

# SIRV GUIDELINES: TRAINING FOR HEALTHCARE PROVIDERS



Sophie Aron, MSW

Jessica Volz, DNP, CRNP, FNE-A/P

Dave Williams, DDS, MPH

Joyce Williams, DNP, FAAN



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

SUPPORT, ADVOCACY, FREEDOM, AND EMPOWERMENT CENTER



Maryland  
Hospital Association

# 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

Recruitment  
Transportation  
Harboring  
Transfer

# MEANS

Threat  
Force  
Coercion  
Abduction  
Fraud  
Deception

# PURPOSE

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.

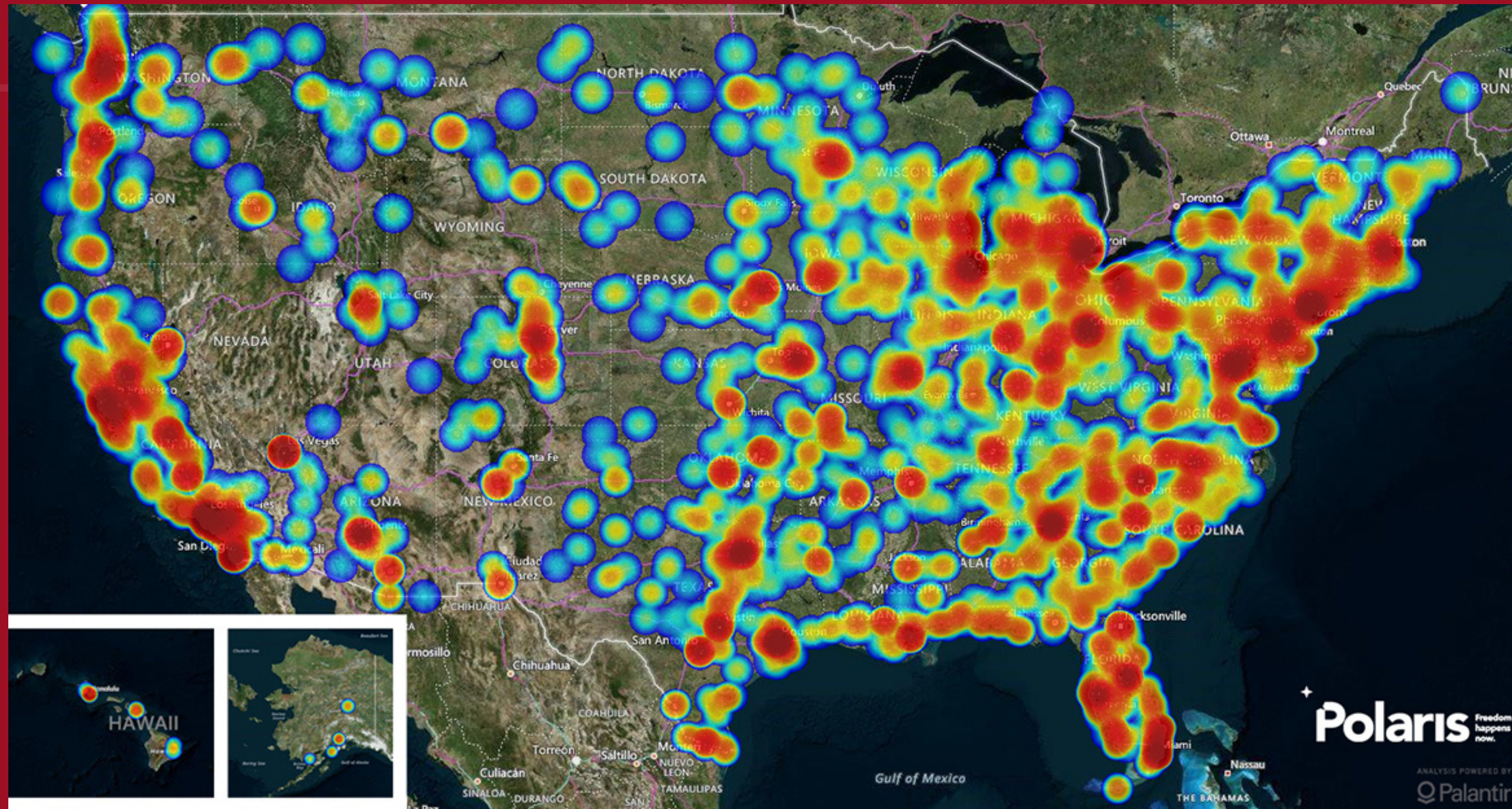
