provide the reader with knowledge on trafficking and give specific tools that they may use to assist victims in the clinical setting.

BACKGROUND

Human trafficking is a public health emergency affecting an estimated 12 to 30 million people globally and is part of a \$32 billion illicit business enterprise. The United Nations defines human trafficking as “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception... with the primary purpose of exploitation for labour or sex” (Speck et al., 2018). It is the fastest growing criminal industry in the world and is the second-largest source of income for organized crime (The Joint Commission, 2018).

Health care providers are one of the few professionals likely to interact with trafficked women and girls while they are still in captivity. One study found that 28% of trafficked women saw a health care professional while still in captivity (Dovydaityte, 2010). Therefore, health care providers are in a unique position to identify victims of trafficking and provide much needed care.

WHAT IS HUMAN TRAFFICKING AND WHO IS VICTIMIZED?

Human trafficking can be summed up as modern-day slavery. The expanded definition adopted by the National Institute of Justice (NIJ) consists of the following four elements:

1. adult or child participates in commercialized sex, labour, organ procurement, or war, where induction for the adult (not necessary for child) is by force, fraud, or coercion;
2. recruitment processes involve obtaining persons through lure, ploy, harbouring, capture, smuggling, and/or kidnap for recruitment;
3. procurement of services through force, coercion and/ or fraud, involuntary servitude, peonage, debt bondage, identity theft, slavery; and
4. transport locally, regionally, nationally, and/or transnationally.

However, human trafficking is often defined very broadly, with documented reports of 25 different types of human trafficking. There are no positive health outcomes from human trafficking,

particularly for the children trafficked. The individual outcomes are costly to society-at-large, mainly within the health care and justice systems, with trafficking experiences resulting in poor immediate, intermediate, and long-term health outcomes.

The U.S. Victims of Trafficking and Violence Prevention Act of 2000 (TVPA) defines and classifies human trafficking into two categories: sex trafficking and labour trafficking.

From sex trafficking within escort services to labour trafficking of farmworkers, the ways humans are exploited differ greatly. Each type has unique strategies for recruiting and controlling victims, and concealing the crime.

Although anyone can become a victim of human trafficking certain populations are more vulnerable.

Vulnerable populations for human trafficking

- Victims of childhood abuse or neglect
- Children involved in foster care and the juvenile justice system
- Runaway and homeless youth
- Victims of violence
- Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals
- Migrant workers
- Undocumented immigrants
- Racial and ethnic minorities
- People with disabilities
- People with low incomes
- Those with a history of substance abuse
- Those in communities exposed to intergenerational trauma

REPORTS OF HUMAN TRAFFICKING

Although difficult to quantify because of its underground nature, there are approximately 800 000 people trafficked across international borders annually. Of those, 80% are women or girls; 50% of these females are minors (Dovydaitis, 2010).

The United States is one of the largest markets and destinations for human trafficking victims in the world. Over a 10-year period (2007-2017), the National Human Trafficking Resource Center (NHTRC) received 40,200 reports of human trafficking cases in the U.S., with the greatest number of reports coming from California (1,305), Texas (792), Florida (604), Ohio (365) and New York (333) (The Joint Commission, 2018).

IDENTIFYING VICTIMS OF HUMAN TRAFFICKING: WHAT TO LOOK FOR IN A HEALTH CARE SETTING

The health problems seen in victims of trafficking are largely a result of several factors: deprivation of food and sleep, extreme stress, hazards of travel, violence (physical and sexual) and hazardous work.

The following tables contain a list of potential red flags and indicators that medical providers may see in a patient who may be a victim of human trafficking.

Please note that these lists are not exhaustive. Each indicator taken individually may not imply a trafficking situation and not all victims of human trafficking will exhibit these signs. However, the recognition of several indicators may point to the need for referrals and further assessment.

