

Serve

Identify

Respond

eValuate



Human Trafficking:

Guidelines for
Healthcare Providers

2020 Update



Maryland
Hospital Association



UNIVERSITY OF MARYLAND
SAFE CENTER
FOR HUMAN TRAFFICKING SURVIVORS
MPOWERING THE STATE

SUPPORT, ADVOCACY, FREEDOM, AND EMPOWERMENT CENTER

Table of Contents

Serve

Delivering Trauma-Informed Care

4

Identify

Resources for Identifying and Assessing

6

Red Flag Indicators

7

Screening for Suspected Cases - Sex or Labor Trafficking

9

Respond

Referral and Warm Handoff

15

eValuate

Collecting and Reviewing Data, Informing Efforts

16

Appendices

Appendix A - Joint Commission Quick Safety Alert- Identifying Human Trafficking Victims

Appendix B - PEARR Tool- Trauma-Informed Approach to Victim Assistance in Health Care Settings

Appendix C - CUES: Addressing Domestic and Sexual Violence in Health Settings

Appendix D - Maryland Human Trafficking Medical Response Algorithm

Appendix E - Maryland Mandated Reporter Decision Tree

Disclaimer: This document should not be used to establish any standard of care. No legal proceeding, including medical malpractice proceeding or disciplinary hearings, should reference a deviation from any part of this document as constituting a breach of professional conduct. These guidelines are only an educational tool. Clinicians should use their own clinical judgment and not base clinical decisions solely on this document. All of the following recommendations should be implemented in concert and collaboration with hospital counsel, public health entities and other relevant stakeholders.

Executive Summary

Human trafficking is a form of modern-day slavery and a multibillion-dollar criminal industry that occurs worldwide, including in the United States. Traffickers use force, fraud or coercion to entrap victims in commercial sex and labor, including domestic servitude, agriculture, commercial fishing, mining, or work in the garment industry, factories, or construction. Additionally, the trafficking of human organs, although more common in other countries, also occurs in the United States.¹ Victims can be women, men and transgender individuals; adults and youth; domestic and foreign nationals.

Studies show human trafficking survivors are likely to have contact with the health care system during their exploitation since human trafficking often leads to negative health consequences. One study, in particular, reports that 88% of women and adolescents saw a physician during their trafficking.² Another study found that 81% of domestic minor sex trafficking survivors interacted with a medical provider the year prior to their identification and referral to service providers.³ While these survivors came in contact with the health care system, they were not identified as victims of human trafficking. With these updated guidelines and appropriate training, health care providers will be better equipped to leverage their unique position and help disrupt the cycle of trafficking. Providers can recognize the signs of trafficking, provide support, and refer and connect survivors with resources and victim service agencies to begin a process of support and healing.

A 2014 study reported that 88% of women and adolescents saw a physician during their trafficking.

The spectrum of health consequences of trafficking is vast, and may include, “neurological, gastrointestinal, cardiovascular, musculoskeletal, dermatological, reproductive, sexual, dental and mental health problems.”⁴ The health concerns of trafficked individuals are typically not treated in their early stages, but tend to present in the medical setting in an advanced stage when they have become critical—even life-threatening to the victimized individual.⁵

Human trafficking survivors also experience high levels of trauma, which can put their recovery in peril unless all phases of engagement with service providers employs a bio-psychosocial approach. Due to the trauma, survivors are more likely to respond to care by trauma-informed clinicians who understand trauma manifestations and the importance of relationship building. These guidelines have been crafted to reflect current national best practices, promote the use of trauma-informed practices, and address human trafficking from a multi-disciplinary approach. They are intended to equip health care providers and hospitals with accessible tools to help meet the needs of the survivors that come in contact with the health care system every day.

¹ Hughes, Nancy, S. (May 1, 2014). Human traffic: exposing the brutal organ trade. <https://newint.org/features/2014/05/01/organ-trafficking-keynote>
² Lederer, L., Wetzel, C. (2014). “The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Health care Facilities.” A. Annals of Health Law, Volume 23, Issue 1, 61-91.

³ Goldberg, A., Moore, J., Houck, C., Kaplan, D., Barron, C. (2016). “Domestic Minor Sex Trafficking Patients: A Retrospective Analysis of Medical Presentation”. Journal of Pediatric and Adolescent Gynecology. Volume 30.

⁴ Rothman, E., Stoklosa, H., Baldwin, S., Chisolm-Straker, M., Kato Price, R., Atkinson, H., and on Behalf of HEAL Trafficking, 2017: Public Health Research Priorities to Address US Human Trafficking American Journal of Public Health 107, 1045_1047, <https://ajph.aphapublications.org/doi/10.2105/AJPH.2017.303858>

⁵ Department of Health and Human Services. (nd). Resources: Common health issues seen in victims of human trafficking. http://www.justice.gov/usao/ian/htrt/health_problems.pdf.

Maryland's Anti-Trafficking Efforts:

The Maryland Human Trafficking Task Force (MHTTF) was formed in 2007 and is chaired by the Maryland U.S. Attorney's Office. The Task Force is a multidisciplinary team of law enforcement, prosecutors, victim service providers and government agencies in Maryland. While at its inception, the MHTTF understood the importance of health care providers in addressing human trafficking, the Task Force's response focused initially on victim service agencies and law enforcement. However in 2014, the MHTTF formed a medical subcommittee with health care professionals, victim service advocates, and survivors, and developed a much-needed protocol for health care providers. The Protocol, released in 2015, included an overview of human trafficking, practices for screening, and guidance for health care facilities on how to set up internal referral pathways to community-based providers for cases of suspected or confirmed trafficking. While the Protocol was groundbreaking at the time, developments in the field over the past few years make it necessary to update key portions.

In 2019, The MHTTF's Medical Subcommittee partnered with the Maryland Hospital Association (MHA) to make these updates. MHA and the Medical Subcommittee convened a working group of forensic nurse examiners and child abuse experts from member hospitals to inform what updates were needed. Nurses in the working group represented many of the hospitals that had implemented the 2015 Protocol and were able to discuss their experiences, including what worked from the original Protocol and what could be improved. Subcommittee members also shared their current response procedures and suggested which approaches should be recommended. The working group was joined by experts from the University of Maryland Support, Advocacy, Freedom and Empowerment (SAFE) Center for Human Trafficking Survivors, who offered a wider perspective on what research and policies are being implemented at hospitals across the country.

Based on the recommendations of the working group, The Joint Commission, the HEAL Trafficking and Hope for Justice's protocol toolkit and recent studies supporting emerging best practices, MHA, MHTTF and the SAFE Center developed this new set of guidelines as an internal and external roadmap for health care professionals to address a trafficked patient's medical and psychosocial needs both inside and outside of the hospital.