# 2019



## National Estimates



# NATIONAL REPORTS OF TRAFFICKING

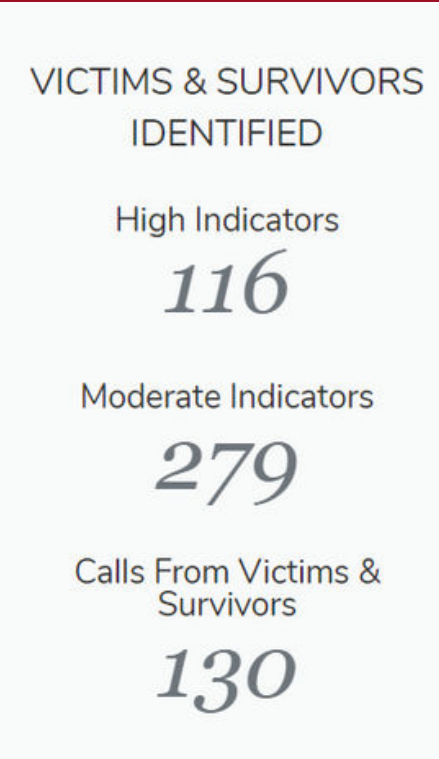




# Maryland is a source, destination, and transit State for human trafficking:

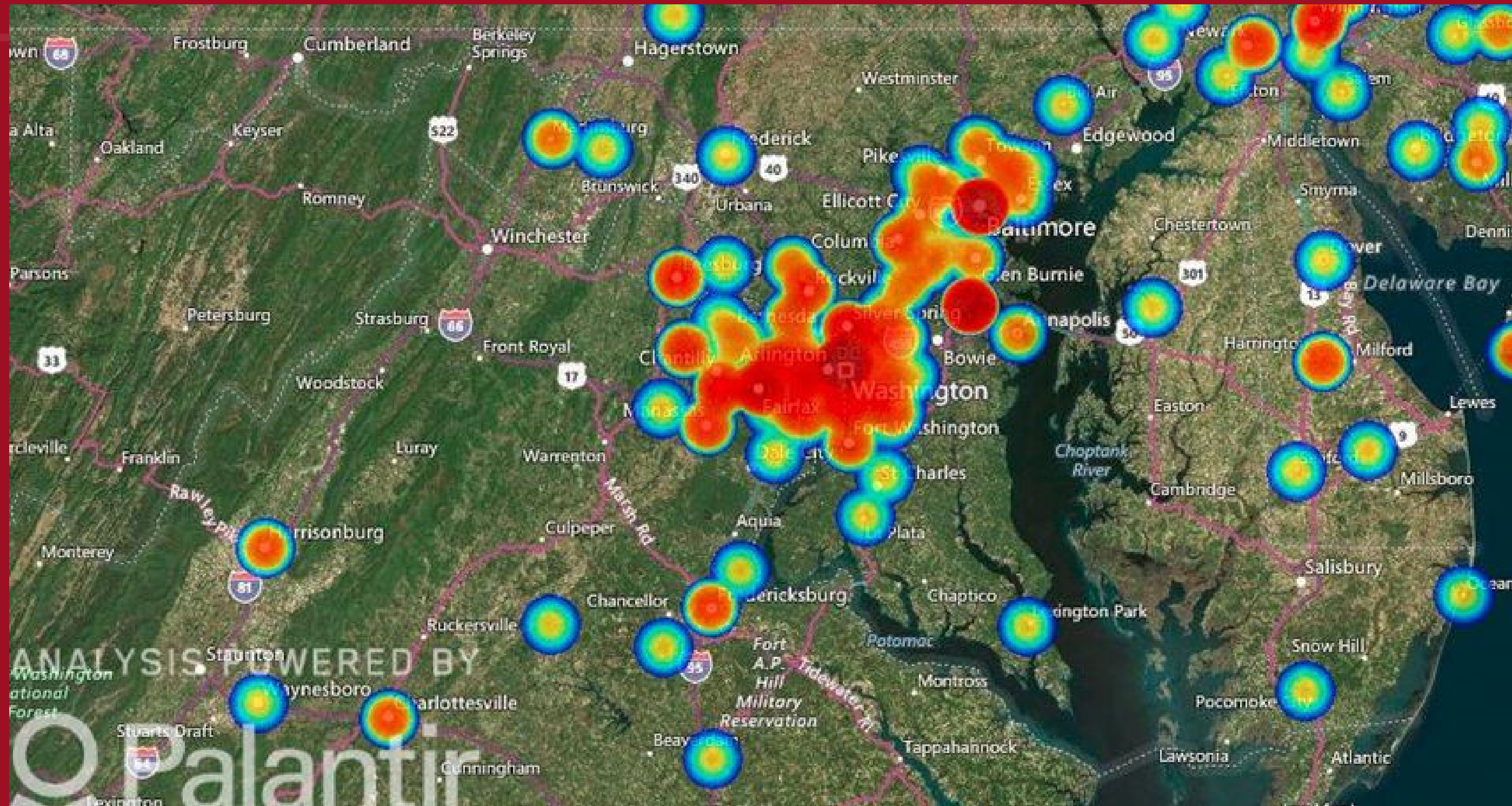
- Ranked **18th state** for most reports to the National Human Trafficking Hotline in 2017
- **I-95** facilitates trafficking by connecting major East Coast cities
- **Major highways** also include rest stops, truck stops, and bus stops – primary locations for trafficking
- **Major airports** (BWI, Thurgood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