RED FLAGS AND INDICATORS OF HUMAN TRAFFICKING

General Indicators of Human Trafficking	
<ul style="list-style-type: none"> ▪ Shares a scripted or inconsistent history ▪ Is unwilling or hesitant to answer questions about the injury or illness ▪ Is accompanied by an individual who does not let the patient speak for themselves, refuses to let the patient have privacy, or who interprets for them ▪ Evidence of controlling or dominating relationships (excessive concerns about pleasing a family member, romantic partner, or employer) ▪ Demonstrates fearful or nervous behaviour or avoids eye contact ▪ Is resistant to assistance or demonstrates hostile behaviour ▪ Is unable to provide his/her address ▪ Is not aware of his/her location, the current date, or time ▪ Is not in possession of his/her identification documents ▪ Is not in control of his or her own money ▪ Is not being paid or wages are withheld 	
Labour Trafficking Indicators	Sex Trafficking Indicators
<ul style="list-style-type: none"> ▪ Has been abused at work or threatened with harm by an employer or supervisor ▪ Is not allowed to take adequate breaks, food, or water while at work ▪ Is not provided with adequate personal protective equipment for hazardous work ▪ Was recruited for different work than he/she is currently doing ▪ Is required to live in housing provided by employer ▪ Has a debt to employer or recruiter that he/she cannot pay off 	<ul style="list-style-type: none"> ▪ Patient is under the age of 18 and is involved in the commercial sex industry ▪ Has tattoos or other forms of branding, such as tattoos that say, “Daddy,” “Property of...,” “For sale,” etc. ▪ Reports an unusually high number of sexual partners ▪ Does not have appropriate clothing for the weather or venue ▪ Uses language common in the commercial sex industry

Table 1. Red flags and indicators of human trafficking (National Human Trafficking Resource Center, 2016)

Health Indicators and Consequences of Human Trafficking	
Physical Health Indicators	Mental Health Indicators
<ul style="list-style-type: none"> ▪ <i>Signs of physical abuse or unexplained injuries</i> <ul style="list-style-type: none"> – Bruising – Burns – Cuts or wounds – Blunt force trauma – Fractures – Broken teeth – Signs of torture ▪ <i>Neurological conditions</i> <ul style="list-style-type: none"> – Traumatic brain injury – Headaches or migraines – Unexplained memory loss – Vertigo of unknown etiology – Insomnia – Difficulty concentrating ▪ <i>Cardiovascular/respiratory conditions that appear to be caused or worsened by stress, such as:</i> <ul style="list-style-type: none"> – Arrhythmia – High blood pressure – Acute respiratory distress ▪ <i>Gastrointestinal conditions that appear to be caused or worsened by stress, such as:</i> <ul style="list-style-type: none"> – Constipation – Irritable bowel syndrome ▪ <i>Dietary health issues</i> <ul style="list-style-type: none"> – Severe weight loss – Malnutrition – Loss of appetite ▪ <i>Reproductive issues</i> <ul style="list-style-type: none"> – Sexually-transmitted infections – Genitourinary issues – Repeated unwanted pregnancies – Forced or pressured abortions 	<ul style="list-style-type: none"> ▪ <i>Depression</i> ▪ <i>Suicidal ideation</i> ▪ <i>Self-harming behaviours</i> ▪ <i>Anxiety</i> ▪ <i>Post-traumatic stress disorder</i> ▪ <i>Nightmares</i> ▪ <i>Flashbacks</i> ▪ <i>Lack of emotional responsiveness</i> ▪ <i>Feelings of shame or guilt</i> ▪ <i>Hyper-vigilance</i> ▪ <i>Hostility</i> ▪ <i>Attachment disorders</i> <ul style="list-style-type: none"> – Lack of or difficulty in engaging in social interactions – Signs of withdrawal, fear, sadness, or irritability ▪ <i>Depersonalization or derealization</i> <ul style="list-style-type: none"> – Feeling like an outside observer of themselves, as if watching themselves in a movie – Emotional or physical numbness of senses – Feeling alienated from or unfamiliar with their surroundings – Distortions in perception of time ▪ <i>Dissociation disorders</i> <ul style="list-style-type: none"> – Memory loss – A sense of being detached from themselves – A lack of a sense of self-identity, or switching between alternate identities – A perception of the people and things around them as distorted or unreal