We appreciate the input of survivors, health care professionals, University and MHTTF partners in the creation of these guidelines. Due to the long history of traumatic experiences that so often encompasses a survivor's experience, working with human trafficking victims is complicated. With appropriate training and resources, health care providers can assist in the first stage of healing, both physically and emotionally, by providing trauma-informed and survivor-centered care and referral to appropriate resources, when desired by the patient. We are proud of the work being done nationally on this front since the 2015 Protocol was initially released. **Maryland will continue to be at the forefront of supporting health care professionals as they support human trafficking survivors.**

Guideline Framework

MHA, MHTTF and the SAFE Center recommend Maryland's hospitals and health care facilities create or adopt policies in four categories to provide holistic care to human trafficking survivors: **Serve, Identify, Respond, and eValuate** ("SIRV"). The SIRV model was created with the understanding that health care facilities can leverage their policies and systems to build a trauma-informed response to human trafficking. Collectively, MHA, the Maryland Human Trafficking Task Force and the SAFE Center recommend:

S: Health care facilities adopt trauma-informed practices when **servicing** survivors of human trafficking

I: Health care staff are trained and provided tools to **identify** survivors of human trafficking

R: Hospitals **respond** to trafficking survivors by offering to connect them with specially trained community-based providers

V: Health care providers **eValuate** their response program by identifying quality measures or goals prior to implementation and collecting and analyzing data regularly. Evaluation ensures that the SIRV model is effectively identifying survivors and promoting trauma-informed practices, while being mindful of each program's impact to existing workflows and staff well-being

With the working group's recommendations and the SIRV framework, health care facilities can develop individualized policies for their organizations while implementing assessments and tools that are emerging as nationally recognized best practices. Hospitals will have ongoing support from MHA, MHTTF and the SAFE Center as they develop their human trafficking response.

SIRV works on the premise that each hospital or health care facility identifies a champion(s) who will ensure information on trafficking is received by all levels of staff. This champion-based system was utilized in the 2015 Protocol and is now also emerging as a national best practice. Hospitals that were most successful in implementing the 2015 Protocol had champions leading in-house training initiatives and reviewing emergency department charts for possible indicators of trafficking.

As overseen by the champion, SIRV requires staff training across hospital departments. In one hospital that implemented the 2015 Protocol, the person who identified a trafficked individual worked in environmental services and earned disclosure through a relationship with a long-term patient.

While we recommend training all hospital staff, training in the emergency department is priority. Since emergency departments are fast-paced, these trainings can take various forms, including short, focused sessions coordinated by the champion and available on an as-needed basis through the MHTTF and SAFE Center. Online modules and webinars also are available, including the SOAR to Health and Wellness Training through the U.S. Department of Health and Human Services' Office of Trafficking in Persons (OTIP).

Serve - Delivering Trauma-Informed Care

Many victims of human trafficking experience psychological distress as a result of their traumatic experiences. This can include behavioral health problems like anxiety, depression, dissociation, post-traumatic stress disorder (PTSD), and complex PTSD. Trauma can also manifest as maladaptive behaviors, such as aggression toward staff, lying as means to protect a trafficker, or a patient who minimizes, conceals, or denies injuries.

Taking a “trauma-informed” approach means looking beneath the surface for the underlying cause of a patient’s behaviors. While they may appear maladaptive or counterproductive, these behaviors serve as essential tools in the patient’s toolbox of survival skills. When used correctly, the trauma-informed approach will help positively reframe these behaviors and allow providers to build trust with their patients, identify suspected and/or confirmed cases of trafficking, and suggest the most appropriate service referrals upon discharge.

At the crux of trauma-informed care is establishing a trusting provider-patient relationship.

While this will not address a medical issue, it is the single most important step to providing holistic care to trafficking victims. Building a trusting relationship begins at the first point of contact between a patient and their provider. A trauma-informed approach recommends imparting a sense of calm, security and safety to reduce the patient’s distress and minimize the risk of retraumatization. In these first interactions, victims are likely scared, vulnerable and in pain. They are often deprived of sleep and food and may be on drugs or alcohol. This might cause patients to come across as difficult or uncooperative. Providers should confront their own biases and refrain from making judgments. When beginning to build rapport, providers should avoid using words like “trafficking,” “exploitation” and “slavery” since they can be confusing and not carry much meaning for victims. The term “safety” is much more accessible and translates well into other languages.

Tips for Trauma-Informed Care:

Use caution when interpreting patient’s body language since reactions may be influenced by the survival responses of fight, flight or freeze. These reactions occur in response to a perceived harmful event, attack or threat to survival. Triggers, or trauma reminders, can be anywhere and might include room temperature, bathroom accessibility, loud noises, and bright lights, among others. These trauma reminders might also cause physical reactions in patients. React promptly if you notice changes in the patient’s physical response and ask what they are feeling and if there is anything that would make them more comfortable.

Communication with patients should be non-judgmental and culturally appropriate. All people deserve respect for their integrity and privacy. Be informative, not inquisitive. It is not necessary to know everything about the patient’s culture or experiences to create a safe space. The patient should feel physically and emotionally comfortable enough to drive their own process of self determination, sharing at moments in which they are able. On a population level, victims of trafficking have lost the agency to make their own decisions. Each decision the patient makes is a small step toward regaining that agency and creating safety for themselves.

Serve - Delivering Trauma-Informed Care

Work to build relationships by validating and empowering patients, especially in moments of decision making. When presented with an aggressive patient, offer support through positive reframing by saying, “Your resilience is inspiring. You’ve developed an exceptional skill set to survive. All those things that happened to you, that should never happen to anyone, and you survived.” Or validate what you are hearing by saying, “I can understand why you’re having nightmares. You experienced a living nightmare, something no one should ever have to go through.” Do not underestimate the impact of active, reflective, and intent listening or the power of empowerment.

Keep the patient informed about what to expect during their care and the individuals who will be involved. Limit the number of new providers who interact with the patient. When a new provider is introduced, explain fully and transparently the name, title and role of that person to the patient. It is especially important to communicate clearly which individuals are working independent of government authorities. Also discuss fully and transparently the importance and exceptions to patient confidentiality.

A calm environment is especially important when building trust with a human trafficking survivor or other trauma victim. If it is challenging to convey a sense of calm in an emergency setting, refer the patient back to the “here and now” and not what has happened in the past. Tell the patient what is going on and why. This grounds the conversation, bringing the patient’s attention back to small, practical steps they can take and away from reliving traumatizing experiences.

