SIRV GUIDELINES: TRAINING FOR HEALTHCARE PROVIDERS





Sophie Aron, MSW
Jessica Volz, DNP, CRNP, FNE-A/P
Dave Williams, DDS, MPH
Joyce Williams, DNP, FAAN



ANCC Continuing Education Requirement

Adventist HealthCare is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

This activity has been awarded 1 Contact Hour.

Contact hours are awarded commensurate with participation in webinar and completion of online survey.

There are no disclosures to be made for this continuing education activity. There is no conflict of interest for anyone with the ability to control content of this activity.

This activity is jointly provided by Adventist HealthCare, the Medical Subcommittee of the Maryland Human Trafficking Taskforce Victim Services Committee, and the Maryland Hospital Association.



Human trafficking is the criminal exploitation for profit of women and girls, and men and boys for commercial sex and forced labor.

Traffickers use force, fraud, and coercion to entrap their victims and compel them to work in slave-like conditions for the traffickers' enrichment.

Human Trafficking Defined

"Severe forms of trafficking in persons" is defined by the U.S. Trafficking Victims Protection Act (TVPA) of 2000 as:

(A) SEX TRAFFICKING: the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion (or where victim is a minor); or

(B) LABOR TRAFFICKING: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

ACT

MEANS

PURPOSE

Recruitment

Transportation

Harboring

Transfer

Threat

Force

Coercion

Abduction

Fraud

Deception

Prostitution

Slave Labor

Sexual Exploitation

Organ Removal

Other Exploitation

25 MILLION

live in forced labor, bonded labor and sexual exploitation conditions worldwide

- 16 MILLION of those people live in forced labor
- 4.8 MILLION are sexually exploited
- 4 MILLION live in state imposed forced labor

HIGH PROFITS

- Human trafficking is the world's second most profitable criminal enterprise.
- It earns traffickers roughly \$150 billion a year in illegal profits.

Global Estimates

Experts estimate that **hundreds of thousands** of victims are trafficked within the US yearly.

California, Texas, Florida, Ohio, Michigan, and New York have reported the most cases of human trafficking to the National Human Trafficking Hotline.

2019



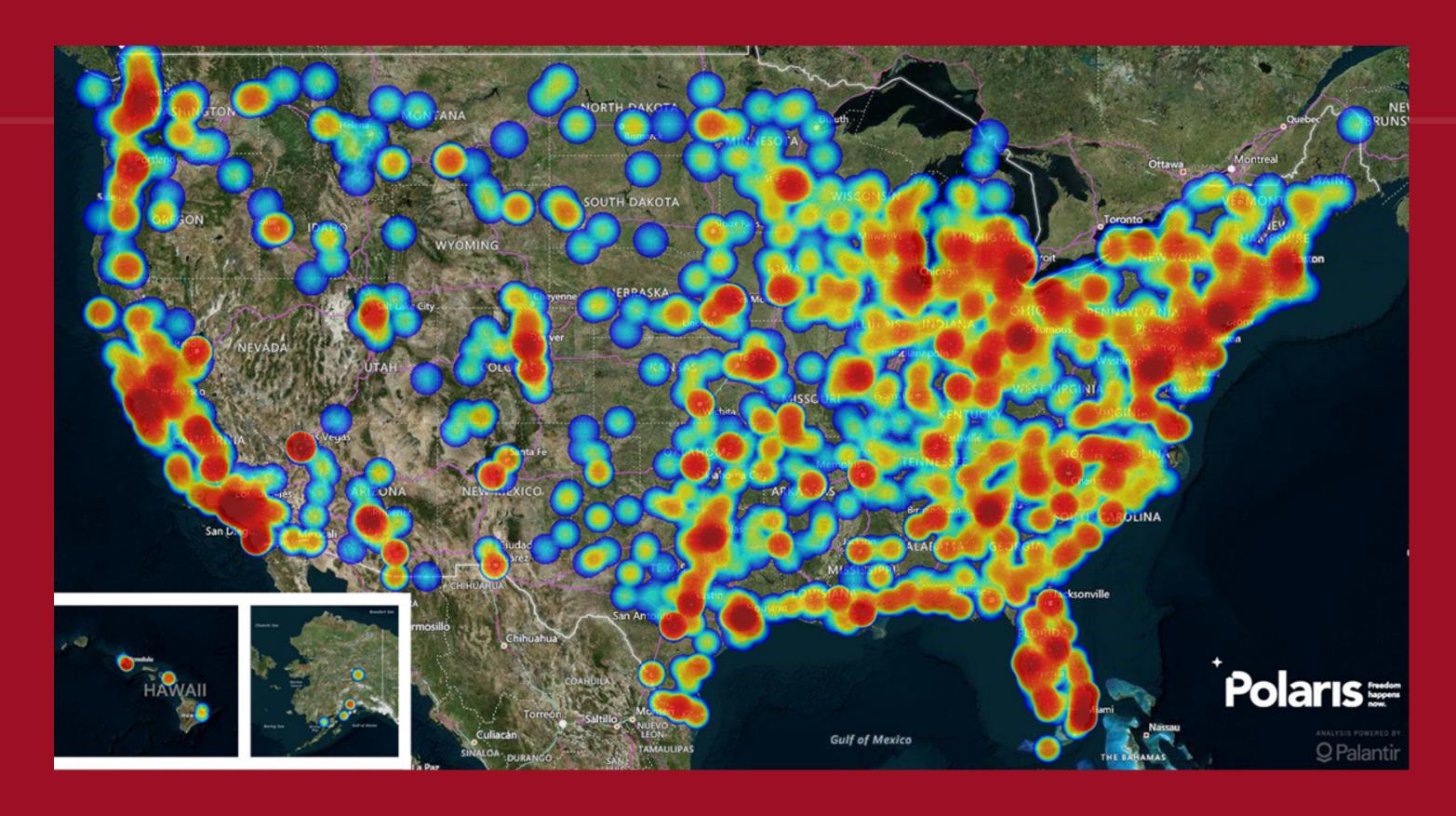
Victims and Survivors
Identified
High Indicators
7,491