<ul style="list-style-type: none"> – Genital trauma – Sexual dysfunction – Retained foreign body ▪ <i>Substance use disorders</i> ▪ <i>Other health issues</i> <ul style="list-style-type: none"> – Effects of prolonged exposure to extreme temperatures – Effects of prolonged exposure to industrial or agricultural chemicals – Somatic complaints 	<p>Social or Developmental Indicators</p> <ul style="list-style-type: none"> ▪ Increased engagement in high risk behaviours, such as running away or early sexual initiation if a minor ▪ Trauma bonding with trafficker or other victims (e.g. Stockholm syndrome) ▪ Difficulty establishing or maintaining healthy relationships ▪ Delayed physical or cognitive development ▪ Impaired social skills
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Table 2. Health indicators and consequences of human trafficking (National Human Trafficking Resource Center, 2016)

WHEN HUMAN TRAFFICKING IS SUSPECTED

Victims will likely fear authority figures and be reluctant to give out personal information, so interviewing the patient can be difficult. The first steps to a successful encounter are getting the patient alone, finding an interpreter if necessary and building a trusting rapport with the patient. Because the patient is unlikely to identify as a trafficking victim, the provider needs to pay attention to subtle and nonverbal clues.

Every situation of human trafficking is unique; it is important to use a victim-centered response. Not all victims of trafficking will be ready to seek assistance, and health care professionals cannot force an adult victim to report the crime of human trafficking. However, if the victim is a minor (under 18 years of age), the provider is legally obligated to contact a designated child protection organisation, the provincial department of social development or a police official.

Medical providers can provide trafficking victims with information and options,

while supporting them through the process of connecting with service providers if they are ready to report their situation.

If human trafficking is suspected:

- Remain non-judgmental
- Observe the body language and communication style of the patient and those who accompany him/her
- Use plain language; try to use words the patient uses
- Try to interview and/or examine the patient privately at some point during the visit
- Ensure the patient is alone when you discuss sensitive issues
- If you are able to interview the patient alone, use simple screening questions (see the box on the next page for sample questions to screen a patient who may be a victim of human trafficking)
- Find an interpreter if necessary
- Build a trusting rapport with the patient
- Document your concern in your notes to ensure it is not overlooked if the victim returns for care or assistance

Sample screening questions for human trafficking victims

- Where do you sleep and eat?
- Do you live there with other people?
- Is your family there, or nearby?
- Are the doors and windows locked so you cannot get out?
- Has your ID or documentation been taken from you?
- Have you been denied food, water, sleep or medical care?
- Have you been threatened if you try to leave?
- Has anyone threatened your family?
- Have you been physically harmed in any way?
- Are you being forced to do anything you do not want to?

SAFETY ACTIONS TO CONSIDER

If a patient has disclosed that they have been trafficked, the health care professional should take the following actions to support and help keep the victim safe:

- In situations of immediate, life-threatening danger, follow your institutional policies for reporting to law enforcement. Make an effort to partner with the patient in the decision to contact law enforcement.
 - Provide the patient with the South African National Human Trafficking Hotline number. If the patient feels it is dangerous to have something with the number on it (such as a piece of paper), have them memorize it.
 - Provide the patient with options for services, reporting and resources. Ensure that safety planning is included in the discharge planning process.
- If the patient is a minor, follow mandatory state reporting laws and institutional policies for child abuse or serving unaccompanied youth.
 - Accurately document the patient's injuries and treatment in the patient's records. Keep in mind that while documentation of abuse may be helpful in building a case against a trafficker, information about the victim also can be used against them in a court proceeding. Be careful with paraphrasing or summarising; use patient quotes as much as possible, and stick to the facts.
 - Gain permission and consent from adult patients who have been trafficked before disclosing any personal information about the patient to others, including service providers.
 - If your institution has a social worker, utilise them. They can be instrumental in getting the support and resources your patient needs.
 - Create a safe and child-friendly environment where a child is able to speak to a trained forensic interviewer about trauma that a child has experienced, and receive support through collaborative efforts for the primary purpose of assisting a criminal prosecution.