Create calm by:

- Minimizing the sense of hurry
- Speaking at a moderate pace
- Listening intently
- Making eye contact
- Conveying an attitude of collaboration rather than superiority
- Scheduling a follow-up appointment rather than leaving abruptly

Resources

Below are resources to offer guidance when implementing a trauma-informed approach in a health care setting:

1. [PEARR Tool](#), a guide for providing trauma-informed care
2. [SAMHSA’s Trauma Theory](#)
 - a. See pg. 6 for The Three “E’s” of Trauma
 - b. See pg. 9 for The Four “R’s” of a Trauma Informed Approach
 - c. See pg. 10 for the Six Key Principles of a Trauma Informed Approach

In serving the patient, providers should also serve themselves. When you begin to craft a plan of action at your first point of contact with a patient, begin to craft a plan to keep yourself safe as well. Doing this can help avoid secondary trauma and professional burnout. It can also be helpful to know what resources are available within your workplace.

Identify - Resources for Identifying and Assessing

Like relationship building and trauma-informed care, the identification process also begins at the first encounter the patient has in a health care facility. Clinicians and hospital staff should be trained to identify “red flags” or indicators that suggest human trafficking (see page 7). Importantly, a single indicator does not denote a positive identification of human trafficking, nor does the lack of any indicators rule it out. Each individual’s experience is unique, their presentations are different, and the ways they identify are culturally and situationally-specific. Refrain from making uninformed assumptions.

A health care facility should also provide mechanisms to communicate cases of suspected trafficking to a specially-trained staff member, for when a provider recognizes signs of trafficking. This specially-trained staff member will help conduct screening and assessment and connect victimized patients to community-based providers, if desired by the patient. To do this, each hospital should establish a channel of communication that works within their existing framework. One example would be noting in the electronic medical record who the identified champion is so that a provider knows who to tell as soon as they recognize red flags.

Language

Screening should happen privately and in the patient’s preferred language. If the patient’s preferred language is not English, use a qualified staff member, trusted language line, or trauma-informed interpreter in assessment. **Due to the dynamics of trafficking, do not let an accompanying person interpret.** The National Human Trafficking Hotline offers free translation services in many languages and can be utilized as a resource.

Hotline: 888-373-7888

SMS: 233733 (Text “HELP” or “INFO”) Hours: 24 hours, 7 days a week

Languages: English, Spanish and 200 more languages

A note on the following: these guidelines include recommendations on tools for screening and assessment; however, each hospital should make an informed decision on which tool will be most effective in their setting.

The goal of assessment is to screen for safety, not disclosure. A patient does not need to screen positive for trafficking to get a trafficking-specific referral. Like indicators, an assessment instrument is not absolute. A positive screen does not necessarily indicate trafficking and a negative screen does not rule it out. The trauma-informed approach suggests collecting only as much information as needed. As such, not all assessment questions need to be asked.

Youth

For suspected cases of youth sex trafficking victimization, the Greenbaum Tool is recommended (see page 9). For suspected youth of labor trafficking victimization, the New Jersey Covenant House’s Quick Youth Indicators of Trafficking is recommended (see page 10).

Adults

For suspected cases of adult sex and labor trafficking, the CUES model, coupled with the PEARR tool, is recommended (see page 11, Appendices B and C).

Identify - Red Flag Indicators

RED FLAG INDICATORS⁵

Physical

- Discrepancy between the state history and the clinical presentation or observed pattern of injury; an inconsistent story
- Inappropriate clothing for venue or weather
- State age is older than appearance
- Unable to recall date/time of last physical
- Seemingly excessive number of sexual “partners”
- Evidence of controlling relationship
- Inability to produce identification documents/not in control of these documents
- Physical ailments (e.g. dehydration, malnutrition, chronic fatigue) especially when accompanied by a vague reference to being related to a work situation
- Frequent relocation to avoid detection/claims to be just visiting the area
- Companion or accompanying individual who insists on providing translation or refuses to leave; companion who answers questions for the patient or otherwise controls the pace and the content of the encounter
- False identification
- No fixed address/homeless
- References staying in a hotel
- Lacks knowledge of current location (name of city, state)
- Reluctant to give simple information (name, DOB)
- Access to material possessions that one would reasonably doubt the patient could afford
- Fearful attachment to cell phone (often used for monitoring or tracking)
- Different significant appearance changes over multiple visits
- Family dysfunction - neglect, absent caregiver, substance abuse
- Significant dental problems
- Anxious to complete treatment

Clinical/Reproductive Health

- Pelvic trauma/pelvic inflammatory disease
- Presence of unexplained scar tissue
- Tattoos that victim is reluctant to explain
- Tattoos or other marks or insignias that may indicate a claim of “ownership” by another
- Evidence of lack of care for previously identified or obviously existing medical condition
- Delayed presentation for medical care
- Evidence of any kind of physical violence including torture
- Misuse of drugs/alcohol/prescription drugs
- Abdominal pain
- Lower back pain
- Multiple infections
- Recurrent sexually transmitted infection
- Multiple or frequent pregnancies
- Frequent or forced abortion

Behavioral

- Substance use (drugs/alcohol)
- Multiple psychiatric admissions
- Depression
- Suicidal ideation
- Homicidal ideation
- Reluctance or inability to speak on one’s own behalf
- Hyper-vigilant
- Avoids eye contact
- Not in control of money or is in possession of numerous pre-paid gift cards
- Loss of sense of time/space
- Subordinate or fearful demeanor
- Scripted, memorized or mechanically recited history
- Refusal to seek help or treatment
- Unable to provide description of employment

Identify - Red Flag Indicators

RED FLAG INDICATORS⁶

Labor Trafficking - Specific

Should be suspected in patient of any age who present with injuries or ailments that could be due to lack of proper protective gear, physical abuse, excessively long work hours, heavy labor with restricted access to food/drink, for example:

- Occupational-type injuries without evidence of legitimate employment (e.g., overuse injuries, chemical exposure, exposure to adverse climate conditions, head injuries).
- Physical ailments (e.g., dehydration, malnutrition, chronic fatigue), especially when accompanied by vague references to being related a work situation.

*** Given that foreign-born nationals are more likely than US citizens to be trafficked for the purpose of forced or bonded labor, the above indicators are especially relevant to patients for whom English is not the primary language*

- Hired for a different job based on false promises
- Fearful of employer or supervisor
- Isolated from family; fears family harm if they quit
- Lives where they work; can't choose where to live
- Owes employer money and can't pay it back
- Abnormal work hours; no breaks or vacations
- Boss makes them lie about their job duties
- Multiple people living in a cramped space; housekeeper, sales crew, live-in help

Sex Trafficking - Specific

- Recurrent sexually transmitted infections
- Multiple or frequent pregnancies
- Frequent or force abortion
- Frequent relocation to avoid detection
- Works in the commercial sex industry; escort, "prostitute", exotic dancer, "massage"
- Signs of having sex with multiple people
- Has a pimp; male, female, boyfriend, husband
- Uses language of the sex industry
- Inappropriate clothing for venue or weather
- Physical abuse, drugs/alcohol, malnourished

⁶Greenbaum, Jordan (2018). A Short Screening Tool to Identify Victims of Child Sex Trafficking in the Health Care Setting. *Pediatric Emergency Care*. 34:1

Identify - Screening for Suspected Cases

SCREENING FOR YOUTH SEX TRAFFICKING⁵

The Greenbaum Tool

The following questions should be incorporated into conversation to screen youth for sex trafficking involvement. The Greenbaum tool is an evidence-based screening tool and should be delivered in a trauma-informed manner, as discussed in the Serve section.