Moderate Indicators
14,916

Calls From Victims & Survivors
10,490

National Estimates

NATIONAL REPORTS OF TRAFFICKING



Maryland is a source, destination, and transit State for human trafficking:

- Ranked 18th state for most reports to the National Human Trafficking Hotline in 2017
- **I-95** facilitates trafficking by connecting major East Coast cities
- Major highways also include rest stops, truck stops, and bus stops primary locations for trafficking
- Major airports (BWI, Thurgood Marshall, etc.) are destinations and hot-spots for victims and buyers

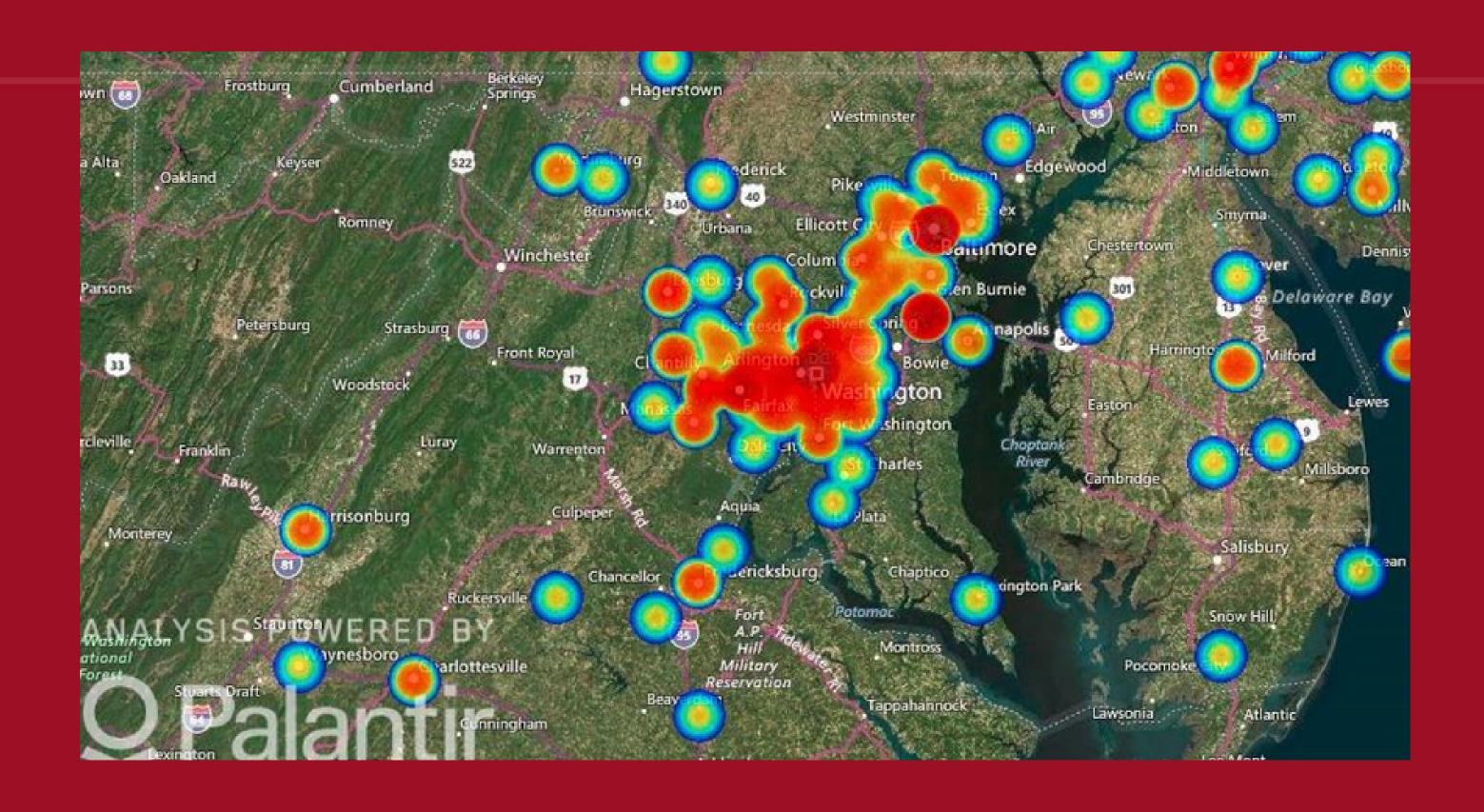
2019



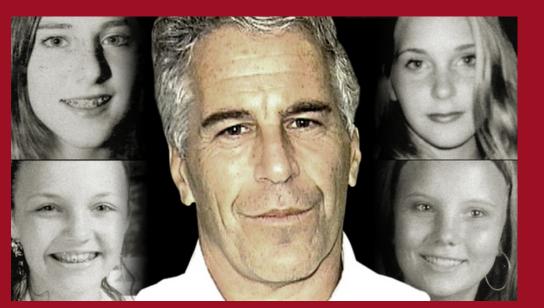


State Estimates

REGIONAL REPORTS OF TRAFFICKING



The Image of Human Trafficking



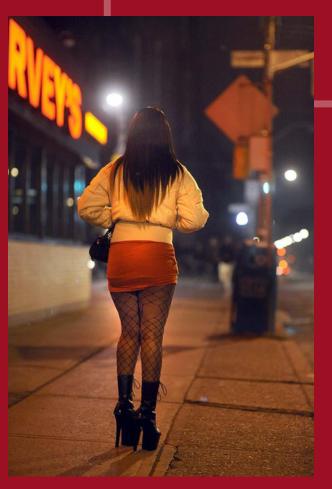








The Reality of Human Trafficking

















S

Π

R

V

Serve: The guidelines recommend that healthcare facilities adopt trauma informed practices when working with survivors of human trafficking.

