Human Trafficking Training & Policy Development

Recommendations for GBMC

Ashley McAree, RN, FNE-A/P, SANE-A GBMC SAFE Program

Current Problem

- No Baltimore County hospital has an active policy
- There is no coordinated approach or consistency in how identified patients are treated
- Limited trainings available for staff
- Victims are not being identified
- Minor victims are not being reported to DSS and LE, as mandated
- Adult and minor victims are not receiving appropriate support/resources
- Lack of education regarding safety considerations during situations involving human trafficking

Importance of Training

- Oftentimes, healthcare providers are the only field to have contact with a victim while they are being trafficked
- Healthcare providers play a unique and crucial role in identification
- Many healthcare providers do not believe that human trafficking is an issue
- Due to the lack of education and awareness, many victims will never be identified

Importance of Training

- According to recent studies:
 - 88% of trafficking survivors reporting having some type of contact with the healthcare system while they were being trafficked
 - Of this group, no one reported positive identification
 - Only 6% of healthcare workers report treating a victim of trafficking at some point in their career
 - 71% of trafficking victims reported at least 1 pregnancy while being trafficked and 21% reported 5 or more pregnancies

Importance of Training

- According to a recent study:
 - Over 800 clinicians from emergency medicine, maternity, mental health, pediatrics and other clinical disciplines were surveyed
 - 13% reported contact with a victim
 - 86% reported lacking knowledge of what questions to ask to identify potential victims
 - 78% reported they had insufficient training
 - 76% were unaware that calling the police could put patients in more danger
 - Conclusion: Healthcare professionals are in contact with potential victims of human trafficking, but lack knowledge and confidence in how to respond appropriately.
 Training is needed

Statistics

Accurate statistics on this crime are very difficult to obtain due to the hidden, "underground" nature.

According to the Maryland Human Trafficking Task Force:

Estimates are as high as 27 million people affected

Human trafficking is the 2nd highest grossing criminal enterprise

Human trafficking has been identified in the U.S. in all 50 states and D.C.

The average age that is targeted and first exploited is between ages 12-14

Other agencies report that:

It is estimated that ½ of all sex trafficking victims are minors 50-90% of minor victims had been involved with child welfares services at some point

Human Trafficking 101

- What is Human Trafficking?
 - Human trafficking occurs when a controlling individual uses force, fraud, or coercion to exploit a victim for the purpose of personal gain
 - Sex trafficking occurs when a controlling individual uses force fraud or coercion to facilitate a commercial sex act
 - Sex trafficking also involves anyone under the age of 18 who engages in commercial sex acts

Commercial Sex Act- any sexual act that is exchanged for money or anything of value

Human Trafficking of Minors

- There is no such thing as a "child prostitute"
- Anyone under the age of 18 who has involvement in commercial sex acts is a victim of HT
- Force, fraud, or coercion DOES NOT have to be present
- Victims MAY OR MAY NOT have a trafficker
- Victims may exchange sex for money, food, or other item of value
- Includes survival sex

Human Trafficking Tactics

Recruitment- How a trafficker gains access to a victim and can occur in many different forms including:

- False job advertisements Family arrangements Abductions Social media Public places

- Promises of a better life, love, marriage Internet advertisements

- Schools
- A trafficker sending out his current victim to recruit new victims

Grooming- The methods a trafficker may use to gain a victim's trust. This can include:

• Flattery

Buying gifts

- Giving affection
- Developing relationships

Control- Tactics a trafficker may use to control their victims. This can include:

- Physical, emotional and sexual abuse
 Forced drug use
 Deprivation of food, water, sleep

Why Victims Stay- At times, victims may become "brainwashed" and believe that the trafficker is the only one that cares about them. Other factors affecting victims remaining in their situation include:

- Stockholm syndrome

- Trauma bonding Fear Isolation Fear of deportation
- No identification/documentation Stigma and shame Addiction issues Limited economic resources

Risk Factors for Victimization

- Young age
- Poverty
- Drug/ETOH abuse
- Family dysfunction
- Homelessness
- Runaway
- Mental health problems
- Emotional distress