Before using this tool, be transparent with the patient and explain your role as a mandated reporter, making clear that disclosure of a reasonable suspicion of abuse or neglect must be reported. Please note the decision to report should not be based on the patient's decision to disclose, since this rarely happens.

A report to social services or law enforcement without the patient's knowledge could harm rapport and increase the chances that the youth is further victimized.⁷

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 five partners?

Scoring

If a youth answers "yes" to two or more of the six questions, they should be referred to the appropriate provider, such as a social worker, forensic nurse examiner or child abuse pediatrician, for further assessment.

⁷ Kalitso, Sheri-Ann.(2018). "Evaluation of a Screening Tool for Child Sex Trafficking Among Patients with High-Risk Chief Complaints in a Pediatric Emergency Department." Society for Academic Emergency Medicine. doi: 10.1111/acem.13497

Identify - Screening for Suspected Cases

SCREENING FOR YOUTH LABOR TRAFFICKING

Quick Youth Indicators for Trafficking (QYIT) is a screening tool developed by Covenant House New Jersey.⁸ QYIT includes four yes or no questions designed to be read verbatim by non-expert staff to a youth.

Staff conducting QYIT should use soft skills to create a supportive environment and rely on trauma-informed training to determine when the QYIT may need to be discontinued.

Youth Questions

1. It is not uncommon for young people to stay in work conditions 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 or 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 lie 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

QYIT generates a score out of 4. The higher the score, the more likely the young person is a survivor of human trafficking.

A young person who scores 1-4 on QYIT should be referred to the identified champion to evaluate for lifetime experiences of human trafficking and provide treatment services and referrals.

⁸ Chisolm-Straker, Makini. (2019). "Screening for Human Trafficking Among Homeless Young Adults." Children and Youth Services Review. <https://doi.org/10.1016/j.chilyouth.2018.12.014>

Identify - Screening for Suspected Cases

SCREENING FOR ADULT SEX/LABOR TRAFFICKING

(CUES) Model

The recommended approach for adult patients suspected of trafficking victimization is the Confidentiality, Universal education, Empowerment, Support **(CUES) model** (Appendix C), and should be administered by a trauma-informed provider with human trafficking training.

The CUES approach is centered around health safety cards that are free and available through Futures Without Violence. If your hospital would like to adopt the CUES approach, the MHTTF and the SAFE Center can help get health safety cards and resources to your staff.

The purpose of CUES is to offer a safe environment for education, not to push for disclosure.

CUES aims to:

- Open conversations around healthy and unhealthy relationships
- Educate patients about the health effects of violence
- Offer supportive messages and strategies to promote safety
- Inform patients about community resources
- Make warm, supported referrals
- Encourage a system-wide response

Scoring

Success of CUES is measured by efforts to reduce isolation and improve outcomes for safety and health, not by the number of disclosures.

CUES FRAMEWORK GUIDELINES

Confidentiality

- **See patient alone.** Use this [video resource](#) to separate a patient from an accompanying person
- **Disclose limits of confidentiality.**

“Before I get started, I want you to know that everything here is confidential. I won’t talk to anyone else about what is happening unless you tell me that you are being hurt physically or sexually by someone, or planning to hurt yourself. Does that sound okay?”

“Because I know a lot of patients aren’t ready or may be afraid to share certain things about their health or relationships, I want you to know you can use these resources for yourself or for a friend, regardless of what you choose to share with me today.”

Identify - Screening for Suspected Cases

Universal Education

- **Education about Violence.**

"I educate all of my patients about [fill in the blank] because violence is so common in our society, and violence has a big impact on our health, safety, and wellbeing."

- **Normalize activity and offer a [resource](#):**

Adults

[Video](#)

Pediatrics

[Video](#)

"I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change. Also, so you have the information and can help a friend or family member if it's an issue for them."

"It talks about healthy and safe relationships and unhealthy and unsafe relationships and how they can affect your health. We can help with the health part."

"Just in case this is ever an issue for you, or someone you know, would you like to take this brochure?"

Respect the patient's decision if they decline

Empowerment

Encourage sharing.

"Is there anything you'd like to share with me?"

"Do you feel like anyone is hurting your health, safety, or well-being?"

Allow time for open discussion, especially if you work in a setting that offers long-term care.

Support

Validate.

"I am so sorry this is happening. It is not okay, but it is common. You are not alone."

"This is not your fault. Nothing you did caused this. Someone else made a choice to hurt you."

"What you're telling me makes me worried about your safety and health."

Identify - Screening for Suspected Cases

SCREENING FOR ADULT SEX/LABOR TRAFFICKING

Offer Referral Resources.

"There are plenty of people who can help. There are 24/7 hotlines with people who really understand complicated relationships."

"We have a list of community resources that can help with a number of services. Would you like to take a look?"

"Some survivors find it's helpful to talk to an advocate or counselor."

"Would you like me to explain options and resources that survivors are often interested in hearing about?"

"You don't need to disclose anything to me to ask for resources."

Broad Questions

"I always check in with my patients..."

"Is there anything or anyone preventing you from getting your medication or taking care of yourself?"

"Anytime someone is smoking or drinking/using drugs I always want to know how their relationship is going because when relationships are hard it can affect use."

"Tell me about what's happening with you and social media—how often have you been pressured to do something you didn't want to? I'm asking because sometimes those things can affect your health and how you feel."

Sharing Concern

"Sometimes when I hear about [fill in the blank] it makes me wonder if someone is preventing you from [fill in the blank]. Is anything like this going on for you?"

Reactions to Disclosure or New Information

Be sure to recognize and validate the situation

"I'm glad you told me about this. I'm so sorry this is happening. No one deserves this."

"Help is available."

"I'm concerned for your safety."

Identify - Screening for Suspected Cases

Direct Inquiry - Adult Questions

If you believe direct questioning will be more effective, we recommend the below themes and suggested frameworks to gather more pointed information about the patient's living, working, social and safety conditions.

POTENTIAL ASSESSMENT QUESTIONS

Living environment

1. Where do you live? What's it like there?
2. Are you allowed to leave when you want to?
3. Do you have to ask permission to eat, sleep or use the bathroom?
4. Are there locks on the doors or windows where you work or sleep?

