

Tattoo Recognition in Screening for Victims of Human Trafficking

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Abstract: There is little information on the secondary prevention of human trafficking and how medical professionals can screen for victims. There is a paucity of validated screening tools for use in clinical settings to identify adult trafficked patients, although one for use in pediatric populations exists. Many victims withhold information about their trafficked status. Because traffickers may mark victims, identification of tattoos provides a useful method for screening patients, which complements history taking, especially when victims are unable to disclose that information. We searched existing medical literature, PsycINFO, PubMed, Google, and JSTOR using keywords “human,” “trafficking,” and “tattoos.” Because there is scant literature on this topic, we also searched the gray literature that enabled preliminary identification of several themes used in trafficking tattoos. We also discussed tattoo placement and quality. Tattoo recognition is a critical factor in identifying victims and setting them on a pathway to freedom and recovery.

Key Words: human trafficking, tattoos, sex workers, signs of victimization, screening (*J Nerv Ment Dis* 2018;206: 824–827)

Human trafficking is a major humanitarian outrage. It is estimated that over 20 million persons are trafficked annually with financial remunerations for perpetrators approaching \$150 billion per year, which is predicted to surpass profits from trade in drugs and arms (Wheaton et al., 2010). Human trafficking is defined by the United Nations Office on Drugs and Crime (2017) as “the recruitment, transfer, harboring, or receipt of person, by means of the threat or use of force or other forms of coercion... for the purpose of exploitation.” Human trafficking affects men, women, and children of all ages and across all racial and ethnic backgrounds. This illicit activity has been reported in all 50 states in the United States and in 155 countries and territories internationally (United Nations Office on Drugs and Crime, 2009).

Despite the pervasiveness of human trafficking, there exists comparatively little information on how medical professionals can identify victims, although recent growth in the literature has begun to remedy this discrepancy (Bespalova et al., 2016; Powell et al., 2017; Schwarz et al., 2016). This lack of knowledge and awareness allows many current and former victims to go unrecognized and continue at risk (Lederer and Wetzel, 2014; Macias-Konstantopoulos et al., 2015; Zimmerman and Borland, 2009). Surprisingly, although 88% of human trafficking victims reported that they encounter healthcare professionals across a wide range of disciplines while being trafficked, fewer than 20% of the patients reported that their healthcare providers knew that they were involved in the sex industry, volitionally or otherwise (Lederer and Wetzel, 2014). These patients may sometimes exhibit medical and psychiatric sequelae associated with trafficking, such as sexually transmitted infections, sexual trauma, multiple pregnancies and abortions, neurological problems such as memory loss, headaches, insomnia, malnutrition, injury to the body indicative of violence, depression, anxiety, nightmares, and substance abuse (Lederer and Wetzel, 2014;

Macias-Konstantopoulos, 2016). They may also present more subtly, however, such as for treatment of chronic, untreated medical conditions, or nonspecific complaints (Ottisova et al., 2016).

Currently, there exist no validated screening tools for use in healthcare settings to identify trafficked patients in adult patient populations (Bespalova et al., 2016) although one does exist for pediatric populations (Greenbaum et al., 2018). Some have proposed screening for victims by looking for specific combinations of pathologies, such as psychiatric disorders in conjunction with obstetric, dermatologic, and infectious disease symptoms (Isaac et al., 2011; Lederer and Wetzel, 2014; Macias-Konstantopoulos, 2016). Obtaining thorough and accurate medical histories from patients is highly encouraged to identify victims (Isaac et al., 2011). This approach, however, fails to account for trafficking victims' fear of their captors. Many traffickers maintain control over their victims' lives through methods such as withholding money and travel papers, threatening retaliation against family members, and physical and mental abuse (Zimmerman and Borland, 2009). Tactics such as these often result in patients being unable or unwilling to give comprehensive histories, and history-taking alone may miss identifying many victims (Baldwin et al., 2011; Isaac et al., 2011). Furthermore, trauma-informed care suggests using caution to prevent destabilizing a patient, and patient-centered care encourages patient autonomy and control over disclosure of trauma and trafficking histories.