## 2019



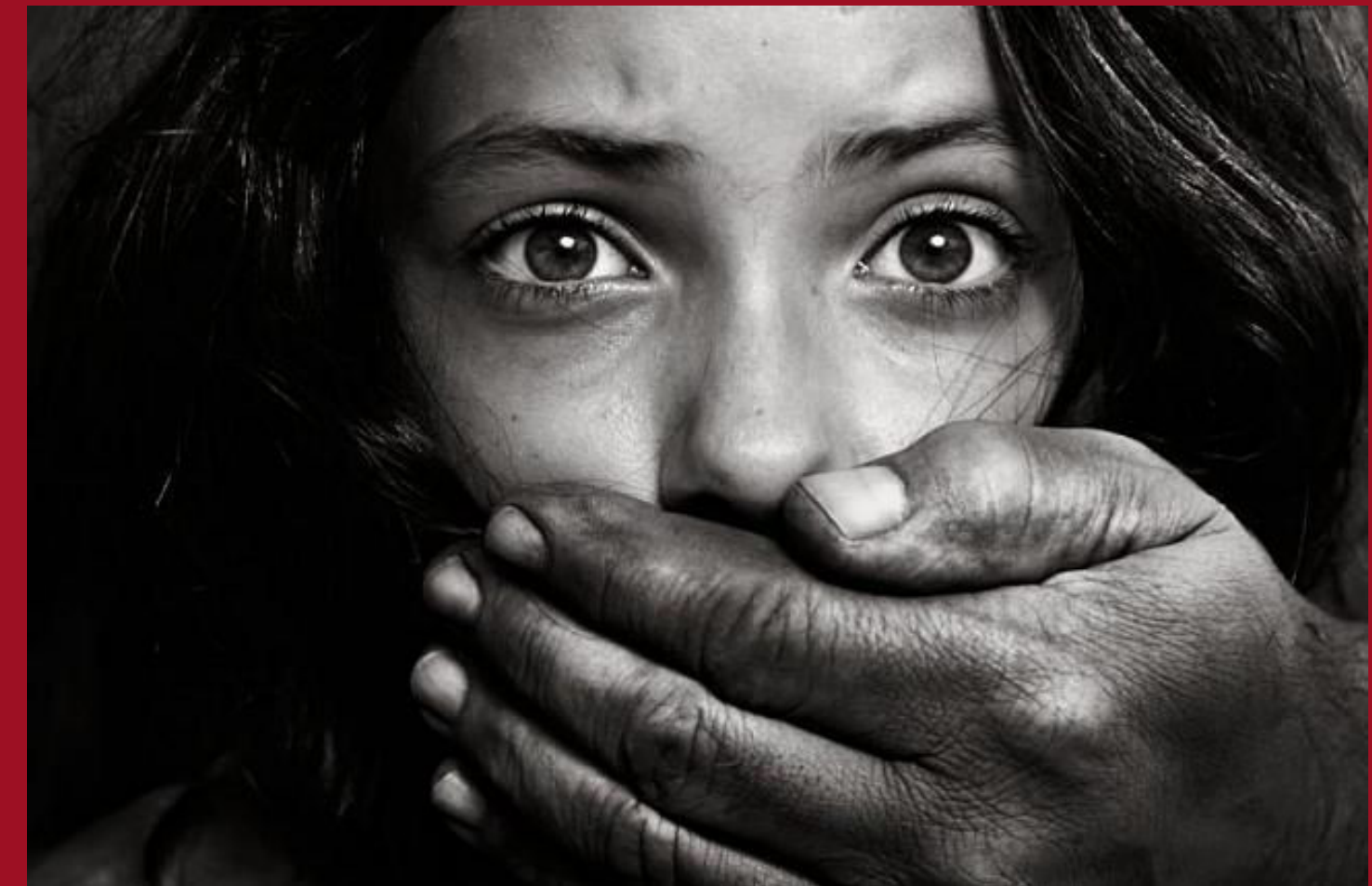
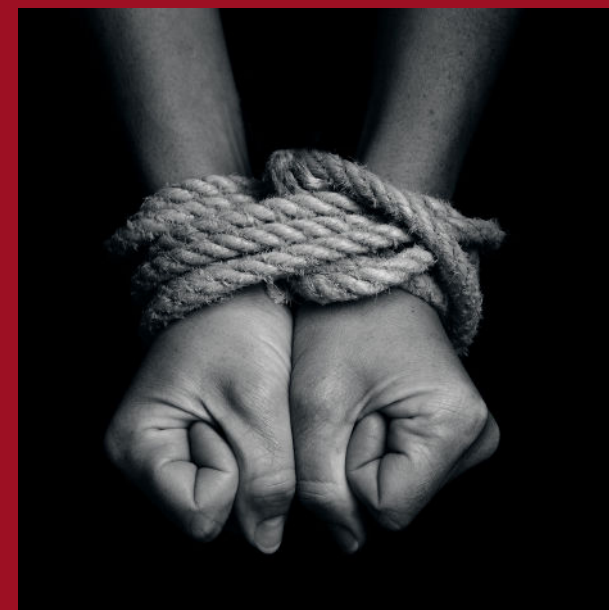
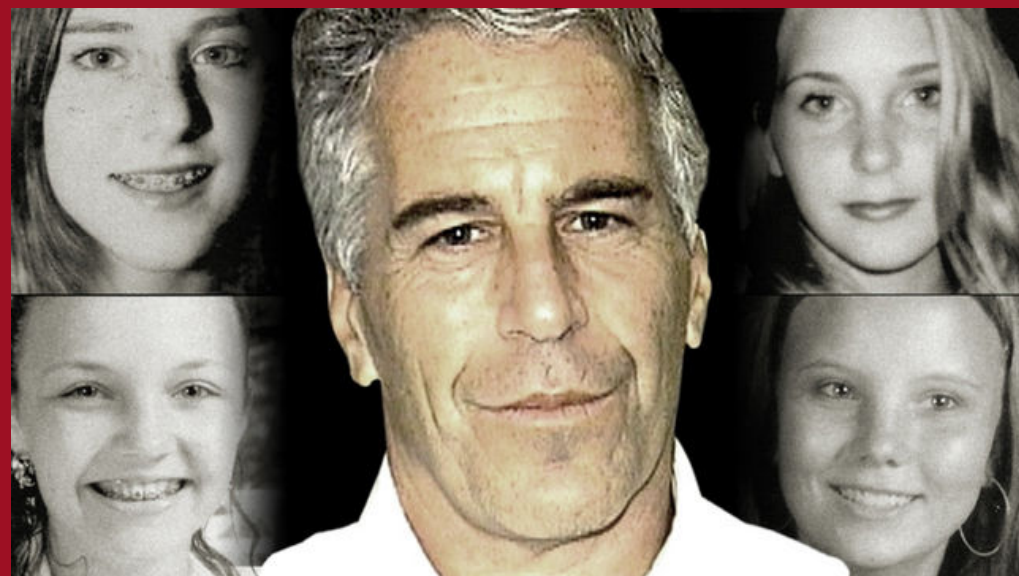
# State Estimates