SEX TRAFFICKING

There are approximately 3.3 million sex-trafficked persons in the world, nearly all of them women (Levine, 2017). Although data from 61 countries suggest that the ratio of women to girls is 5:1, many agencies believe that child sex trafficking far exceeds one million children. The precise numbers of woman being trafficked for the purpose of sexual exploitation ("sex trafficked") is not accurately known because the activity is criminal in about 80% of countries and so the quality of information is poor.

RESULTS OF A SYSTEMATIC REVIEW

A systematic review conducted in 2012 identified 19 studies reporting on the health risks and problems experienced by women and girls trafficked for sexual exploitation and found a high prevalence of physical and sexual abuse; depression; PTSD; physical symptoms such as headache, back pain and memory loss; and sexually transmitted infection (STI) (Ottisova et al., 2016). The review also highlighted the near-complete absence of evidence at that time on the health of trafficked men and of individuals trafficked for labour exploitation. However, 17 of the 19 included studies were published within the 5 years prior to the review, suggesting that this is a new and quickly developing research area.

Thirty-seven papers were ultimately included in the review, reporting on 31 studies and 15 085 participants. Two of the included papers were published in languages other than English.

A survey conducted in South East Asia using screening instruments found 32% of respondents had probable anxiety, 57% probable depression and 26% probable PTSD. Among 35 trafficked children in contact with secondary mental health services in England, the most common diagnoses were PTSD, severe stress and adjustment disorders (27%) and affective disorders (27%). Other diagnoses included anxiety, conduct disorder and schizophrenia.

PHYSICAL AND DENTAL HEALTH

Five studies were conducted with samples of women and girls trafficked for sexual exploitation; the most commonly reported physical health symptoms were headaches (60–83%), back pain (51–69%), stomach pain (53–61%), dental pain (58%), fatigue (81%) and dizziness (55–70%).

There are physical consequences associated with mental illness in survivors of sex trafficking. The skin and hair may show evidence of cigarette burns, attempts at self-harm, rashes, evidence of intravenous drug use, vitamin deficiency, bruising from physical abuse and infectious diseases such as tuberculosis or lice. The teeth need to be examined for dental caries and poor overall dental hygiene; methamphetamine and bulimia scar teeth too. Although survivors of sex trafficking can be malnourished, obesity may be present and this should not dissuade a clinician from concern. Gynaecological issues include evidence of sexually transmitted diseases (STD's), cervical dysplasia, non-menstrual vaginal bleeding, vaginal pain, dysuria, dyspareunia, traumatic scarring and ovulatory failure. The cardiovascular system can be impacted by hypertension and ischemic disease.

Other common presenting factors include substance use and/or addiction, oral lesions associated with STDs, multiple pregnancies and forced abortions. Physical injuries to trafficked individuals are often inflicted to the head and face, including teeth and jaw fractures and mandibular dislocations; consequently, demand for dental care is one of many common needs of trafficked victims (Syme, 2017).

In addition, survivors of sex trafficking with mental illness may have concomitant chronic pain syndromes, dizziness, fainting and fibromyalgia. X-rays may show prior abuse-related fractures and decreased bone density. Immune function may be impaired not only because of HIV but also because of malnutrition. Hepatitis B and C need to be screened for. Survivors of sex trafficking who are predisposed to asthma or diabetes are inadequately cared for.

DENTAL HEALTH SCENARIOS

A survey of U.S.-based survivors of human trafficking shows that while being trafficked, 26.5% were seen by a dentist, along with other health care providers, but few victims were identified by these clinicians (Syme, 2017).

The following examples represent scenarios of human trafficking that oral health professionals may encounter. They also reflect individuals and relationships that do not necessarily fit stereotypic profiles of victims and perpetrators, which makes identification difficult.