A complementary method focused on identifying objective physical features can be useful in clinical settings. Prior studies have indicated that burns are a common method of marking victims of sex trafficking (Patel, 2007; Rezaeian, 2017). This propensity to mark victims suggests that other markings, such as tattoos, may be used as a less conspicuous alternative to burning or scarring. The identification of tattoos by the healthcare professional, therefore, may provide an effective means of screening for trafficked victims that complements standard history-taking. For instance, in many patients referred to psychiatrists who are unable to verbally convey their circumstances, a tattoo recognized as being potentially related to trafficking may be instrumental in intervention and recovery. We suggest that a more comprehensive screening should examine tattoos, and we describe motifs that may signify human trafficking. These can help clinicians of all academic backgrounds to identify potential victims in their everyday practice.

METHODS

In building on our experiences in observing tattoos on trafficked patients, the existing medical literature was searched for methods for identifying victims of human trafficking through external stigmata. The databases PsycINFO, PubMed, and JSTOR (a sociological science database) were searched using the keywords “human,” “trafficking,” and “tattoo.” We found little information by these methods, so we also searched the available, nonacademic “gray” literature, which consisted of popular news articles found via Google using the same keywords. Social media photo albums that were volunteered by a renowned tattoo organization specializing in tattoo transformation were also examined for information pertaining to physical markings and brands obtained during trafficking. These photo albums were publicly available on the organization's Facebook page, and consent was provided by the photo owners for research analysis and use (Survivor's Ink, 2013).

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RESULTS

It is estimated that approximately 25% of the US population between 18 and 50 have at least one tattoo (Blackburn et al., 2012). References to tattoos in the literature are disproportionately focused on adolescents and prisoners (Heywood et al., 2012). We found very few articles that linked tattoos to human trafficking. Many resources designed to help healthcare providers identify victims neither mentioned the presence of tattoos nor elaborated on any distinguishing characteristics of trafficking tattoos (Ahn et al., 2013; Isaac et al., 2011; Lederer and Wetzel, 2014; Macias-Konstantopoulos, 2016; Zimmerman and Borland, 2009; Zimmerman et al., 2003). Although one article suggested that specific tattoos might be useful for identification purposes, this was in context of a postmortem unrelated to human trafficking (Byard, 2011).

Only five articles described tattoos related to human trafficking. An emergency medicine study briefly mentioned that tattoos of names and explicit content found on children can be indicative of trafficking (Greenbaum, 2016). The second article written for obstetricians and gynecologists suggested that tattoos of male names, barcodes, or gang symbols, especially those found on the neck, inner thigh, or around the genitals were likely associated with human trafficking (Geynisman-Tan et al., 2017). Neither of these two studies included images demonstrating the tattoo motifs they describe. The third article, a case study in the pediatrics literature that described how a young female patient undergoing an ovarian cystadenoma excision had “expletives and nonspecific symbols” tattooed on her body (Titchen et al., 2016), was the only one that included an image of the observed trafficking tattoo. Another article found that tattoos were much more common in commercially sexually exploited children (48%) compared with other pediatric victims of sexual abuse (5%) (Greenbaum et al., 2018). The final article included a description of “heart-shaped tattoos with the name of the pimp in the centre” (Bullens and Van Horn, 2002) branded onto adolescent prostitutes in the Netherlands, but did not include any photographs thereof (Bullens and Van Horn, 2002). The remainder of the established literature did not provide photographic examples of the tattoos seen on trafficking and largely also neglected to describe commonalities that trafficking tattoos share, if they acknowledged the prevalence of tattooing in trafficking at all. Nevertheless, it is also possible that there were no tattoos present to describe in this limited collection of examples.

Upon analyzing the photographs of tattoos found on victims of trafficking from the tattoo transformation organization, we found several common features of these tattoos. These are depicted in the social media photo albums as illustrated in Figures 1 to 4 (Survivor's Ink, 2013).



FIGURE 2. Neck tattoo indicating wealth and ownership. Caption: Survivor's Ink, 2013. Symbols of wealth, such as a crown seen here, bear a symbolism of the victim's monetary worth to their trafficker.

In many instances, traffickers used symbols of wealth, such as gold bars, currency symbols (such as \$), the letters “ATM,” crowns, barcodes, or money bags, to show that the victim's value was tied to the income the victims could generate (Kelly, 2017; Sidner, 2015; Survivor's Ink, 2013; Swanberg, 2015). Names were also common, with many individuals bearing names or aliases of their traffickers to indicate ownership. This was especially true with tattoos bearing names used possessively (*e.g.*, John's girl, property of Salem, etc.) (Kelly, 2017; Survivor's Ink, 2013). Similarly, tattoos bearing profanity were common among victims (Greenbaum, 2016; Kelly, 2017; Titchen et al., 2016). Often, small hearts were also seen, usually accompanying a name or initials (Survivor's Ink, 2013).