Identify: The guidelines recommend that healthcare staff are trained and provided tools to identify survivors of human trafficking.

Respond: The guidelines recommend that hospitals respond to trafficking survivors by providing the option to be connected with specially trained community-based providers, if desired by the survivor.

eValuate: The guidelines recommend that healthcare providers collect and analyze data regularly to ensure this model is effectively identifying and providing care for survivors of human trafficking within their facility.

Serve

The guidelines recommended that healthcare facilities adopt trauma informed practices when working with survivors of human trafficking.

Being Trauma Informed

Understand trauma
 manifestations even if you
 don't see a trauma present

 Allow your medical setting to be a place that optimizes patient comfort and optimizes your ability to establish rapport and trust with people who are suffering in isolation

- Impart calm
- Craft your own safety plan to avoid secondary trauma and professional burnout
- Avoid words like "trafficking," "exploitation," and "slavery" when working with the patient
- Focus on "safety"
- Understand fight, flight, and freeze responses
- Trust the patient
- Confront your own biases
- Let the patient lead the process
- Keep showing up

Trauma Informed ServiceWhat Can You Do?

Communication

- Be informative not inquisitive
- Be patient
- Be mindful of trust and power dynamics
- Validation and Empowerment
- Transparency
 - Recommendations for reporting
 - Introduce new providers
 - Fully disclose the limits of confidentiality
 - Use trauma informed interpreters
- Maintain a Calm Environment
 - Refer the patient to the "here and now"
 - Minimize the sense of hurry

Trauma Informed Servicecont'd

Trauma-Informed Approach to Victim Assistance in Health Care Settings

An evidence-based framework for assessment for trafficking and other forms of interpersonal violence. It is based off the universal education approach, which is trauma-informed, patientcentered, and recognizes that creating an emotionally and physically safe context for disclosure is often more effective than a checklist screening tool.

Provide Privacy

Education

Ask

Respect

Respond

Identify

The guidelines recommend that healthcare staff are adequately trained and provided tools to identify survivors of human trafficking.

RED FLAG INDICATORS

BEHAVIORAL	PHYSICAL	CLINICAL	LABOR TRAFFICKING
 Evidence of a controlling relationship Fearful, anxious, depressed, submissive, paranoid, hyper-vigilant Presenting history is scripted or conflicting, not knowing their address Not in control of identification documents Sexual behavior inconsistent with age or development 	1. Tattoos2. Clothes inappropriate for the weather or venue3. Somatization4. Signs of physical trauma5. Signs of drug or alcohol abuse	 Pelvic Inflammatory Disease/Pelvic Trauma Dehydration or malnutrition Recurrent sexually transmitted infections Significant dental problems Delayed in seeking medical care 	 Workplace injury Reports of workplace abuse or restriction Reports of living at the place of employment Alluding to owing debt or unfulfilled promises Not in control of identification documents

Screening Young People for Trafficking

<u>Potential Sex Trafficking-Short Screening for Child</u> <u>Sex Trafficking (SSCST/Greenbaum Tool)</u>

Potential Labor Trafficking: Quick Youth Indicators of Trafficking

Greenbaum Tool

- Is there a previous history of drug and/or alcohol use?
- Has the youth ever run away from home?
- Has the youth ever been involved with law enforcement?
- Has the youth ever broken a bone, had traumatic loss of consciousness, or sustained a significant wound?
- Has the youth ever had a sexually transmitted infection?
- Does the youth have a history of sexual activity with more than 5 partners?

Scoring: A positive screen is defined as an affirmative response to two or more questions. If a youth screens "positive", the health provider follows up with openended questions about the affirmative responses to assess level of risk for commercial sexual exploitation.

Quick Youth Indicators of Trafficking

- 1. It is not uncommon for young people to stay in work situations that are risky or even dangerous, simply because they have no other options. Have you ever worked, or done other things, in a place that made you feel scared or unsafe?
- 2. Sometimes people are prevented from leaving an unfair or unsafe work situation by their employers. Have you ever been afraid to leave or quit a work situation due to fears of violence or threats of harm to yourself or your family?
- 3. Sometimes young people who are homeless or who have difficulties with their families have very few options to survive or fulfill their basic needs, such as food and shelter. Have you ever received anything in exchange for sex (e.g.: a place to stay, gifts, or food)?
- **4.** Sometimes employers don't want people to know about the kind of work they have young employees doing. To protect themselves, they ask their employees to lies about the kind of work they are involved in. Have you ever worked for someone who asked you to lie while speaking to others about the work you do?

Scoring: A single positive answer yields a positive screen

Screening Adults for Trafficking

CUES APPROACH

An evidence based approach focused on universal education. A guide for providers on how to engage with patients, offering education and support while promoting prevention

Confidentiality

Universal Education

Empowerment

Support

CUES

BARRIERS:

- Comfort levels with initiating conversations with patients about IPV
- Feelings of frustration with patients when they do not follow a plan of care
- Not knowing what to do about positive disclosures of abuse
- Lack of time

"We've started talking to all our patients about healthy relationships so they know how to get help for themselves and so they can help others."

CUES: ADDRESSING DOMESTIC AND SEXUAL VIOLENCE IN HEALTH SETTINGS

As easy as CUES

C: Confidentiality

Know your state's reporting requirements and share any limits of confidentiality with your patients before discussing domestic and sexual violence.

Always see patients alone for at least part of the visit. It is unsafe to discuss relationships if their partner, friend, or family member is with them.

TIP! Make sure you have access to professional interpreters and do not rely on family for friends to interpret.