Scenario 1

“T,” a 25-year-old petite woman, is brought into a dental office by a husband and wife who are among the longest tenured families in the practice. They report that T is an undocumented migrant and does not have any medical records, passport or identification documents. She recently became a nanny for their twin 18-month-old sons, and the family explains they are willing to foot the bill to get her decayed teeth restored because she is such a wonderful help with their sons and “good child care is hard to find.” The couple says that T’s appearance frightens the children and embarrasses them in front of friends and family. She does not make eye contact and appears to have multiple faint bruises on her face, neck and forearms. She appears to be unable to sit with her back against the dental chair. The couple reports the twin boys are quite rambunctious and a little rough on T. The couple states that they can speak for T in decisions made about her teeth.

Scenario 2

“B,” a 15-year-old girl, is brought into a dental office as a new patient; she is accompanied by a woman who says she is her aunt and caring for her because B’s mother and father died recently. Initially, B is seen by the dental hygienist to start the medical history and assessments. The aunt reports that she doesn’t know details of B’s medical history, except that she had an abortion this year, a sexually transmitted disease, and has some broken front teeth from falling down steps. The aunt also reports that B dropped out of school this year and has been difficult to manage. The girl appears shy and afraid of the aunt, and asks to use the restroom. The aunt appears nervous when B leaves with the dental hygienist, who has offered to show her to the restroom. The aunt follows them and yells at B to hurry up and repeatedly asks the dental hygienist what can be done to fix B’s teeth so they can get back to work soon. After exiting the restroom, the dental hygienist asks B if she is OK or in need of assistance, but B is apprehensive and seems afraid of receiving help.

Increasingly, it is recognised that dental providers may routinely encounter, but inadvertently overlook, individuals who are presently (or previously) victims of human trafficking. With this in mind, it is prudent for clinicians to watch for signs of abuse and/or human trafficking, and offer the appropriate treatment, counselling, resources and referrals.

SEXUAL AND MENTAL HEALTH

HIV

The prevalence of HIV infection was reported by eight studies: three with trafficked and non-trafficked sex workers and four with women accessing post-trafficking support. Data from serological tests with trafficked and non-trafficked sex workers indicate an HIV prevalence in the trafficked women ranging from 6.5% from a study in Mexico to 34.3% for a study in India, with a pooled prevalence estimate of 18.1% and high heterogeneity (95% CI 0.5–35.7%, I² = 99.2%).

Causes of mental health issues in sex trafficking

Sex trafficking and mental illness seem inevitably linked. However, understanding why sex trafficking is associated with mental illness helps better understand the depth of the victimisation and how better to plan for comprehensive therapy.

1. Biological factors

The high levels of psychological stress associated with sexual exploitation are associated with neurochemical and structural changes in the brain; more so because many sex-trafficked victims are children.

2. Genetic factors

Many sex trafficked victims, like many victims of violence, are from families with high prevalence of depression, schizophrenia, alcoholism and/or, substance/drug abuse.

3. Psychosocial factors

Sex trafficking victims are immersed in a social ecology that is linked with other deleterious factors such as crime, drug abuse and poverty. This circle of violence (Figure 1) independently has a negative impact on mental health.



Figure 1. Social factors associated with mental illness in sex trafficking (Levine, 2017)

Secondary social sequelae

Survivors of sex trafficking with mental illness may have attendant drug, cigarette and alcohol abuse. Rehabilitated survivors of sex trafficking are often stigmatized, prone to become victims of violence, pressured to not use barrier contraception and are more likely to become involved in criminality. In some communities, survivors, who are viewed as tainted, are unable to marry. These types of social issues need to be considered when providing mental health services to survivors.

Mental health treatment in survivors of sex trafficking

There are three principal areas of focus; (1) early detection of sex trafficked victims, (2) identification of the most effective mental health treatment and (3) organization of multi-disciplinary healthcare teams.