# REGIONAL REPORTS OF TRAFFICKING



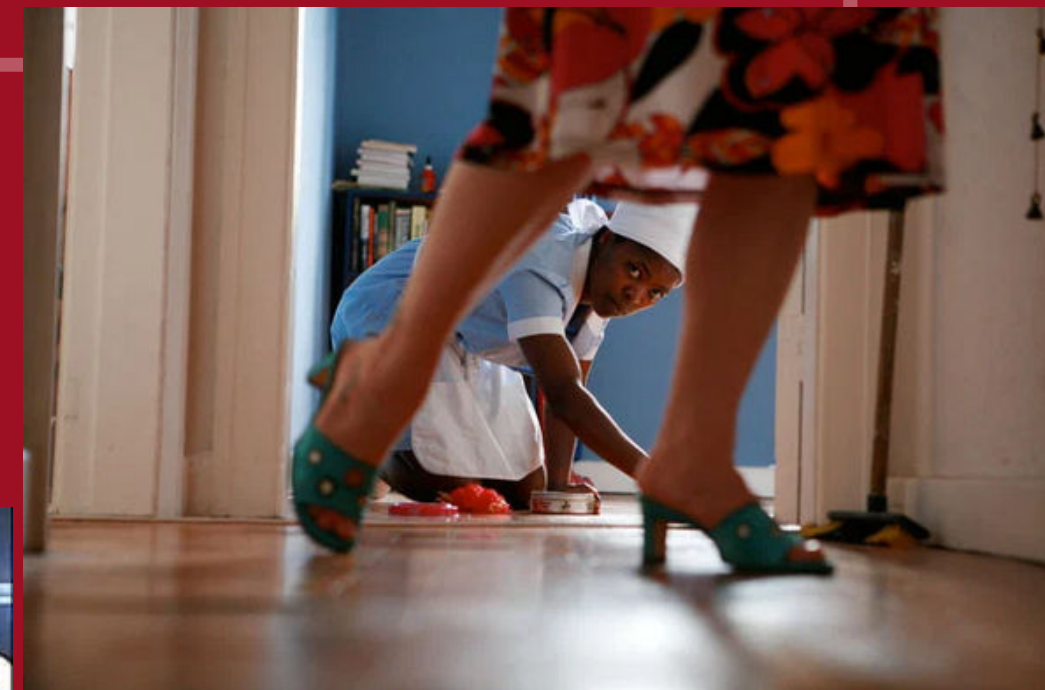
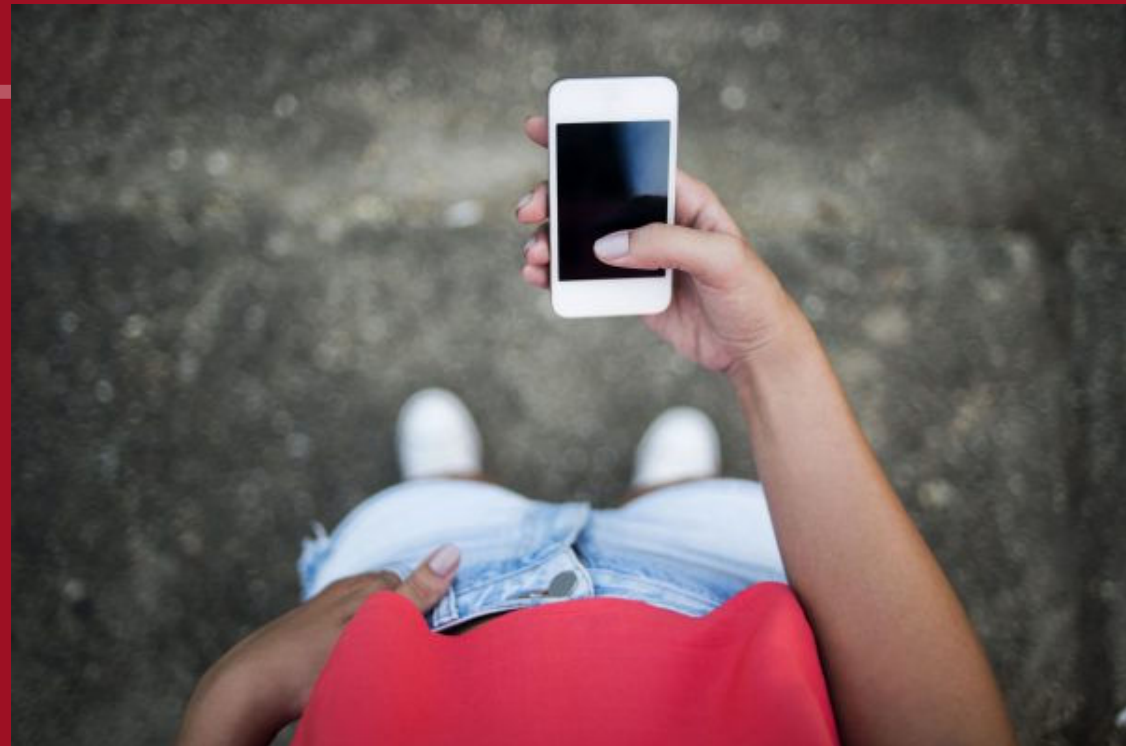
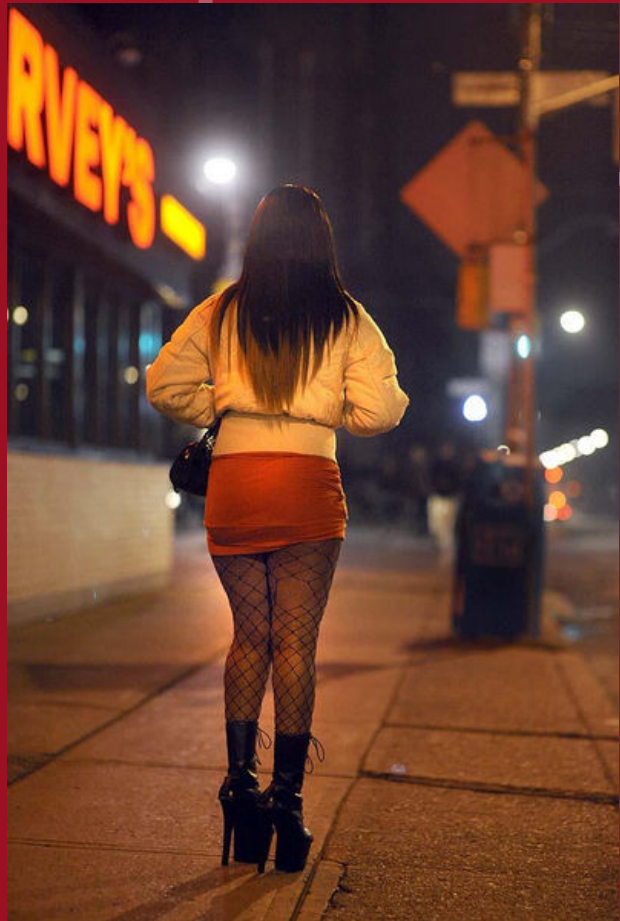