Employment

1. What kind of work do you do?
2. Are you paid for the work you do?
3. Do you have time off when you can do whatever you want?
4. Could you quit your job if you wanted to?
5. Has your employer ever scared you with threats or physical abuse?

Social environment

1. Have you ever run away from home?
2. Has anyone ever threatened to have you deported?
3. Has your ID or documentation been taken away from you?
4. Has anyone threatened or harmed your family?

Physical safety

1. Is anyone hurting you?
2. Have you ever been forced to have sex?
3. Have you ever been forced to use drugs?
4. Have you or a member of your family ever been threatened with violence or harm?

Respond - The Referral and Warm Handoff

Given the complex conditions and challenges faced by trafficking victims as they transition to safety and recovery, response protocols for suspected or confirmed cases of human trafficking need to be comprehensive and coordinated. No single discipline, system or sector can successfully meet all the needs of victims. Priorities from the immediate aftermath of trafficking transition into long-term needs, and can lead to disengagement, premature termination or lost contact with the victim. **When considering an immediate response, prioritize next steps to ensure a survivor's safety, physical well-being and emotional stabilization, then work to incorporate plans for long-term care.**

Providers should:

- Set expectations
- Establish treatment priorities and goals
- Encourage self-advocacy through shared decision-making
- Foster social and community reintegration through appropriate referrals to community-based service agencies, if desired by the patient

When a Patient is Discharged

In addition to addressing presenting medical issues, the health care sector serves as an intermediary between trafficked patients and community resources. Coordinated efforts among law enforcement, health, legal, and social service professionals are paramount to meeting the wide range of survivor needs. Hospitals should create a list of local resources and forge meaningful community connections so they know what is available and reliable in their area. It is important that patients receive the care that was explained to them in the hospital. Effective case management should be viewed as a cornerstone of intervention, with health care as just one point of service.

Warm Handoff

During all phases of medical care, a warm handoff should be utilized to transfer the patient between members of the care team. Active partnerships across systems with local and regional anti-trafficking stakeholders should be pursued to facilitate collaborative, proactive, compassionate, and effective care.

After Discharge

The trauma-informed approach does not end when the patient leaves the hospital.⁹ Like the treatment they received as a patient, discharge should be a survivor-driven process where referrals are available and discussed, but not mandated. The general health safety cards can be useful for patients who will return to a dangerous situation but are not ready to go to shelter. If a patient does want to be connected to a victim service agency or other system of support, providers should work to reduce barriers between patients and service providers by providing transportation and ensuring that the patient knows who they will be meeting when they arrive at their next location. When working with adult survivors, engaging law enforcement should happen only with the patient's consent.

Providers can also serve as effective change agents in a larger systemic response to human trafficking. As modeled in the fields of sexual assault, intimate partner violence, child maltreatment, and elder abuse, health care providers can align the medical and larger public health needs of human trafficking survivors by leveraging their position of leadership and respect within communities.¹⁰

⁹ Judge, A., Murphy, J., Hidalgo, J., and Macias-Konstantopoulos, W. (2018). Engaging survivors of human trafficking: Complex health care needs and scarce resources. *Annals of Internal Medicine*. 168: 658-663

¹⁰ Alpert EJ, Ahn R, Albright E, Purcell G, Burke TF, Macias-Konstantopoulos WL. (2014). Human Trafficking: Guidebook on Identification, Assessment, and Response in the Health Care Setting. MGH Human Trafficking Initiative, Division of Global Health and Human Rights, Department of Emergency Medicine, Massachusetts General Hospital, Boston, MA and Committee on Violence Intervention and Prevention, Massachusetts Medical Society, Waltham, MA. 37

eValuate - Collecting Data, Informing Efforts

Response Program Evaluation and Data Collection

Incorporating mechanisms for program evaluation and data collection are vital components when developing your hospital's response to human trafficking. Providers should identify quality measures and goals prior to implementation to measure the efficacy of the response program.¹¹ Members of your hospital's Quality Improvement team can serve as a valuable resource for identifying these measures or goals, since they will consider both patient care outcomes and impact to staff.¹² Due to the nature of serving this patient population, secondary trauma is a concern for staff. Assessing the impact of the established protocol on staff from a workflow perspective and ensuring the appropriate resources are in place to promote staff's self-care is important for long-term success. Feedback-driven evaluation from community partners, staff and survivors can also be helpful when evaluating a response program.

Both quantitative and qualitative data collection can be utilized. Data points can vary based on the needs of your community and can inform efforts to identify and assist human trafficking survivors regionally, statewide and even nationally. Collaborating with local community partners and governmental entities can also inform the type of data that would be most useful to collect.

Another source of data collection is the use of human trafficking ICD-10 CM codes, which were released in June 2018. There is work underway at the federal level between state agencies, clinicians and experts in health information technology and coding to develop guidance for the effective and responsible use of these codes. The codes have the potential to expand understanding of human trafficking risk factors, comorbid illnesses, injuries and treatment costs.^{13,14} Collecting and analyzing this information can also inform early screening and intervention practices, which in turn can improve long-term mental and physical health outcomes.¹⁴ The ICD-10 classification system allows for data aggregation to evaluate population health and clinical treatment initiatives,¹⁵ monitor resource utilization, set health policy and measure the quality, safety and efficacy of care.¹⁶

¹¹ HEAL Trafficking and Hope for Justice. (2017). Protocol toolkit for developing a response to victims of human trafficking in health care settings.

¹² HEAL Trafficking and Hope for Justice. (2017). Protocol toolkit for developing a response to victims of human trafficking in health care settings.

¹³ Macias-Konstantopoulos, W. (December, 2019) AMA Journal of Ethics. Diagnosis codes for human trafficking can help assess incidence, risk factors, and comorbid illness and injury. <https://journalofethics.ama-assn.org/article/diagnosis-codes-human-trafficking-can-help-assess-incidence-risk-factors-and-comorbid-illness-and/2018-12>

¹⁴ Greenbaum, J. and Stoklosa, H. (May, 2019). The health care response to human trafficking: A need for globally harmonized ICD codes. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6497219/>

¹⁵ Ibid.

¹⁵ Ibid.

¹⁶ Brooks, P. (n.d.) Basic Introduction to ICD_10-CM. Centers for Medicare and Medicaid Services. https://www.cms.gov/Medicare/Coding/ICD10/Downloads/032310_ICD10_Slides.pdf

eEvaluate - Collecting Data, Informing Efforts

The American Hospital Association recommends coders and providers receive training on how to use the ICD-10 CM codes.¹⁷ It is imperative that providers exercise caution and be mindful when developing strategies to use the codes.¹⁸ **For example, if the patient is ready for discharge, any code alluding to suspected or confirmed trafficking or other abuse should not appear on a bill or discharge paperwork.**¹⁹ Providing this information, even indirectly, to a trafficker could harm the patient's safety. Be thoughtful when using these codes to minimize unintended consequences.²⁰ Experts recommend using privacy strategies like those utilized for victims of intimate partner violence and child maltreatment.²¹

Some hospitals have worked with their IT departments to suppress certain sensitive codes so they do not print out on after-visit summaries or appear on the problem list within the Electronic Medical Record.