Early detection of sex trafficked victims so that they can be identified, protected and treated for mental health issues

Health care facilities are especially important for identifying potential victims of sex trafficking because medical assistance is often necessary to keep a sexually exploited person working. Greenbaum et al. (2015) used cross-sectional emergency room data to identify six key questions to identify a person who is at risk of being sex-trafficked;

1. Is there a previous history of drug and/or alcohol use?
2. Has the youth ever run away from home?
3. Has the youth ever been involved with law enforcement?
4. Has the youth ever broken a bone, had traumatic loss of consciousness, or sustained a significant wound?
5. Has the youth ever had a sexually transmitted infection?

6. Does the youth have a history of sexual activity with more than 5 partners?

When the patient has four of more positive responses, the positive predictive value for being sexually exploited is 88%. There are other indicators in a health care facility that a person may be being sex trafficked. For example, sex trafficking victims are often accompanied by a female accomplice of the pimp called a “Bottom Girl”. This is to ensure that the she does not attempt escape; the Bottom Girl will control the money and papers of the victim. Also sex trafficked victims can be vulnerable to Stockholm syndrome when they identify romantically with their pimp.

The Polaris Project identified a list of risk factors that a person is at risk of being sex trafficked.

Indicators that a person may be at risk of being sex-trafficked

- Age < 18 years old
- Multiple sexual partners
- Multiple sexually transmitted diseases
- Inappropriate attire [e.g. lingerie]
- Tattoos or branding
- Sexual abuse, genital trauma
- Lack of official identification
- Vague answers to questions
- Inconsistencies in story
- No eye contact
- No control of money [someone else controls]
- Malnourishment
- Signs of physical abuse: burns, bruises, broken bones
- Signs of depression or post traumatic stress disorder
- Drug/alcohol addiction

HUMAN TRAFFICKING IN SOUTH AFRICAN CONTEXT

LEGISLATIVE FRAMEWORK

The international community began meeting in 1999 to draft the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, also known as the Palermo Protocol, which took into account that there was “no universal instrument that addresses all aspects of trafficking in persons” (van der Watt, 2018). The Palermo Protocol came into force on 25 December 2003 and was subsequently ratified by South Africa on 20 February 2004. South Africa was now bound to develop laws to protect the victims of trafficking and prosecute offenders in a manner appropriate to the seriousness of the offence.

A BROAD OVERVIEW

Human trafficking is by no means a recent phenomenon in South Africa and has shown to be an emergent property of the country’s past and present deep and dense structural inequalities. From the outset of its ratification of the Palermo Protocol in 2004, South Africa has been identified as a source, transit and destination country for men, women and children subjected to forced labour and sex trafficking in the U.S. Trafficking in Persons Report for the period 2004 to 2017.

Communities across South Africa have ventilated much frustration and anger about the prevalence and intersection of drugs, prostitution, human trafficking and a variety of criminal activities. Examples include incidents of public violence in Rosettenville, Mamelodi, Rustenburg and Krugersdorp. International syndicates involving Nigerian, Thai, Chinese, Russian or Bulgarian traffickers are consistently

reported to operate in South Africa with impunity.

LABOUR TRAFFICKING

The extent and multi-layered realities of labour trafficking, illicit mining, exploitative farm labour and domestic servitude in South Africa remains largely unexplored, yet cases are beginning to appear in the criminal justice system. Labour trafficking remains grossly under-represented in South Africa’s counter-human trafficking chapter and probably a far greater problem than what is realised.

In one case of illegal mining investigated in the Free State area, evidence of a Mozambican syndicate was gathered that is implicated in luring men and boys from rural villages in Mozambique for illicit mining operations. It is reported that as many as 50 men and boys cross the South African border on a weekly basis – many of whom succumb to operational injuries, suicide, murder and poor health. Corruption on all levels is reported to enable the persistence of these activities with similar operations in the Free State and Vaal area reported to be ring-fenced by corrupt police officials, prosecutors and private security companies.

DRUG TRAFFICKING

South African citizens are also duped or coerced into the trafficking of drugs by syndicates compromising South African and Nigerian nationals and end up in international prisons in countries as far afield as Thailand, Brazil, India, Nepal, China, Mozambique and Mauritius. Many of these cases bear the hallmarks of human trafficking for the purpose of criminal exploitation, yet are rarely identified or documented as such.