# The Image of Human Trafficking





# The Reality of Human Trafficking





S

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

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I

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

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R

**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.

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V

**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 Service- What Can You Do?

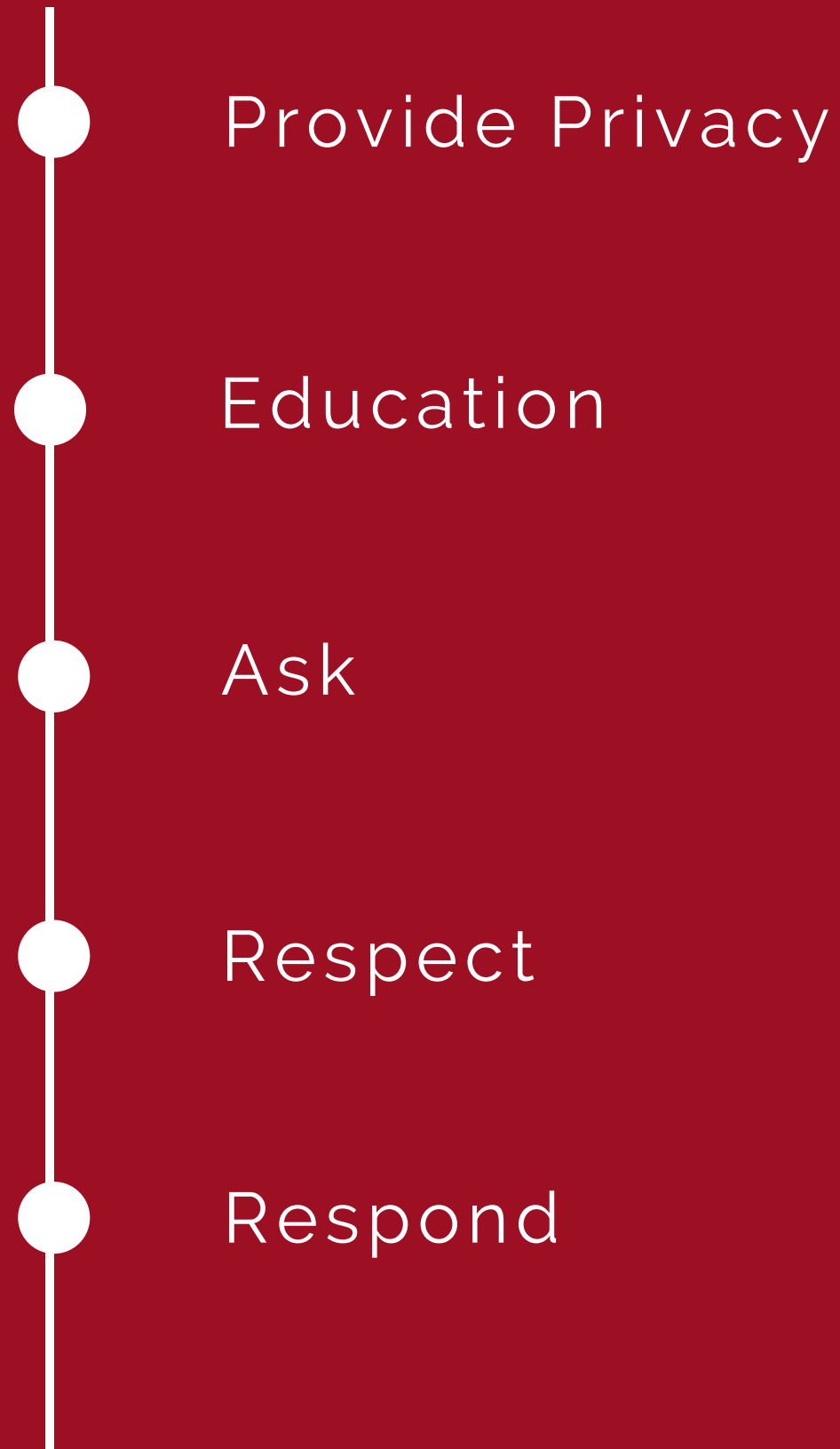


- **Communication**
  - Be informative not inquisitive
  - Be patient
  - Be mindful of trust and power dynamics
- **Validation and Empowerment**
- **Transparency**
  - Recommendations for reporting
  - Introduce new providers
  - Fully disclose the limits of confidentiality
  - Use trauma informed interpreters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

# Trauma Informed Service- cont'd



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, patient-centered, and recognizes that creating an emotionally and physically safe context for disclosure is often more effective than a checklist screening tool.





# Identify

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

# RED FLAG INDICATORS

## BEHAVIORAL

1. Evidence of a controlling relationship
2. Fearful, anxious, depressed, submissive, paranoid, hyper-vigilant
3. Presenting history is scripted or conflicting, not knowing their address
4. Not in control of identification documents
5. Sexual behavior inconsistent with age or development

## PHYSICAL

1. Tattoos
2. Clothes inappropriate for the weather or venue
3. Somatization
4. Signs of physical trauma
5. Signs of drug or alcohol abuse

## CLINICAL

1. Pelvic Inflammatory Disease/Pelvic Trauma
2. Dehydration or malnutrition
3. Recurrent sexually transmitted infections
4. Significant dental problems
5. Delayed in seeking medical care

## LABOR TRAFFICKING

1. Workplace injury
2. Reports of workplace abuse or restriction
3. Reports of living at the place of employment
4. Alluding to owing debt or unfulfilled promises
5. Not in control of identification documents



# Screening Young People for Trafficking

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

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 open-ended 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 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: 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.*

“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](http://ipvhealth.org)

**FUTURES  
WITHOUT VIOLENCE**  
[futureswithoutviolence.org](http://futureswithoutviolence.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 sola**

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.