UE: Universal Education + Empowerment

Give each patient two Safety Cards to start the conversation about healthy relationships, those that are not healthy, and how they can affect their health. Normalizing this conversation as a health issue is crucial.

TIP! Offering Safety Cards to <u>all patients</u> ensures that everyone gets access to information about relationships, not just those patients who choose to disclose experiences of violence.

S: Support

Though disclosure of violence is not the goal of CUES, it will happen. Know how to support someone who says "yes, this happened to me."

Make a warm referral to your local domestic violence partner agency or the National Domestic Violence Hotline (on the back of all Safety Cards!) and document support provided in order to follow up the patient at their next visit.

Offer health promotion strategies and a care plan that takes surviving abuse into consideration.

TIP! What resources are available in your area for survivors of domestic and sexual violence? How about for LGBTQ folks, immigrants or youth? Partnering with local resources makes all the difference.

"Before we get started I want to let you know that I won't share anything we talk about today outside of the care team here unless you were to tell me about [find out your state's mandatory reporting requirements]."



"Because relationships can affect ou health, I give two of these cards to al patients in case you or someone you know needs it. It talks about healthy relationships and what to do if you relationship is not healthy. Take a look... Is any of this a part of your story?"

"Thank you for sharing this with me, I am so sorry this is happening. What you're telling me makes me worried about your safety and health....

Would you like me to share some options and resources that folks with similar experiences are often interested in hearing about? I would be happy to connect you if you are interested."



National Health Resource Center on Domestic Violence M-F 9am-5pm PST | 415-678-5500 TTY: 866-678-8901 health@futureswithoutviolence.org to get safety cards and other resources: ipvhealth.org



Women who talked to their HCP
 about abuse were 4 times more
 likely to use an intervention and 2.6
 times more likely to exit the abusive
 relationship (McCloskey et al, 2006).

Direct Inquiry Themes:

- Living Environment
- Employment
- Social Environment
- Physical Safety

There's Really No Harm in CUES

Resources for Patients

No estás sel:

El abuso y/o la violencia ocurren en todo tipo de relaciones.

El hecho de que ocurran con frecuencia no significa que estén justificadas. Tú te mereces una relación que te brinde apoyo y se sienta bien. Hay ayuda disponible.

Be plon nue funcione pare fi

Si sientes que algo no anda bien con tu relación, podría ser útil que hablaras con una amistad de confianza o una persona de apoyo profesional o defensora sobre lo que has estado experimentando

untes, ustedes pueden formular un plan sobre

- Cómo conseguir apoyo en cosas que quirás hayas estado haciendo para uyudarte a enfrentar las dificultades, comos beber en exceso, usar drogas, comer demasiado o muy poco.
- Cómo conectarte con tu proveedor de salud sobre qué hacer si tu pareja restringe tu acceso a medicamentos o tus visitas al médico y otras formas en que tu relación podría estar afectando tu salud.
- ✔ Cômo reducir el daño en tu relación y/o
- Cómo conectarte con los recursos al otro lado de esta tarjeta y en tu comunidad para aprendes sobre tus opciones.

Lac l'amos da ayuda sazirmina y imrifidancishas guadaz in encluris cor rumaras i limiha y provinci apa ya 247 por lubiloza, bada n chala sa infarmi l'ama Mariand di Maharia Mandalia

El Proyecto Trever (The Trever Project) Lines de crisis pero jii seese (CETI)

989-449-7386 | Hackman oproject.org Controlled - more thin so the set Landau de LEST Control APL Societé - se IPV Control Congressor - Sub-se d'Control Alban Verbano Frago and Priffed. Editor Person avec el Tendron California. Na Proventit L. Fish et la Universitat de Patricopi. 2008 Process Victors Verbano. - Substitution de Patricopi. - Substitution - Subs



Here recurses white: In End dall Herearts (The Northwest



Human trafficking is happening IN OUR COMMUNITY.

Learn to recognize the signs. Is the person:

- Forced/coerced to work or perform commercial sex acts or is under 18 and in commercial sex?
- Unable to leave their work/services without severe consequences?
- Being forced to work off a debt?
- · Controlled/watched/coached/threatened by someone?
- Not in possession of their own money/identification?
- Showing signs of abuse, malnourishment, lack of sleep?

While no single indicator is proof of human trafficking, these indicators are just a few that may alert you to a potential human trafficking situation.





¿Podrías renunciar a tu trabajo si quisieras? ¿Puedes ir y venir a tu libre albedrío? ¿Te sientes obligada a trabajar para pagar una deuda? ¿Has sido amenazada cuando trataste de irte? ¿Ha sido tu familia amenazada?

Si esto te está sucediendo, entonces necesitas ayuda. En los Estados Unidos, es contra la ley forzar a alguien a trabajar o a prostituirse.

Tienes a tu disposición ayuda, sin importar tu estado legal. No somos la policía o el servicio de inmigración. Nos preocupamos por ti y queremos ayudarte. Podemos conseguirte comida, habitación, ropa, doctor y abogado de inmigración.

¡Llama al 202-387-2870 x 35!