The consistent and responsible use of ICD-10 CM codes can help hospitals and health systems understand the needs of victims in their communities, identify solutions, inform public policy and support an infrastructure designed to better meet the needs of this patient population.²² Proper training before implementation of the codes is paramount to achieving positive outcomes for the field and for patients.

¹⁷ American Hospital Association. (September 2018) ICD-10-CM coding for human trafficking

¹⁸ Greenbaum, J. and Stoklosa, H. (May 2019). The healthcare response to human trafficking: A need for globally harmonized ICD codes. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6497219/>

¹⁹ HEAL. (n.d.) Human trafficking: Hidden problem, hidden costs- new icd-10 code. <https://healtrafficking.org/resources/human-trafficking-hidden-problem-hidden-costs-new-icd-10-codes/>

²⁰ Greenbaum, J. and Stoklosa, H. (May, 2019). The health care response to human trafficking: A need for globally harmonized ICD codes. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6497219/>

²¹ Macias-Konstantopoulos, W. (December, 2019) AMA Journal of Ethics. Diagnosis codes for human trafficking can help assess incidence, risk factors, and comorbid illness and injury. <https://journalofethics.ama-assn.org/article/diagnosis-codes-human-trafficking-can-help-assess-incidence-risk-factors-and-comorbid-illness-and/2018-12>

²² American Hospital Association. (September 2018) ICD-10-CM coding for human trafficking

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ICD-10-CM Code/Subcategory²³	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

²³ American Hospital Association. (September 2018) ICD-10-CM coding for human trafficking

Appendix A

Quick Safety

Issue 42 | June 2018

Identifying human trafficking victims

Issue:

The United States is one of the largest markets and destinations for human trafficking victims in the world.¹ If staff at your health care organization have not yet encountered a human trafficking victim, very likely they will. Knowing how to identify victims of human trafficking, when to involve law enforcement, and what community resources are available to help the individual is important information for all health care professionals.

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).² Human trafficking is the fastest growing criminal industry in the world and is the second-largest source of income for organized crime.¹

Identifying and helping victims of human trafficking can be difficult and can further endanger the victim. Most human trafficking victims or their families have been threatened with harm if the victim reveals their exploitation. In some cases, victims from different countries or cultures don't realize that their exploitation is unusual or criminal. Also, some human trafficking victims have bonded with their exploiter, a condition called trauma bonding that is similar to Stockholm syndrome. Victims may keep silent about their exploitation from shame or fear of being humiliated. Since medical care is occasionally necessary for trafficking victims, health care professionals are in a unique position to help these unfortunate victims.¹

What is human trafficking and who is victimized?

Human trafficking is modern-day slavery.³ The United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Article 3, 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, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.⁴

The U.S. Victims of Trafficking and Violence Prevention Act of 2000 (TVPA) defines and classifies human trafficking into two categories: sex trafficking and labor trafficking.⁵

According to the Office on Trafficking in Persons, human trafficking is a public health issue that impacts individuals, families and communities.

Traffickers disproportionately target at-risk individuals, including those who have experienced or been exposed to other forms of violence, and individuals disconnected from stable support networks.⁶ See the sidebar for vulnerable populations.

Recognizing signs of human trafficking

The NHTRC and other sources provide the following signs of human trafficking that can be used to recognize potential victims:²

Poor mental health or abnormal behavior:

- Appears fearful, anxious, depressed, submissive, tense, nervous or paranoid



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Vulnerable populations for human trafficking

- Victims of childhood abuse or neglect
- Children involved in foster care and juvenile justice system
- Runaway and homeless youth
- Native Americans, Native Hawaiians, and Pacific Islanders
- 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

- Avoids eye contact
- Refuses to change into a gown and/or to cooperate with physical exam
- Behavior or demeanor does not align with injury or complaint (i.e., acts like it is “no big deal,” even with concerning injuries)
- Refuses treatment that does not take place during that visit (i.e., refuses to go to specialist)

Poor physical health:

- Appears malnourished
- Signs of repeated exposure to harmful chemicals
- Signs of physical and/or sexual abuse, physical restraint, confinement or torture

Other:

- Is not in control of identification (ID or passport)
- Is not allowed or able to speak for themselves (a third party may insist on being present and/or interpreting)
- Claims of just visiting
- Unable to clarify address or where he/she is staying
- Unsure of whereabouts and/or of what city he/she is in
- Loss of sense of time
- Inconsistencies in his/her story
- Tattoo(s), brand(s) or other marking(s)¹

Health problems that may alert health care providers to human trafficking

- Burns
- Fractures
- Bruises/contusions
- Respiratory and other infections
- Tuberculosis
- Sexually transmitted diseases
- HIV infection
- Pregnancy
- Abortion-related complications
- Abnormal vaginal discharge
- Chronic vaginal and cervical infection
- Pelvic inflammatory disease

Source: *Journal of Applied Research on Children: Informing Policy for Children at Risk*, Human Trafficking, 2011; Vol. 2: Issue 1, Article 8.

When human trafficking is suspected

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 Child Protective Services.¹

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.⁷

If human trafficking is suspected:

- Remain nonjudgmental
- Observe the body language and communication style of the patient and those who accompany him/her³
- 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.³ Ensure the patient is alone when you discuss sensitive issues.
- If you are able to interview the patient alone, use simple screening questions (see sidebar box for sample questions to screen a patient who may be a victim of human trafficking).¹
- Find an interpreter if necessary¹
- Build a trusting rapport with the patient¹
- 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 do?

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:⁷

- 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.



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- Provide the patient with the NHTRC hotline number. If the patient feels it is dangerous to have something with the number on it, 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 summarizing; 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, utilize them. They can be instrumental in getting the support and resources your patient needs.