**Un plan que funcione para ti**

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.

Juntas, ustedes pueden formular un plan sobre:

- ✓ Cómo conseguir apoyo en cosas que quizás haya estado haciendo para ayudarte a enfrentar las dificultades, como 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.
- ✓ Cómo reducir el daño en tu relación y/o desarrollar un plan de seguridad.
- ✓ Cómo conectarte con los recursos al otro lado de esta tarjeta y en tu comunidad para aprender sobre tus opciones.

Las líneas de ayuda existentes y los recursos locales pueden ayudarte con recursos locales y obtener apoyo 24/7 por teléfono, todo o parte en español:

**Línea Nacional de Violencia Sexual (National Domestic Violence Helpline)**  
1-800-799-7233 | 1-800-785-2264  
(para personas con discapacidad)

**El Proyecto Travesía (The Traverser Project)**  
Línea de servicio para inmigrantes (LSI)  
800-415-7388 | [linenonsp.org](http://linenonsp.org)

El Proyecto Travesía (The Traverser Project) es un programa de apoyo para inmigrantes y refugiados que ofrece servicios de apoyo emocional, legal y de salud mental. El Proyecto Travesía es un programa de apoyo para inmigrantes y refugiados que ofrece servicios de apoyo emocional, legal y de salud mental.

**Los recursos están:**  
**La Red del Noroeste (The Northwest Network)** [www.nwnn.org](http://www.nwnn.org)  
**Coalición Nacional de Programas contra la Violencia (National Coalition of Anti-Violence Programs)** [ncaavp.org](http://ncaavp.org)  
**FORGE para personas trans y aliados** [forgetrans.org](http://forgetrans.org)

**ELMA**  
**FUTURES WITHOUT VIOLENCE**  
[futureswithoutviolence.org](http://futureswithoutviolence.org)

**Relaciones cariñosas favorecen tu salud**

**HUMAN TRAFFICKING IS HAPPENING NOW**

To report suspected human trafficking, call the U.S. Department of Homeland Security (DHS) tip line:

