Is Your Patient a Sex Slave?

An Expert Interview With Thomas F. Burke, MD

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Editor's Note: A patient arrives at the emergency department with signs of physical abuse and is accompanied by a man who's reluctant to leave her side.

According to Thomas F. Burke, MD, Chief of the Division of Division of Global Health and Human Rights at Massachusetts General Hospital in Boston, this type of situation presents an opportunity for healthcare providers to help reduce global human trafficking.

About 7 years ago, while hosting an antitrafficking summit at Harvard University on behalf of the nonprofit organization Humanity United, Dr. Burke started thinking about how the healthcare industry could become involved in the issue.

"I realized that everyone in that room was engaged in trying to address human trafficking through the lens of policy and law, and that healthcare really wasn't at the table at all," he says.

Dr. Burke recently spoke with Medscape about the human trafficking research program he founded at Massachusetts General Hospital and how healthcare providers can spot signs of sex slavery among their patients.

Medscape: How much of an issue is human trafficking in the United States?

Dr. Burke: There are numbers that are thrown out there, but the truth is that there is no accurate prevalence estimate because, as we can imagine, it's extremely difficult to collect data on something that's so illegal and dark, mysterious, and hidden. Four years ago, the US State Department estimated 50,000 women were trafficked into the United States annually, and that all 50 states were involved. This past year, they've revised those numbers to 17,000, but we know those numbers are inaccurate. We just don't know what they are, but we do know that trafficking comes up in every state in the United States.

Medscape: Does it seem to be more of a problem in certain states than in others?

Dr. Burke: There's no place that's immune. Certainly, the risk both of being trafficked from and being trafficked to is higher in areas where people are vulnerable, where women don't have work.

Medscape: Are we talking about women who are brought from other countries to the United States, or women who currently live here?

Dr. Burke: Both. We know that women are trafficked within their own state, their own city, and that people are also trafficked from outside of our country into our country.

Medscape: What type of research is Massachusetts General Hospital conducting in this area?

Dr. Burke: We've conducted a series of 9 case studies in the United States, the United Kingdom, India, Brazil, and the Philippines. We've been looking particularly at trying to understand globally where the opportunities are for healthcare systems and healthcare providers to become engaged with trafficking alleviation.

We've been training physicians, but not just physicians -- also nurses and social workers, psychologists, medical students, public health specialists, and administrators at many different hospitals all around the country. In fact, we were just asked by the Catholic Health System to implement training at all of their institutions.

We've published an article with a detailed review of all of the training material that's out there on human trafficking, and then we've taken that and developed, in partnership with the Massachusetts Medical Society, a best-evidence, up-to-date manual for healthcare providers. We expect to have the manual completed by this summer.
Medscape: How have doctors and nurses responded to the training?

Dr. Burke: People describe it as eye-opening. They don't imagine that human trafficking occurs where they work; it's somewhere else, but it's certainly not in their emergency department, not in their hospital, not in their community. We share with them examples showing that it's in the community and that vulnerable individuals are right around us and in front of us.

Medscape: What are some of the public health problems that can result from human trafficking?

Dr. Burke: Trafficked individuals suffer a wide range of physical and psychological consequences as a result of coercion, loss of autonomy, and violent experiences while they're enslaved. Then there are the health consequences, which include being injured and the threat of violence and sexually transmitted diseases. Complications from forced abortions are common, as are a whole host of psychiatric and mental health issues, from post-traumatic stress to depression, suicidality, and anxiety.

One third to one half of interviewed victims report previously having encounters with healthcare providers while in captivity. What's really important about that is there are opportunities that are being missed. Healthcare professionals may be in a unique position to identify and free individuals who have been trafficked.

Medscape: What are some of the specific signs of human trafficking that nurses and doctors should look for?

Dr. Burke: For starters, what's important to know is there is a significant overlap between someone who's been trafficked and interpersonal violence. One of these similarities is an excessively attentive guardian or companion. The trafficker probably will be with the trafficked victim. This person typically won't leave the patient's side or let her speak on her own behalf. If the patient's words in particular sound restricted or scripted, as if she's been told exactly what to say, then that's sometimes to be suspicious of. If the person is filled with fear and anxiety and seems to be submissive and subordinate, then that's another red flag. If she has to ask permission even to go to the bathroom, that's a definite red flag.

As with interpersonal violence, it's common to see unexplained injuries or inconsistent explanations for the given injury patterns, such as a repeat injury that was significantly delayed in being treated.

Another big red flag is a lack of identifying documents. The trafficker typically takes these documents away from the victim. And then generally, just signs of malnourishment or any physical abuse.

Medscape: What are some common injuries that that could be signs of trafficking?

Dr. Burke: Bruises, particularly in hidden areas, such as under the shirt, on the back, under the breast, on the bottom or legs -- but certainly not bruises to the face or the exposed portion of the arms. Any injury that doesn't have an explanation that fits it is a concern.

Medscape: What should the doctor or nurse do next?

Dr. Burke: You should try to create an environment where the potential victim can actually share her story, so try to get her to be alone with you as the healthcare provider or in the company of a safe individual. You should also use a professional interpreter, because this is a time particularly where the family or friends are not adequate, and in fact they may be complicit with the trafficking. Try to empower the individual, but be particularly sensitive to the potential victim's lack of autonomy.

In most states, you are not required to report the trafficking, and so the direction at that point would be to offer to contact law enforcement, establish a safety plan, or provide information about local resources. Hopefully, your institution has created a pathway for the trafficking victims, which will probably be very similar to that for interpersonal violence.

Keep in mind that there is a balance of knowing when is the right time for this individual to come out vs the potential for reprisal, particularly if the trafficker finds out that this conversation happened. There are a few states where reporting is required, and then you have to carefully inform the patient that she will be interviewed by local authorities.

Medscape: And then if the woman refuses any help, what happens at this point?

Dr. Burke: There is very little that we can do other than to leave her with an open-door policy, let her know that there are
resources that she can count on, and give her as much information related to her medical condition as possible. You could also give her phone numbers, whether it's your own or a help line, on a piece of paper that's small so that she can tuck it away somewhere hidden. The national trafficking hotline is 1-888-373-7888.

Medscape: How can the healthcare providers protect themselves against retaliation from traffickers?

Dr. Burke: This is similar to creating safe environments for patients who have been victims of a criminal offense, gang violence, or interpersonal violence. The healthcare teams at the institutions need to develop a safety plan, and the security staff and local police need to be part of that plan.

Medscape: Once abuse is identified, what kind of long-term care is needed?

Dr. Burke: Victims need housing, clothing, food, protection, and health services. These services include mental and emotional counseling and social service advocacy. For the long term, the patient will need employment assistance, because true freedom includes becoming educated and having a skill. In addition, if the person is from another country, she'll need legal assistance.

When I look back at the past 30 years in our society, healthcare has had an instrumental role in moving the needle on our policy regarding women and children who are the victims of violence. It's become a reflex to ask a girl or woman who presents with an injury whether she's safe. That wasn't the case years ago, so we've come an enormous distance with interpersonal violence, and a lot of it has been driven by healthcare. I believe that the same can be done in the realm of human trafficking.

References