- Learning disabilities
- Lack of social support
- Involvement in foster care system
- Desperation for emotional attention and love
- H/o prior emotional, physical, and/or sexual abuse
- LGBTQ

Signs/Symptoms of a Victim

- Delay in seeking medical care Patient appears fearful or anxious
- Signs of physical/sexual abuse
 Unable to speak for themselves
- Inconsistent or vague explanations of injuries Appears younger than stated age
 - Reported history does not match injuries
 Patient is unsure of whereabouts
- Accompanied by a person who appears to be controlling Inappropriate attire
 - Accompanying person resistant to leaving the room Avoids eye contact
 - Accompanying person insistent on interpreting
 - Patient is not in control of their identification or documentation
 - Large volume of cash, hotel keys, or condoms Evidence of branding

Common Presentations & PMH

- Vaginal/anal trauma
 Strangulation injuries
 Suicidal ideations
 - Evidence of inflicted injuries
 Dental related complaints
 - Pregnancy complications
 Substance abuse related issues
- Lack of prenatal care
 Undiagnosed/untreated medical conditions
 - HIV treatment or testing Malnutrition/dehydration
 - STI treatment or testing History of multiple/untreated STIs

Reporting

- Reporting of minor victims is mandatory
 - Report to LE and DSS for ALL suspected or confirmed cases of minor human trafficking
 - You do not need to have proof
- Adults have the right to make decisions regarding self-reporting
 - Do not report to law enforcement without consent
 - If an adult victim does not wish to report, provide them with resources and encourage them to report in the future

Safety Considerations

- Top priority is SAFETY!!!
 - Treat each situation as extremely dangerous
 - Notify law enforcement if immediate threat
 - Attempt to speak with suspected victim privately
 - Do not make attempts if you feel this would put you or the patient in danger
 - Assess the risk prior to interviewing the patient
 - State it is your policy to treat patients alone

Joint Commission Recommendations

In June of 2018, The Joint Commission released the following recommendations for healthcare organizations:

- Mitigate language barriers; provide professional interpreters.
- Incorporate social, work, home history and domestic violence screening questions into routine intake.
- 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. Provide staff with the following information to facilitate this:
 - Local resources to help with suspected trafficking cases
 - 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.

Baltimore County Human Trafficking Work Group

- Multidisciplinary group
 - Law enforcement, education, social services, healthcare, legal
- Formulate a victim-centered approach to address human trafficking in Baltimore County
- Will be releasing recommendations in the near future
 - Healthcare recommendations will include:
 - Policy development and implementation
 - Staff training
 - Display of anti-trafficking information in healthcare facilities

New ICD Codes

- 29 human trafficking related codes were included in the updates for fiscal year 2019
- The new codes include data collection on confirmed or suspected adult or child forced labor or sexual exploitation

Steps Taken in other Jurisdictions

- Other healthcare facilities have mandated human trafficking training to all staff members
- Some state's BON require human trafficking training to renew RN license
- Some states require human trafficking training to all mandated reporters
- Frederick Memorial Hospital has implemented training programs and has seen a significant increase in victim identification (many from registration and other non-clinical staff)

Human Trafficking Policy Development

- Policy draft was submitted for approval
- The policy will include:
 - Signs and symptoms of a HT victim
 - Sample questions to ask a suspected victim
 - Reporting guidelines and requirements
 - Safety tips
 - Resources for suspected/known victims
 - Forensic nursing and victim advocacy assistance
 - Will add algorithm when it becomes available from the MHTTF

Human Trafficking Training Initiative

- - Net Learning annual competencies
 - Unit staff meetings
 - Grand Rounds
 - Educational hand outs
 - New hire orientations
 - Hospital wide emails

Human Trafficking Training Initiative

- Extent of training based on staff member's position at GBMC
- Basic training will include:
 - Human trafficking definitions
 - Adult vs. minor trafficking
 - Risk factors for victimization
 - Signs and symptoms of a victim
 - Safety considerations
 - When to report to supervisor or security
 - Reporting guidelines and mandatory reporting
 - National and local resources
- Focused training will also include:
 - Trauma informed care
 - Interviewing techniques
 - Referrals for human trafficking victims