Alianza Metropolitana de DC Para Combatir El Tráfico Y La Esclavitud

Love not jealousy

Trust not suspicion

Affection not threats

Support not criticism

Hugs not hitting

Independence not possession

Respect not Control

Healthy relationships are built on love, support, trust, respect and affection. No one deserves to be threatened or abused. To find help call:

National Organization for Victim Assistance 1-800-TRY-NOVA

National Domestic Violence Hotline 1-800-799-7233 or 1-800-787-3224 (TTY)

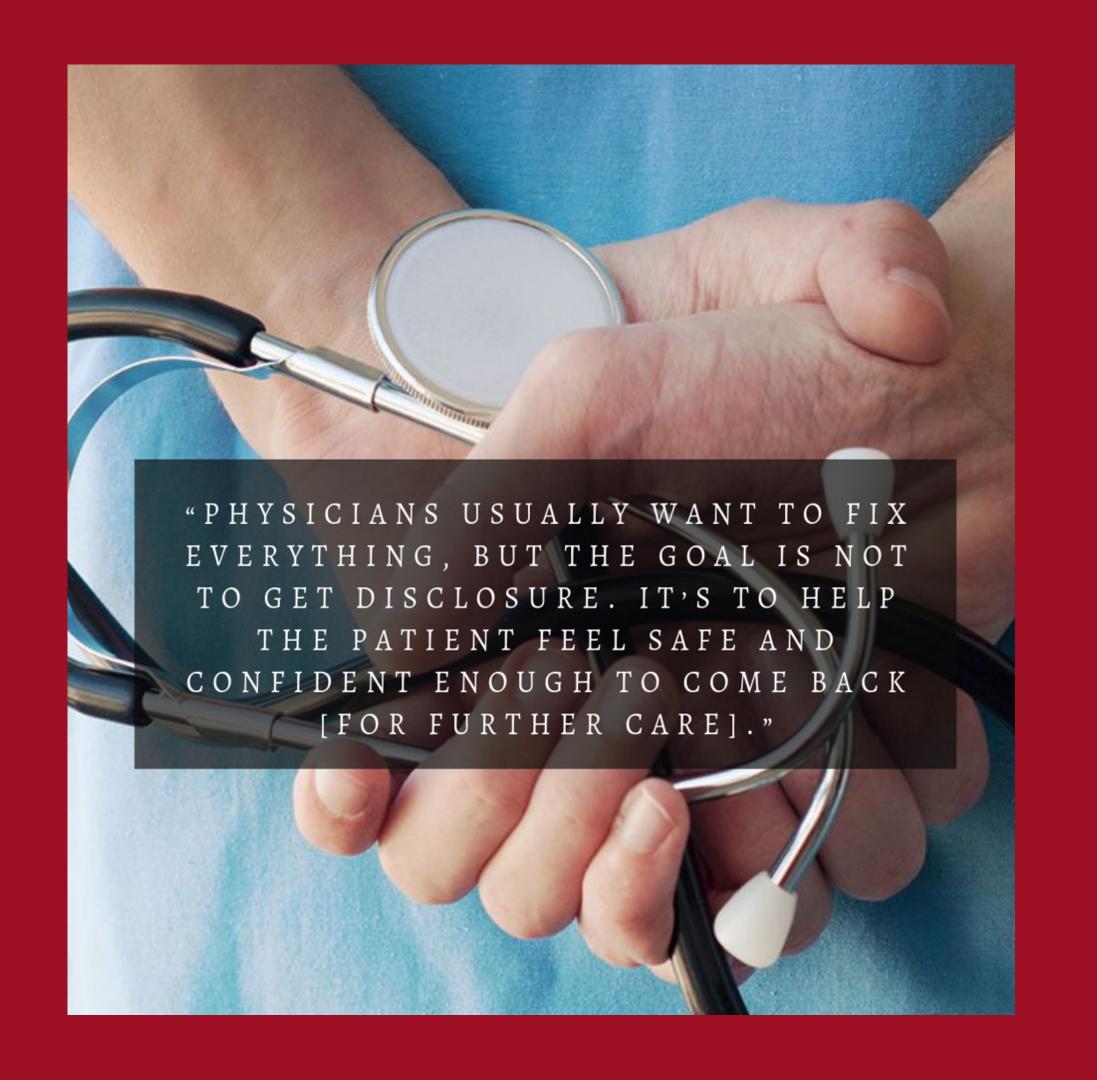


Disclaimer: The content of this card is to only make you aware that there is help for above whether it is a child, paners, shiling, spouse, or dimetic justice. It is not legally briefing and does not have to be accepted.

Everyone deserves to be safe and healthy







Respond

The guidelines recommend that hospitals respond to trafficking survivors by providing the option to be connected with a specially trained community-based provider, if desired by the survivor

Trauma Informed Response

Next steps for safety and stabilization

Community & collaboration building

Warm handoff

After discharge response

- Setting expectations
- Establishing treatment priorities and goals
- Encouraging self-advocacy through shared decision making
- Fostering social and community reintegration
- Providing appropriate referrals to communitybased service agencies