National Human Trafficking Resource Center

Call: 1-888-373-7888 (24/7)

Text: 233733

Email: nhtrc@polarisproject.org

Report online or access resources:

www.humantraffickinghotline.org

Health care organizations can take the following safety actions to help prepare staff to be on alert and prepared to identify and help patients who may be victims of human trafficking:

- Mitigate language barriers; provide professional interpreters.³
- Incorporate social, work, home history and domestic violence screening questions into routine intake.³
- Ensure that staff know when and how they should alert security and/or local law enforcement.
- Train frontline staff on how to identify, refer and report human trafficking victims, and how to connect victims to services and support systems to meet their immediate and longer-term needs.¹ Provide staff with the following information to facilitate this:
 - Local resources to help with suspected trafficking cases (many U.S. metropolitan areas have a Human Trafficking Task Force).³
 - Local or state requirements regarding mandatory reporting of human trafficking.
 - How HIPAA regulations impact reporting of potential trafficking situations on behalf of a patient.
 - Confidentiality obligations when contacting the NHTRC or local service providers.
 - NHTRC resources and services. These can include developing a safety plan that is acceptable to the patient and facilitating a report to specialized law enforcement trained to handle human trafficking cases.³

Resources:

1. Isaac R, et al. [Health care providers' training needs related to human trafficking: Maximizing the opportunity to effectively screen and intervene](#). *Journal of Applied Research on Children: Informing Policy for Children at Risk*, Human Trafficking, 2011; Vol. 2: Issue 1, Article 8.
2. National Human Trafficking Hotline, <https://humantraffickinghotline.org/>.
3. Baldwin SB, et al. Identification of human trafficking victims in health care settings. *Health and Human Rights*, 2011; Vol 13: Issue 1.
4. United Nations Office on Drugs & Crime, [Human Trafficking webpage](#).
5. National Human Trafficking Resource Center, www.traffickingresourcecenter.org.
6. Office on Trafficking in Persons, an Office of the Administration for Children & Families, U.S. Department of Health & Human Services, [Fact Sheet: Human Trafficking](#), Nov. 21, 2017.
7. National Human Trafficking Resource Center. [Identifying victims of human trafficking: What to look for in a healthcare setting](#). February 2016.

Other resources:

[Adult Human Trafficking Screening Tool and Guide](#), National Human Trafficking Training and Technical Assistance Center, January 2018. Includes relationship-building tips and adult human trafficking screening tool.

Note: This is not an all-inclusive list.

PEARR Tool



Trauma-Informed Approach to Victim Assistance in Health Care Settings

In partnership with HEAL Trafficking and Pacific Survivor Center, Dignity Health developed this tool, the “PEARR Tool”, to guide physicians, social workers, nurses, and other health care professionals on how to provide **trauma-informed assistance** to patients who are at high risk of abuse, neglect, or violence. The PEARR Tool is based on a **universal education approach**, which focuses on educating patients about abuse, neglect, or violence prior to, or in lieu of, screening patients with questions.

The goal is to have an informative and normalizing, yet developmentally- and culturally-appropriate, conversation with patients in order to create a context for them to share their own experiences.

A double asterisk ** indicates points at which this conversation may end. Refer to the double asterisk ** at the bottom of this page for additional steps. The patient’s immediate needs (e.g., emergency medical care) should be addressed before use of this tool.

P

1. Discuss sensitive topics **alone** and in **safe, private setting** (ideally private room with closed doors). If companion refuses to be separated, then this may be an indicator of abuse, neglect, or violence.** Strategies to speak with patient alone: State requirement for private exam or need for patient to be seen alone for radiology, urine test, etc.

Provide Privacy

Note: Companions are not appropriate interpreters, regardless of communication abilities. If patient indicates preference to use

companion as interpreter, see your facility’s policies for further guidance.**

Note: Explain **limits of confidentiality** (i.e., mandated reporting requirements) before beginning any sensitive discussion; however, do not discourage person from disclosing victimization. Patient should feel in control of all disclosures. Mandated reporting includes requirements to report concerns of abuse, neglect, or violence to internal staff and/or to external agencies.

E

2. Educate patient in manner that is **nonjudgmental and normalizes** sharing of information. Example: “I educate all of my patients about [fill in the blank] because violence is so common in our society, and violence has a big impact on our health, safety, and well-being.” **Use a brochure or safety card** to review information about abuse, neglect, or violence, and

offer brochure/card to patient. [Ideally, this brochure/card will include information about resources (e.g., local service providers, national hotlines)]. Example: “Here are some brochures to take with you in case this is ever an issue for you, **or someone you know**.” If patient declines materials, then respect patient’s decision.**

A

Ask

3. Allow time for discussion with patient. Example: “Is there anything you’d like to share with me? Do you feel like anyone is hurting your health, safety, or well-being?”** If available and when appropriate, use **evidence-based tools** to screen patient for abuse, neglect, or violence.**

health, safety, and well-being. You don’t have to share details with me, but I’d like to connect you with resources if you’re in need of assistance. Would you like to speak with [insert advocate/service provider]? If not, you can let me know anytime.”**

Note: All women of reproductive age should be intermittently screened for intimate partner violence (USPSTF Grade B).

Note: **Limit questions** to only those needed to determine patient’s safety, to connect patient with resources (e.g., trained victim advocates), and to guide your work (e.g., perform medical exam).

USPSTF = US Preventive Services Task Force

RR

Respect and Respond

5. If patient denies victimization or declines assistance, then **respect patient’s wishes**. If you have **concerns about patient’s safety**, offer hotline card or other information about resources that can assist in event of emergency (e.g., local shelter, crisis hotline).** Otherwise, if patient accepts/requests assistance with accessing services, then **provide personal introduction**

to local victim advocate/service provider; or, **arrange private setting** for patient to call hotline:

National Domestic Violence Hotline, 1-800-799-SAFE (7233);

National Sexual Assault Hotline, 1-800-656-HOPE (4673);

National Human Trafficking Hotline, 1-888-373-7888 **

** Report **safety concerns** to appropriate staff/departments (e.g., nurse supervisor, security). Also, **REPORT** risk factors/indicators as required or permitted by law/regulation, and continue **trauma-informed** health services. Whenever possible, **schedule follow-up appointment** to continue building rapport and to monitor patient’s safety/well-being.

PEARR Tool – Risk Factors, Indicators, and Resources



Child Abuse and Neglect

Risk factors include (not limited to): Concerns of domestic violence (DV) in home; parents/guardians exhibiting mental health or substance use disorders; parents/guardians who are overly stressed; parents/guardians involved in criminal activity; presence of non-biological, transient caregivers in home.

Potential indicators of victimization include (not limited to): Slower-than-normal development, failure to thrive, unusual interaction with parent, signs of mental health disorders (e.g., depression, post-traumatic stress disorder (PTSD), self-harm), sudden difficulty in school, medical or physical neglect, sudden changes in behavior, new or unusual fears/anxiety, unexplained injuries (e.g., bruises, fractures, burns – especially in protected areas of child's body), injuries in pre-mobile infants, sexually transmitted infections (STIs).

For additional information, see *Child Welfare Information Gateway*: www.childwelfare.gov

Abuse/Neglect of Vulnerable Adults (e.g., elder and dependent adults)

Risk factors include (not limited to): Concerns of mental health or substance use disorder with caregiver, caregiver exhibits hostile behavior, lack of preparation/training for caregiver, caregiver assumed responsibilities at early age, caregiver exposed to abuse as child.