Goals for GBMC

- Training made available for all staff members
- Policy approval
- Implement screening questions specific to HT in Epic
- Develop a more coordinated approach when a victim is identified

References

- Alpert EJ, Ahn R, Albright E, Purcell G, Burke TF, Macias-Konstantopoulos WL. 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. September 2014.
- Baldwin, S. B., Eisenman, D. P., Sayles, J. N., Ryan, G., & Chuang, K. S. (june 2011). Identification of human trafficking victims in health care setting. *Health and Human Rights Journal*, 13(1). Retrieved March 28, 2016, from http://www.hhrjournal.org/2013/08/identification-of-human-trafficking-victims-in-health-care-setting/
- Baumgartner, A. (Producer). (2016, February). *Human trafficking & Healthcare Providers* [Video file]. Retrieved March 24, 2016, from https://vimeo.com/155545532
- Facts on Human Trafficking and Sex Slavery | Soroptimist. (n.d.). Retrieved March 28, 2016, from http://www.soroptimist.org/trafficking/faq.html
- Farley, M. (2015). Comparing Sex Buyers With Men Who Do Not Buy Sex: New Data on Prostitution and Trafficking. *Journal of Interpersonal Violence*.
- Glossary. (n.d.). Retrieved March 24, 2016, from http://www.mdhumantrafficking.org/definitions/
- Human trafficking. Committee Opinion No. 507. American College of Obstetricians and Gynecologists. Obstet Gynecol 2011;118:767–70.
- Human Trafficking in Maryland. (n.d.). Retrieved March 24, 2016, from http://www.mdhumantrafficking.org/maryland/
- ICD-10-CM Coding for Human Trafficking. (n.d.). Retrieved September 10, 2018, from https://www.aha.org/system/files/2018-09/icd-10-code-human-trafficking.pdf

References

- Lederer, L. J., & Wetzel, C. A. (winter 2014). The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities. *Annals of Health Law*, 23(1).
- Legislation. (n.d.). Retrieved March 24, 2016, from http://www.mdhumantrafficking.org/legislation/
- Mandatory Reporting & Child Sex Trafficking. (n.d.). Retrieved March 24, 2016, from http://www.mdhumantrafficking.org/reporting/
- National Human Trafficking Resource Center (NHTRC) Annual Report (Rep.). (2014). Retrieved March 24, 2016, from https://traffickingresourcecenter.org/sites/default/files/2014 NHTRC Annual Report_Final.pdf.
- (n.d.). Retrieved March 28, 2016, from http://www.traumainformedcareproject.org/
- "Prevalence and Risk of Violence and the Physical, Mental and Sexual Health Problems Associated with Human Trafficking: Systemic Review" PLoS Medicine, Oram S, et al. 2012
- Reports. *Profits and Poverty: The Economics of Forced Labour*. (2014). Switzerland: International Labour Office.
- (n.d.). Retrieved March 24, 2016, from http://www.mdhumantrafficking.org/reports/
- Ross C, Dimitrova S, Howard LM, et al
- Human trafficking and health: a cross-sectional survey of NHS professionals' contact with victims of human trafficking BMJ Open 2015;5:e008682. doi:10.1136/bmjopen-2015-008682
- Sabella, D. (february 2011). The Role of the Nurse in Combating Human Trafficking. *American Journal of Nursing*, 111(2). Retrieved March 28, 2016, from http://www.dcf.state.fl.us/programs/humantrafficking/docs/The_Role_of_the_Nurse_in_Combating_Human.25_1.pdf
- Statistics. (n.d.). Retrieved March 24, 2016, from http://www.mdhumantrafficking.org/statistics/
- The Polaris Project. (n.d.). Retrieved March 24, 2016, from http://www.thepolarisproject.org/
- Quick Safety 42: Identifying human trafficking victims. (n.d.). Retrieved September 10, 2018, from https://www.jointcommission.org/issues/article.aspx?Article=Dtpt66QSsiI/HRkIecKTZPAbn6jexdUPHflBjJ/D8Qc