As a conservative figure, over 1000 convicted South African drug mules are

detained abroad. South Africa is also a key destination for sophisticated smuggling operations from a variety of countries on the African continent. Many of these operations seamlessly morph into cases of human trafficking where those smuggled end up being exploited or trapped in a subjugated state. Ongoing cases include smuggling-cum-trafficking operations from Somalia, where terror organisation Al-Shabaab are alleged to be financial beneficiaries of operations, and a syndicate operating between Eritrea and South Africa with Eritrean criminal associates owning properties in South Africa whilst using Dubai as a base for money laundering.

Other types of trafficking include, to a lesser extent, the removal of or trade in body parts.

CONCLUSION

Human trafficking is a major global health problem, one that all health care providers cannot ignore. Although trafficking victims are unlikely to have adequate and timely access to health care, some victims will be seen in health care practices. Health care providers should be prepared to identify, treat and assist victims of trafficking as part of their regular clinical practice.

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QUESTIONNAIRE

G1(20)

Human trafficking – what the health care professional can do

INSTRUCTIONS

- Read through the article and answer the multiple-choice questions provided below
- **Some questions may have more than one answer;** in which case you must please **mark all the** correct answers

Background

Question 1: Is the following statement TRUE or FALSE?

“Health care providers are one of the few professionals likely to interact with trafficked women and girls while they are still in captivity, and one study found that 28% of trafficked women saw a health care professional while still in captivity”

- A: TRUE
- B: FALSE

Question 2: Which of the following statements are FALSE?

- A: Human trafficking is a public health emergency affecting an estimated 12 to 30 million people globally
- B: It is part of a \$32 billion illicit business enterprise
- C: As defined by the United Nations (UN) human trafficking does not include recruitment
- D: It is the fastest growing criminal industry in the world
- E: None of the above

What is human trafficking and who is victimized?

Question 3: Vulnerable populations for human trafficking include which of the following populations?

- A: Victims of childhood abuse or neglect, and children in foster care
- B: Those with a history of substance abuse
- C: Undocumented immigrants
- D: Racial minorities
- E: People with low incomes

Red flags and indicators of human trafficking

Question 4: A young couple visits your practice for the first time and asks for an urgent appointment for the woman to see your doctor. You explain that you need to open a file for her, but that she is lucky today as the doctor has an opening in 15 minutes. As the couple goes in to see the doctor, your colleague comes back from her lunch break and you want to engage in a little unethical gossip. Which of the following that you relate are general indicators of human trafficking?

- A: “I’ve never seen such a shy girl. The boy must answer everything”
- B: “When they come out, look at her nails!”
- C: “They must be very new to the neighborhood. Wasn’t even sure of their address”
- D: “I just wanted to let them feel welcome. But the look I got when I asked some questions! You won’t believe.....!”
- E: “Ag shame, and both had their ID’s stolen yesterday”

Question 5: All the following are sex trafficking indicators, except for?

- A: Forms of branding such as tattoos that say: “Daddy”, “property of” or “for sale”
- B: Clothing that is not appropriate for the weather or venue
- C: Language that is common in the commercial sex industry
- D: Heavy make-up
- E: Signs or boasting of body sculpting

Question 6: The young couple (see question 4) next arrives at your radiography practice for an x-ray of her right arm and shoulder for a suspected fracture. You call the young woman to prepare her for the x-ray and show her to a cubicle where she can undress. Before you can say anything her friend is at her side and insists that he will help her as her arm is very sore. You ask her if he is her husband, but even before she answers, he says that it is none of your business and you should stick to doing your work. You gather additional support from other radiographers and successfully keep him out of the x-ray room. You become suspicious and during the examination look out for which of the following signs of physical abuse?

- A: Bruising and burns
- B: Damaged hair and broken nails
- C: Cuts or wounds
- D: Blunt force trauma and fractures
- E: Broken teeth

Question 7: Is it TRUE or FALSE that health indicators of trafficked individuals relate almost exclusively to physical and reproductive issues, but rarely to neurological-, cardiovascular-, respiratory- or gastrointestinal issues?