Safety & Stabilization

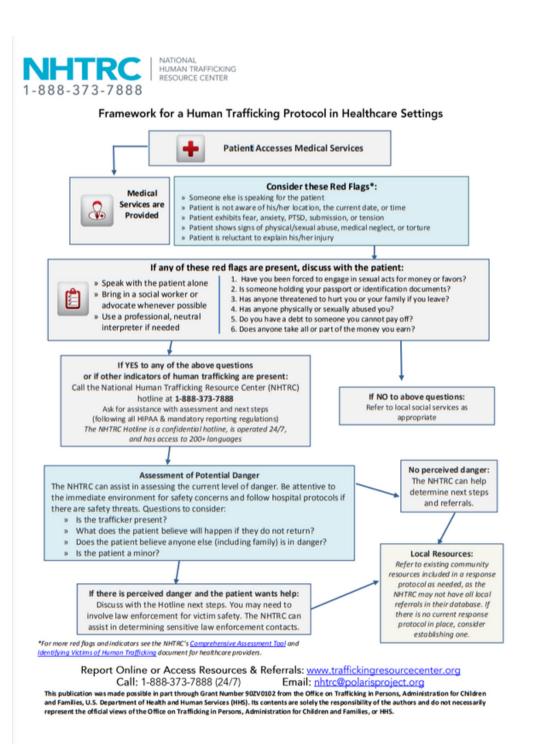
Community & Collaboration Building

- Partnerships
 - Law Enforcement
 - Health
 - Legal
 - Social Service Providers

List of local resources

Internal algorithm with localized resources

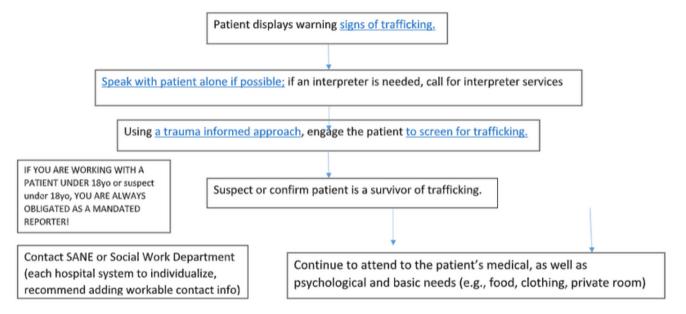
Example Algorithms



DELAWARE HEALTH CARE HUMAN TRAFFICKING FRAMEWORK

Electronic Version Created 03/2019 by Delaware Healthcare Assoc. Medical Committee on Human Trafficking

Guidance for All Healthcare Providers page 1 of 2



For guidance & technical assistance at any point during this process, contact the

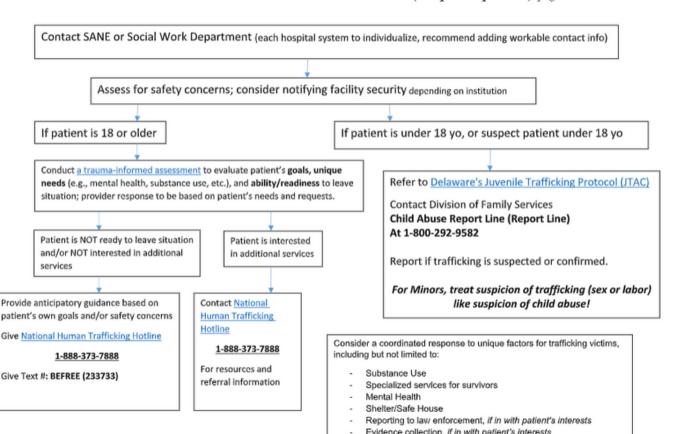
NATIONAL HUMAN TRAFFICKING HOTLINE 1-888-373-7888

Text: BEFREE (233733) Email: nhtrc@polarisproject.com Submit anonymous online tin here

DELAWARE HEALTH CARE HUMAN TRAFFICKING FRAMEWORK

Electronic Version Created 03/2019 by Delaware Healthcare Assoc. Medical Committee on Human Trafficking

Guidance for SANE or Social Work Providers (hospital specific) page 2 of 2

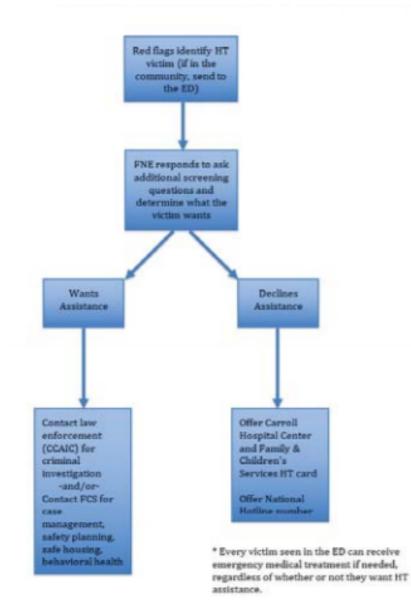


- · Treat medically
- · Document in patient's own words using quotations
- · Patient education
- Explain to patients that help is available and attainable
- Notify the SAFE Program at (443) 849-3323 or by calling ED at (443) 849-2226
- Victim advocates and forensic nurses are available 24/7 to assist; the SAFE Program will be notified for every suspected or known case of human trafficking and will respond to the hospital if appropriate

Provide resource

- Resources will be provided by the SAFE Program; if the patient withes to leave prior to a victim advocate or forensic nurse arriving, the anti-trafficking hotline number (1-888-3737-888) will be offered to the patient by the treating provider
- If the anti-trafficking hotline is offered, it will be done in private; if unable to get the patient alone do not affer this resource as it could potentially cause more harm to the patient
- Report suspected or known offenses, if able (see "Reporting" slides)
- It is the responsibility of the employee who discovers potential or confirmed trafficking of a minor to report to law

Greater Baltimore Medical Center Example



Example AlgorithmAdults

Appendix E

Maryland Human Trafficking Medical Response Algorithm*

NO

Continue to deliver trauma-

informed care, attending to

the patient's medical, as well as

psychological and social needs.

The SIRV Framework (Serve, Identify, Respond, eValuate)

Serve

Use a patient-centered, trauma-informed approach throughout the patient encounter, make note of any indicators of human trafficking you observe.

Assess: Do you suspect the patient is a victim of sex or labor trafficking?

YES

\downarrow

Identify

Contact the designated champion for your hospital Customize based on your hospital. Include contact information HERE

If there are indications of human trafficking, assess the patient alone if possible. Ensure that the patient is communicating in their preferred language. Always use a neutral interpreter, not a family member or someone accompanying the patient. Free phone translation services are available through the National Human Trafficking Hotline Translation Service: 1-888-373-7888 if a neutral, in-person interpreter is not available. Remember to use a trauma-informed, conversational approach to gather information while building rapport.

Is the patient a minor?

Mandated reporters must report suspected abuse or neglect to the local department of social services or appropriate law enforcement agency. Maryland law considers human trafficking and child pornography as forms of child abuse. Providers should be forthcoming with patients by stating that as a mandated reporter, any disclosure of physical abuse, sexual abuse or neglect has to be reported to the Department of Social Services. This should happen before any screening is conducted. Please see mandated reporter decision tree.