Potential indicators of victimization include (not limited to): Disappearing from contact; signs of bruising or welts on the skin; burns, cuts, lacerations, puncture wounds, sprains, fractures, dislocations, internal injuries or vomiting; wearing torn, stained, bloody clothing; appearing disheveled, in soiled clothing; appearing hungry, malnourished.

For additional information, see *National Association of Adult Protective Services (NAPSA)*: napsa-now.org; *Centers for Disease Control and Prevention (CDC)*: cdc.gov/violenceprevention/elderabuse/index.html

Domestic Violence /Intimate Partner Violence (IPV)

DV/IPV can affect anyone of any age, gender, race, or sexual orientation. **Risk factors** include (not limited to): Low self-esteem, low income, low academic achievement, young age, aggressive/delinquent behavior as youth, heavy alcohol/drug use, depression, suicide attempts, isolation, anger, and hostility.

Potential indicators of victimization include (not limited to): Injuries that result from abuse or assault, e.g., signs of strangulation, bruises, burns, broken bones; psychological conditions such as anxiety, depression, sleep disturbances; sexual and reproductive health issues, e.g., STIs, unintended pregnancy.

For additional information, see *National DV Hotline*: thehotline.org; *CDC*: cdc.gov/violenceprevention/intimatepartnerviolence/index.html

Sexual Violence

Sexual violence crosses all age, economic, cultural, gender, sexual, racial, and social lines. Some statistics from Rape Abuse & Incest National Network (RAINN): More than 300,000 persons are victimized annually; ages 12-34 are the highest risk years. Female college students (ages 18-24) are three times more likely than women in general to experience sexual violence. One in 33 American men have experienced an attempted or completed rape. And, 21% of transgender, gender-queer, nonconforming (TGQN) college students have been sexually assaulted.

Potential indicators of victimization include (not limited to): STIs, pregnancy, depression, PTSD.

For additional information, see *RAINN*: rainn.org; *CDC*: cdc.gov/violenceprevention/sexualviolence/index.html

Human Trafficking (e.g., labor and sex trafficking)

Although human trafficking crosses all age, economic, cultural, gender, sexual orientation, racial, and social lines, traffickers often target persons in situations of vulnerability. **Risk factors** include (not limited to): Running away or homelessness (particularly for youth), history of interpersonal abuse or violence, involvement in commercial sex industry, minority/immigrant status.

Potential indicators of victimization include (not limited to): Accompanied by controlling companion; inconsistent history; medical or physical neglect; and submissive, fearful, hypervigilant, or uncooperative behavior.

For additional information, see *National HT Hotline*: humantraffickinghotline.org

As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), a **trauma-informed approach** includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. This includes understanding how trauma can impact patients, families, communities, and the professionals attempting to assist them.

SAMHSA describes the guiding principles of a trauma-informed approach as follows: safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; and consideration of cultural, historical, and gender issues.

To learn more, please see SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach*: <https://store.samhsa.gov/system/files/sma14-4884.pdf>

For more information, visit dignityhealth.org/human-trafficking-response



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.

"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]."

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 all patients ensures that everyone gets access to information about relationships, not just those patients who choose to disclose experiences of violence.



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

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.

"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."

ipv
health

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

Appendix D

Maryland Mandated Reporter Decision Tree

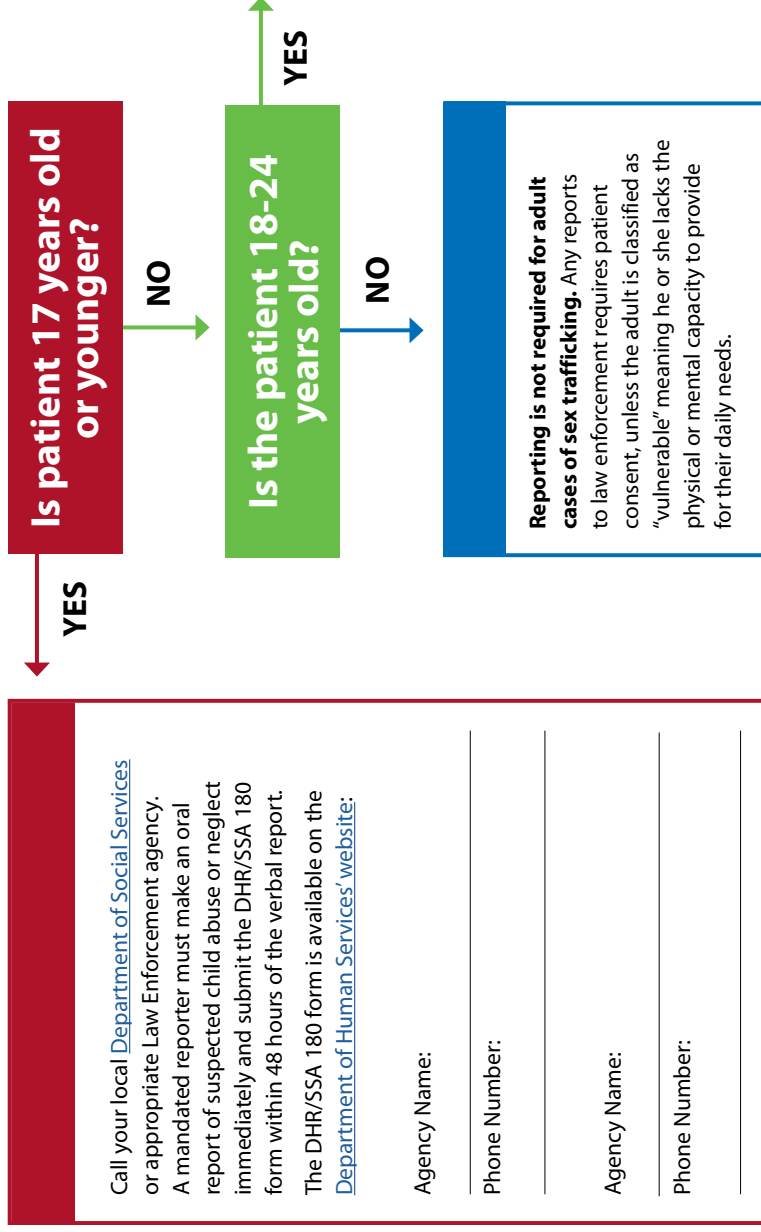
Cases of Suspected or Confirmed Sex Trafficking of Youth

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.



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 [Governor's Office of Crime 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: _____

Appendix E

Maryland Human Trafficking Medical Response Algorithm*

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

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 →

NO →

Continue to deliver trauma-informed care, attending to the patient's medical, as well as psychological and social needs.

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*

eEvaluate

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