



D16 Under the Radar — Into the Forensic Pathologist's Domain: Recognition of the Deceased Victim of Human Trafficking

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After attending this presentation, attendees will gain an increased understanding of the dynamics of human trafficking. Some of the key indicators and physical manifestations, which may delineate a victim of human trafficking will be discussed. Attendees will also learn about an innovative trafficking first-responder program, part of a long-standing anti-trafficking program in San Francisco, CA.

This presentation will impact the forensic community by increasing awareness of the scope of the problem of human trafficking, improving the understanding of the etiology and manifestations of trafficking cases with a fatal outcome, and encouraging and promoting collaborative relationships with other professionals involved in eradication of trafficking.

Modern-day slavery exists in virtually every country of the world, including the United States. Everyday, individuals are held in domestic servitude and exploited for commercial sex. Current estimates by the annual State Department's *Trafficking in Persons Report*, estimate that 800,000 people are trafficked across international borders each year. Eighty percent are female; half are children. According to Ambassador Mark Lagon (2008), these numbers do not include the millions who are trafficked within national borders for the purposes of labor and sexual exploitation. The demand for cheap labor and commercial sex has created an industry that is tied with the illegal arms trade as the world's second largest criminal enterprise. Trafficking is the fastest growing (Health and Human Services).

Because of the high incidence of forced prostitution, it is timely to take initial steps at recognition of the victim who dies, either directly, or indirectly, as a result of the consequences of human trafficking. Efforts are being made nationally to heighten awareness among health care providers, of both the scope of the problem and recognition of health indicators.

Because so many trafficking victims are enslaved and exploited sexually, it may be difficult to discern the bigger picture. Numerous myths abound about prostitution. In a statement by the Bureau of Affairs, U.S. State Department, where prostitution is legalized, there is a greater demand for human trafficking. The vast majority of women in prostitution neither chooses nor wants to be there. Most are desperate to leave. Females and males who engage in prostitution are often targets of opportunity for criminals. Whether they engage in street prostitution or work in massage parlors, which effectively function as brothels, victims of trafficking are highly vulnerable. Closed brothels may operate out of private residences; these further isolate the working victim. Isolation, cultural separation, language barriers, and often an inherent fear of the police, may cause victims to miss opportunities to escape their dire situations. If they die, their deaths may go unnoticed as trafficking-related. The very measures that keep these individuals enslaved protect the traffickers. In order to begin to study how to better recognize the fatal victim of human trafficking, it may be helpful to explore lessons learned from programs that effectively interact with living trafficking victims. While a great deal is below the radar, much has been learned.

In San Francisco, California, one stellar program stands out for its unparalleled approach to intervention and prevention efforts. In 1992, *Standing Against Global Exploitation (SAGE)* was founded by Norma Hotaling. SAGE's mission is to bring an end to commercial sexual exploitation and restore the lives of women and girls who are survivors of, or at risk of sexual exploitation and violence. The average age of the trafficking victim that reports to SAGE is the mid-twenties to mid-thirties; however, some SAGE clients may come for services that have been trafficked at some time in the past. The youth component of SAGE is targeted for 12-17-year-old clients, with an average age of 15-years-old.

California is a major entry point for human trafficking. Forty-three percent of the incidences in California occur in the San Francisco Bay Area. The majority of international trafficking victims seen at SAGE come from Asia and South East Asia, especially rural areas in the Philippines, Korea, China, Japan, Thailand, and Vietnam. The second largest source is Latin America, especially Peru and Mexico. Domestic trafficking constitutes approximately half of the clientele. For domestic trafficking clients seen at SAGE, preliminary proportions for race are as follows: African-American (55%), White (29%), Hispanic (12%), Asian (2%), and Other (2%).

In November 2007, SAGE launched the *Rescue and Restore, Reclaim Your Rights* campaign, an intense anti-trafficking effort in San Francisco, supported by Health & Human Services, Office of Refugee Resettlement. In January 2008, SAGE initiated the first of its kind, *Trafficking First Responder Team*, in partnership with the United Way of the Bay Area. Through a series of public service announcements and outreach materials, potential trafficking victims may be linked directly, 24 hours a day, with trained first responders, via information and referral specialists that have been trained by SAGE staff.

Nationally, Health and Human Services, Administration for Children & Families (ACF) actively promotes its *Rescue and Restore Campaign*. Legislative efforts include the 2000 *Trafficking Victims Protection Act*, which is designed for both U.S. citizens and non-citizens alike.



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Additional, brief, succinct assessment, and documentation may prove extremely valuable in discerning and tracking fatalities due to human trafficking. Based on field research in nine countries on prostitution, the State Department concluded that few activities are as brutal or damaging as prostitution: 60-75% were raped; 70-95% were assaulted physically. A startling 68% met the criteria set for post-traumatic stress disorder. This was in the same range as combat veterans and victims of state-organized torture (Farley, *Journal of Trauma*, 2003).

In addition to malnutrition, physical abuse, and sexual assault, other public health implications include diseases such as tuberculosis, syphilis, HIV/AIDS, pelvic inflammatory disease (PID), and other sexually transmitted diseases. In discussing a five-country prostitution study, Raymond et al (2002) concluded that the extent of physical injuries and illnesses of women in the sex industry was overlooked. Prostitutes suffer higher rates of hepatitis B, greater risk of cervical cancer, fertility complications, and psychological trauma. Physical manifestations of these health problems may appear at autopsy and serve to raise the index of suspicion.

While the deceased victim cannot present a thorough history of victimization, certain findings, such as lifestyle information, where known, may prove useful. This may be especially true when combined with "missing" data, such as lack of identification, passport, or visa. The presence of blunt force trauma, perhaps in areas of the body normally covered by clothing, and indicators of sexual assault on genital examination may warrant further investigation. In living trafficking victims, some additional red flags may be a suspicious interpreter, or "friend", and disparity in the living conditions between victims and traffickers. If a massage parlor or business address is investigated, hidden luggage or other evidence may show that the victim/employee lived there. Food, dishes, and toiletries may be present.

Further study is needed to determine if there are additional markers or variables to help differentiate this special, uniquely vulnerable population of victims. In order to eradicate this shameful practice, successful collaboration between those who serve the living and the deceased can only serve to be of immeasurable value to both, but ultimately to the victims.

Human Trafficking, Fatal Sexual Violence, Prostitution