Respond

Use a Recommended Assessment Tool

to understand the patient's safety needs. Remember the goal is to ensure safety, not dig for disclosure.

Provide anticipatory guidance based on patient's own goals and/or safety concerns

Give patient the National Human Trafficking Hotline

1-888-373-7888

Give Text #: BEFREE (233733)

Or your local victim services agency.

Consider a coordinated response to unique factors for trafficking victims, including but not limited to:

- Substance Use
- Specialized services for survivors
- Mental Health
- Shelter/Safe House
- Reporting to law enforcement, if in line with patient's interests
- Evidence collection, if in line with patient's interests

e**V**aluate

Collaborate with local government officials, victim service agencies and appropriate hospital staff to determine data that would be useful to collect. Appropriate ICD-10-CM codes can be utilized for suspected or confirmed cases of human trafficking, if staff have been trained and a policy is in place for the careful use of these codes.

ICD-10-CM Code/ Subcategory ²²	Title
T74.51*	Adult forced sexual exploitation, confirmed
T74.52*	Child sexual exploitation, confirmed
T74.61*	Adult forced labor exploitation, confirmed
T74.62*	Child forced labor exploitation, confirmed
T76.51*	Adult forced sexual exploitation, suspected
T76.52*	Child sexual exploitation, suspected
T76.61*	Adult forced labor exploitation, suspected
T76.62*	Child forced labor exploitation, suspected
Y07.6	Multiple perpetrators of maltreatment and neglect
Z04.81	Encounter for examination and observation of victim following forced sexual exploitation
Z04.82	Encounter for examination and observation of victim following forced sexual exploitation
Z62.813	Personal history of forced labor or sexual exploitation in childhood
Z91.42	Personal history of forced labor or sexual exploitation

Example AlgorithmYouth

Maryland Mandated Reporter Decision Tree

Cases of Suspected or Confirmed Sex Trafficking of Youth

Mandated reporters in Maryland include health practitioners, police officers, educators, and human service workers. If a mandated reporter has reason to believe that a child has been the victim of sex trafficking, they must notify the local department of social services or the appropriate law enforcement agency. It is not necessary to be sure, suspicions are all that is needed for reporting child abuse and neglect.

For youth under 18, involvement in any commercial sex act is considered sex trafficking, regardless of stated consent, or the presence of force, fraud or coercion. If you are working with a minor that you have reason to believe has been exploited through commercial sex, a mandated report must be made.

"Sex trafficking" is the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a child for the purpose of a commercial sex act (Maryland Family Law § 5-701). A commercial sex act is sexual activity in exchange for something of perceived value (money, food, housing, etc.). All commercial sex of a minor is considered human trafficking, even in the absence of force, fraud or coercion.

Follow the steps outlined in this decision tree to help you evaluate if a report to the Department of Social Services is required.

YES

	YES	Is patient 17 years o or younger?
Call your local <u>Department of Social Services</u> or appropriate Law Enforcement agency. A mandated reporter must make an oral report of suspected child abuse or neglect		NO
immediately and submit the DHR/SSA 180 form within 48 hours of the verbal report. The DHR/SSA 180 form is available on the		Is the patient 18-24 years old?
Department of Human Services' website: Agency Name:		NO
Agency Name:		Reporting is not required for adult cases of sex trafficking. Any reports to law enforcement requires patient consent, unless the adult is classified as "vulnerable" meaning he or she lacks the
Phone Number:		physical or mental capacity to provide for their daily needs.

NOTE: Providers should discuss their role as a mandated reporter prior to screening. Youth should be informed that they are not required to answer questions. Providing youth an opportunity to regain control during the interview process is important. However, patient consent is not required to report a cases of sex trafficking for children under the age of 18.

Under Maryland state law, cases of suspected or confirmed sex trafficking of an adult are not required to be reported. Depending on the circumstance, making this report without the adult's consent could be a violation of HIPAA. However, youth ages 18 to 24 years old, are eligible to receive services through the Safe Harbor Regional Navigator Grant Program.

If the patient requests assistance through the Safe Harbor Regional Navigator Grant Program, call the Regional Navigator for the jurisdiction where the trafficking occurred or where the youth is a resident.

For more information about the regional navigator program, contact the <u>Governor's Office of Crime</u> Control and Prevention.

If there is not a regional navigator in your area, to inquire about access to services, contact the Anti-Human Trafficking Coordinator at your local rape crisis center or the National Human Trafficking Hotline at 1-888-373-7888 or via the online referral directory.

Agency Name:	

Phone Number:



- Increase awareness in the State of Maryland of sex trafficking involving youth victims under the age of 25;
- Effectively identify child and youth victims of sex trafficking;
- Receive referrals involving suspected or confirmed child sex trafficking victims from Law Enforcement, Child Welfare Services, and other youth-serving organizations in the jurisdiction;
- Connect suspected or confirmed child sex trafficking victims with critical services (including safety planning, emergency response, basic living needs, trauma counseling, connection to drug and alcohol abuse treatment centers, legal services, victim advocacy, and case management)
- Implement a methodology to evaluate and report gaps in services in Maryland for sex trafficking victims who are under the age of 25.

Regional Navigator Program Purpose & Strategy



After Discharge

Survivor driven

 Resources are available but not mandated

- Work to reduce barriers between patients and service providers
- Law enforcement and mandated reporting

eValuate

The guidelines recommend that healthcare providers collect and analyze data regularly to ensure this model is effectively identifying and providing care for survivors of human trafficking within their facility.