Although these tattoos may sometimes be professional-grade, many are unelaborate and of poor quality due to their homemade nature. Furthermore, locations of these tattoos varied. Although some were found in visible areas such as the arm, face, or hand, others could be found in discrete locations on the back of the neck, under the arm, on the lower back, in the breast or genital area, or even on eyelids and gums (Kelly, 2017).

DISCUSSION AND CONCLUSIONS

Although previous research has sporadically alluded to the existence of trafficking tattoos, we believe that these brandings have a great potential to be utilized by healthcare providers as a means of identifying



FIGURE 1. Male name tattooed on shoulder. Caption: Survivor's Ink, 2013. Male names often appear on victims as indications of their ownership by the trafficker and can be seen with symbols of wealth, such as the diamond shown here.

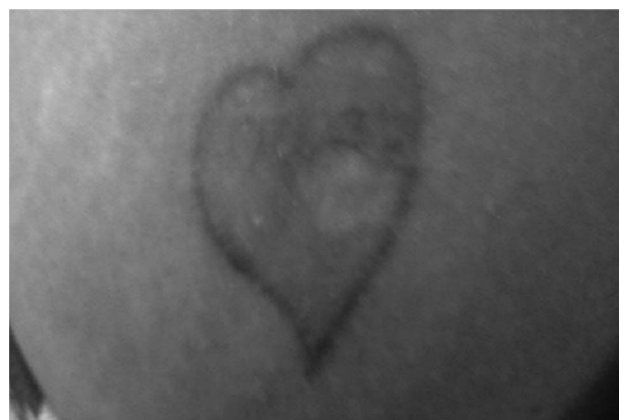


FIGURE 3. Poor quality heart tattoo possibly suggestive of homemade nature. Caption: Survivor's Ink, 2013. Poorer quality tattoos may be suggestive of trafficking because these branding tattoos are often homemade and not created by professionals.



FIGURE 4. Profane tattoos often seen in trafficking victims. Caption: Survivor's Ink, 2013. Profanity is often utilized by traffickers in their markings of their victims.

less obvious victims of trafficking. Although these general patterns and motifs of wealth, names, expletives, and hearts are not all inclusive of trafficking tattoos, they are easy to identify and are known to be used by traffickers (Bullens and Van Horn 2002; Kelly, 2017; Sidner, 2015; Swanberg, 2015). Providers should be educated about processes by which trafficking victims are branded and be aware that poor quality tattoos may also signify past or current victimization. A visual screen therefore may provide a helpful way of identifying victims, especially those who are unwilling or unable (*e.g.*, nonverbal patients) to provide critical information themselves. This process could serve to augment other trauma-informed and patient-centered methods of screening.

Limitations of this study include a lack of peer-reviewed literature on this topic, which resulted in our inclusion of images and information garnered from social media Web sites and non-peer-reviewed articles. We were also unable to determine whether or how the tattoos of trafficked individuals differ substantially from those of other populations such as sex workers, gang members, and so on. Currently, the limited information available does not allow us to draw any conclusions about the frequency of tattooing among trafficking victims by traffickers. It also prevents us from identifying whether such tattoos have unique characteristics in comparison with voluntary tattoos, and if so, what these characteristics may be.

The literature regarding these matters should be further developed to assist in the visual identification of trafficked victims. The most accurate way to gather this information would be to assess or interview current and former trafficking victims to determine what percentage of victims actually has tattoos and/or brands, and what they look like, to identify patterns more concretely. We also recommend the creation of a database of trafficking tattoos for tattooing motifs used by traffickers to brand their victims. Such a tool may assist healthcare professionals to easily access and add to the database when encountering tattoos on known or suspected trafficking victims. Outreach and education in the professional tattoo industry might further increase identification rates of trafficking victims (Virginia Beach Justice Initiative, 2017). Tattoo recognition is a critical factor in identifying victims whom may be otherwise missed and is the first and necessary step in setting them on a pathway to freedom and recovery.

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DISCLOSURES

The authors declare no conflict of interest.

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