- A: TRUE
- B: FALSE

Question 8: The female patient you examined (see question 6) keeps coming up in your thoughts. One evening you discuss this with your psychologist friend and tell her that she seemed so sad and depressed, did not want to engage in any talk and was not interested to know if her arm was broken. Your friend tells you that mental health indicators of trafficking includes all the following, except for

- A: Lack or difficulty in engaging in social interactions
- B: Signs of withdrawal, fear, sadness or irritability
- C: Emotional or physical numbness of senses
- D: Self-harming behaviours
- E: None of the above

When human trafficking is suspected

Question 9: Which of the following should you do when trafficking is suspected?

- A: Immediately call the South African Police Services (SAPS) and refrain from doing any physical examination
- B: Observe the body language and communications style of the patient and those that accompany him / her
- C: Try to interview and / or examine the patient privately at some point in time
- D: Document your concern in your notes to ensure it is not overlooked if the patient returns for care or assistance
- E: All the above

Question 10: You and your psychologist friend decide to research trafficking with the aim of developing screening questions to identify possible victims. Which of the following questions will you NOT include in such a questionnaire?

- A: Do you live with other people?
- B: Is your family there or nearby?
- C: Do you have medical aid?
- D: Has your ID or drivers license been taken from you?
- E: Have you been denied medical care?

Safety actions to consider

Question 11: Is it TRUE that if the patient is an adult and you suspect human trafficking, you may disclose personal information about the victim without first getting his / her permission or consent as you are engaging in an action that is to that person's benefit (ethical principle of beneficence)?

- A: YES
- B: NO

Sex trafficking

Question 12: As a dental health care practitioner you are of the opinion that the chances of you encountering a sex trafficked person in your practice are virtually zero as "they suffer mostly from medical conditions and doctors are much more likely to encounter them." Is your statement correct?

- A: No, a survey of U.S.-based survivors of human trafficking shows that while being trafficked, 26.5% were seen by a dentist, along with other health care providers, but few victims were identified by these clinicians.
- B: Yes, a survey of European-based survivors shows that only 0.25% were seen by a dentist
- C: No, common dental problems of trafficked women include dental caries and poor overall dental hygiene
- D: Yes, as surveys show that traffickers "employ" dental health care professionals because it is essential in their line of work
- E: No, physical injuries to trafficked individuals are often inflicted to the head and face, including teeth and jaw fractures and mandibular dislocations; consequently, demand for dental care is one of many common needs of trafficked victims

Question 13: *Greenbaum et al.* used cross-sectional emergency room data to identify which of the following six key questions to identify a person who is at risk of being sex trafficked?

- A: Has the youth ever run away from home?
- B: Has the youth ever broken a bone, had traumatic loss of consciousness, or sustained a significant wound?
- C: Can the youth read and write?
- D: Does the youth have a history of sexual activity with more than five partners?
- E: All the above

Human trafficking in South African context

Question 14: Which of the following statements are FALSE?

- A: The Palermo Protocol came into force on 25 December 2003 but has not yet been ratified by South Africa
- B: South Africa is bound to develop laws to protect the victim of trafficking, but not to prosecute offenders
- C: Human trafficking is a recent phenomenon in South Africa
- D: None of the above

Question 15: Regarding trafficking activities, which of the following statements are TRUE?

- A:** South Africa has been identified as a source, transit, and destination country for men, women and children subjected to forced labour and sex trafficking
- B:** International syndicates involving Nigerian, Thai, Chinese, Russian and Bulgarian traffickers are consistently reported to operate in SA with impunity
- C:** A Mozambican syndicate has been implicated in luring men and boys from rural villages in Mozambique for illicit mining operations in SA
- D:** As a conservative figure, over 1 000 convicted SA drug mules are detained abroad
- E:** Not one of the above

END



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ANSWER SHEET

G1 (20)

Human trafficking – what the health care professional can do

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2						10					
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