ICD-10-CM Code/ Subcategory	Title
T74.51*	Adult forced sexual exploitation, confirmed
T74.52*	Child sexual exploitation, confirmed
T74.61*	Adult forced labor exploitation, confirmed
T74.62*	Child forced labor exploitation, confirmed
T76.51*	Adult forced sexual exploitation, suspected
T76.52*	Child sexual exploitation, suspected
T76.61*	Adult forced labor exploitation, suspected
T76.62*	Child forced labor exploitation, suspected
Y07.6	Multiple perpetrators of maltreatment and neglect
Z04.81	Encounter for examination and observation of victim following forced sexual exploitation
Z04.82	Encounter for examination and observation of victim following forced labor exploitation
Z62.813	Personal history of forced labor or sexual exploitation in childhood
Z91.42	Personal history of forced labor or sexual exploitation

^{*}Subcategories require additional characters for specific codes. Please refer to ICD-10-CM for complete codes

Why they're helpful

- Offer a more adequate diagnosis classification
- Help expand our understanding of the risk factors, comorbid illnesses and injuries associated with human trafficking
- Allow us to collect information on the cost of treatment for human trafficking

Safety and legal concerns

Display codes discreetly

ICD-10 Codes

Documentation Tips

Balance the Need for Information with Medico-Legal Discretion

- Obtaining information about prior injuries, STIs, consensual sex, etc., may influence an exam or resources offered by healthcare staff, but documentation of this information may be used against the patient in certain legal circumstances
- Consult local attorney familiar with privacy and rape shield laws

Examples

- Information in the medical record can potentially be harmful to the patient when their case goes to trial (e.g., if a sex trafficking victim contracts HIV, in some states they could be criminalized for the transmission of HIV)
- In many jurisdictions, crimes committed by trafficking victims while under the control of their traffickers will be prosecuted (e.g. patient coerced to sell sex may still be charged with prostitution)
- Information gathered during the forensic exam, including photographs, may be shared with the defense attorney and sometimes with the traffickers themselves. This could be re-traumatizing to the patient.

S

П

R

V

Serve: The guidelines recommend healthcare facilities adopt trauma-informed practices when working with survivors of human trafficking.

Identify: The guidelines recommend that healthcare staff are trained and provided tools to identify survivors of human trafficking.

Respond: The guidelines recommend that hospitals respond to trafficking survivors by providing the option to be connected with a specially trained community based provider, if desired by the survivor.

eValuate: The guidelines recommend that healthcare providers collect and analyze data regularly to ensure this model is effectively identifying and providing care for survivors of human trafficking within their facility.

Case Studies

Kira, Age 15, Baltimore, MD

Kira lives in Baltimore City with her family. She's been involved with the child welfare system because of her father's alcoholism. When her dad got abusive, Kira left home and texted Mike, a guy who messaged her on Tagged (a social media platform). Mike (age 25) offered her a place to stay and they quickly started dating. He tells Kira he loves her and listened to her problems. No one else has ever treated her that way. He got her new clothes and an iPhone. He paid for her to get a tattoo of his name so she'd always know she was his. Kira stopped talking to friends at school and only made quick visits home so her mom wouldn't report her missing.

Then Mike got an eviction notice and demanded Kira help him "make some real money". He said it was just for rent and reminded Kira of all that he had done for her. She was afraid of losing Mike, so she gave in. He took photos of Kira in lingerie for an online ad and rented a motel room where Kira offered sexual services to strangers in exchange for cash.

Kira's Story

- Why is this trafficking?
- How might this present in a medical setting?

Shawn, 20, Baltimore, MD

Shawn is from the Phoenix suburbs where he struggled to fit in and his family life was chaotic. Ever since he was 16, he's wanted to move to a city and would like to travel. Six months ago, he met Jeff. Jeff gave Shawn a position on his sales team. The team travels the East Coast and, as part of the team, Shawn would make a commission on whatever he sold (after living expenses). Shawn figured he'd eventually move his way up in the company or get a job in New York or something.

The money Jeff promised never materialized no matter what Shawn sold or for how much. Shawn would end up sleeping in random places Jeff found with the other kids on the sales team. Jeff demanded all the money Shawn made. He would say things like, "You think keeping you fed is free?! Hand it over." If Shawn complained or made too little money, Jeff or his "associate" would threaten him physically which made him feel trapped, like he couldn't leave. Jeff and his business partner beat others in the sales team and would make sexual comments that made Shawn feel sexually harassed.

When passing through Baltimore, Jeff said Shawn wasn't making enough and told him to perform sex acts for money. When Shawn refused, they kept all of his stuff and left him at a homeless shelter. He had no way to get home or contact family.

Shawn's Story

- Why is this trafficking?
- How might this present in a medical setting?

Karina, Age 25, Linthicum, MD

Karina arrived from the Ukraine three years ago and overstayed her visa. Since then, she's worked jobs that pay under-the-table to make ends meet. She's made an arrangement sharing a townhouse near Security Blvd. with other immigrant women and they all pay rent. It can be difficult for everyone living in the house if even one roommate cannot make rent. The landlord did not ask for legal documentation to rent the space so none of the roommates want to "rock the boat" because they worry about being evicted.

Karina works for a company that does housekeeping for motels outside Baltimore. She works long hours, seven days a week, and is paid per room she cleans. She agreed to this when she had very few options and rent was due. If she works fast enough and tips are good, she can make enough money to make ends meet. The company has never asked about her immigration status, so she's never asked them

for help even when she's exhausted, sick, or injured. Lately, her skin has been really irritated from the cleaning solutions the company provides. It's giving her large painful rashes and cuts. She doesn't have any rubber gloves and can't afford to get medical attention.

Karina's Story

- Why is this trafficking?
- How might this present in a medical setting?

CONTACT US

Sophie Aron: saron@umd.edu

University of Maryland SAFE Center

Jessica Volz: JVolz@adventisthealthcare.com

Adventist Healthcare Shady Grove Medical Center

Dave Williams: davewdds@gmail.com

Joyce Williams: joycewilliamsdnp@gmail.com