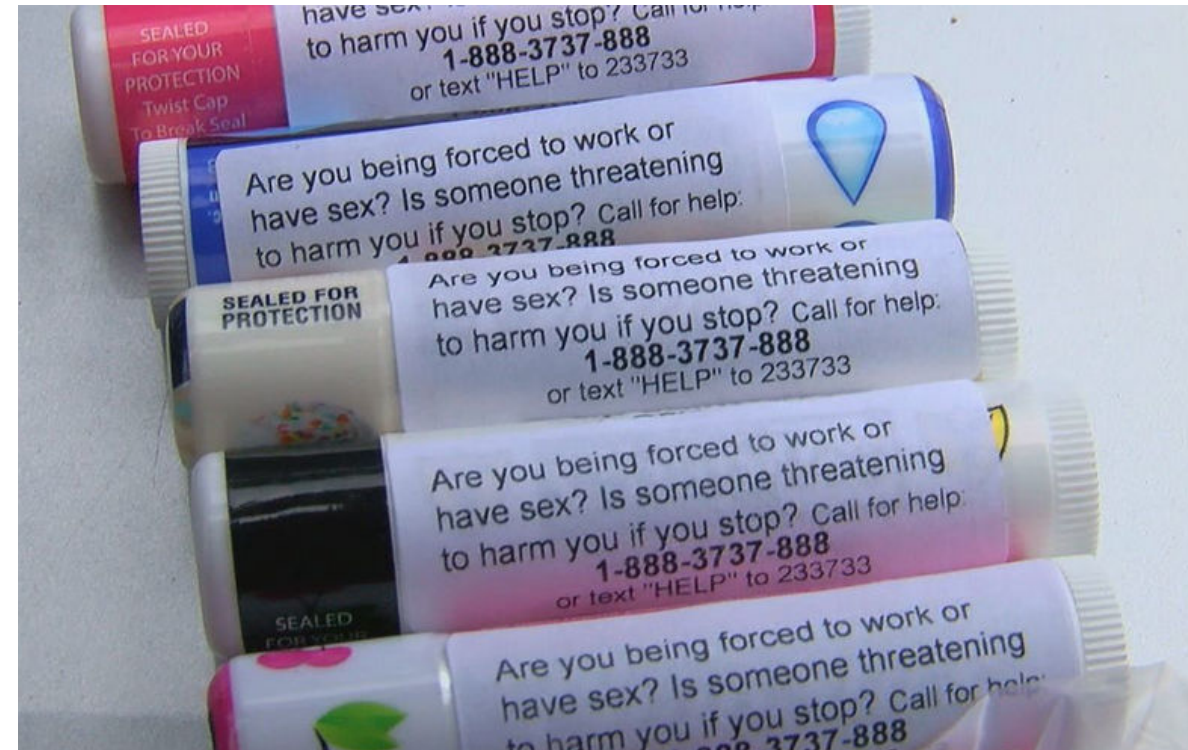
**1-866-DHS-2-ICE (347-2423)**

**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)

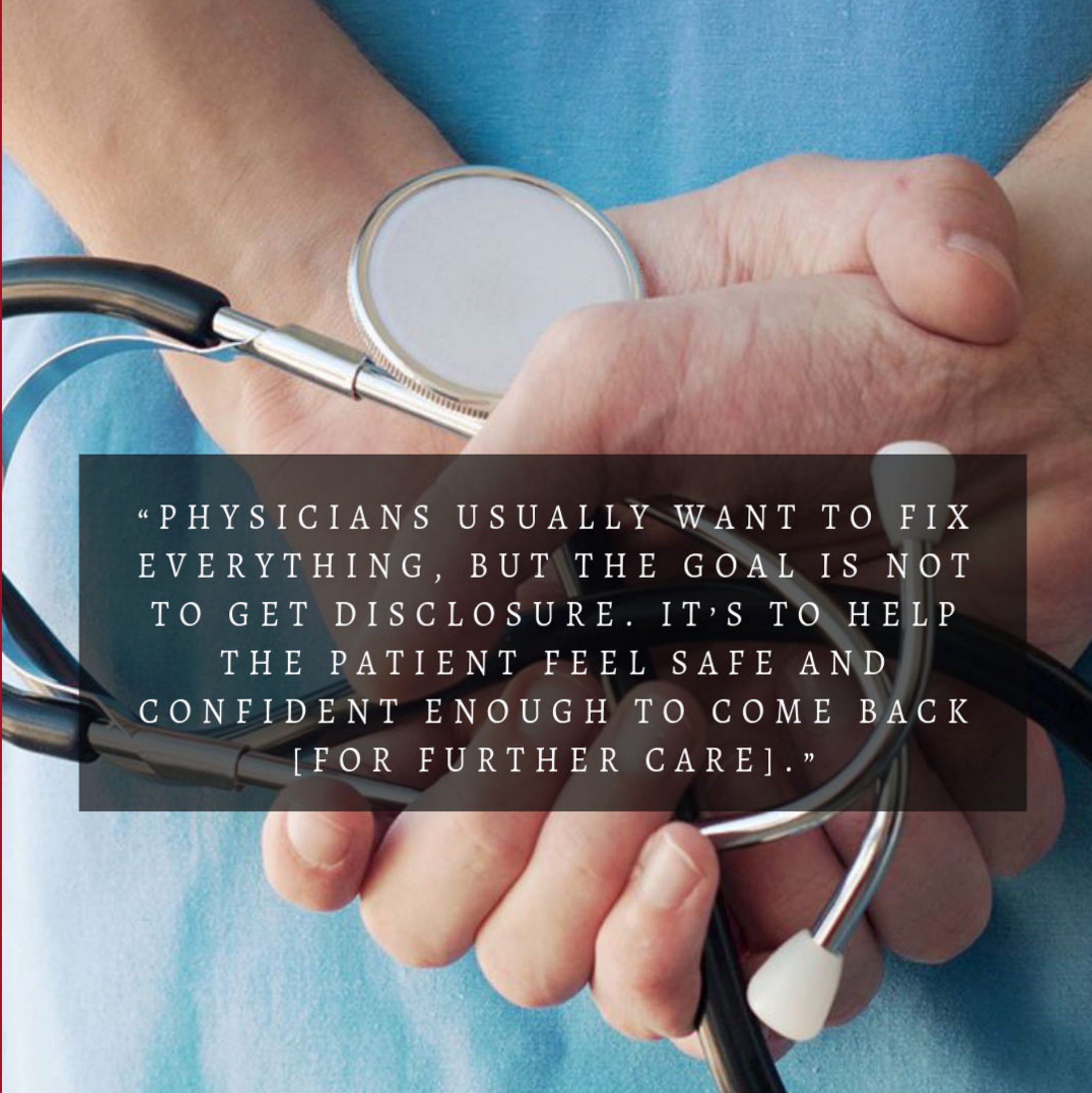
P.A.N.D.A. Prevent Abuse and Neglect Through Dental Awareness

Disclaimer: The content of this card is to only make you aware that there is help for abuse whether it is a child, parent, sibling, spouse, or domestic partner. It is not legally binding and does not have to be accepted.

**Everyone deserves to be safe and healthy**

Mid-Atlantic P.A.N.D.A. Coalition





“PHYSICIANS USUALLY WANT TO FIX EVERYTHING, BUT THE GOAL IS NOT TO GET DISCLOSURE. IT’S TO HELP THE PATIENT FEEL SAFE AND CONFIDENT ENOUGH TO COME BACK [FOR FURTHER CARE].”

# 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 community-based service agencies

## **Safety & Stabilization**

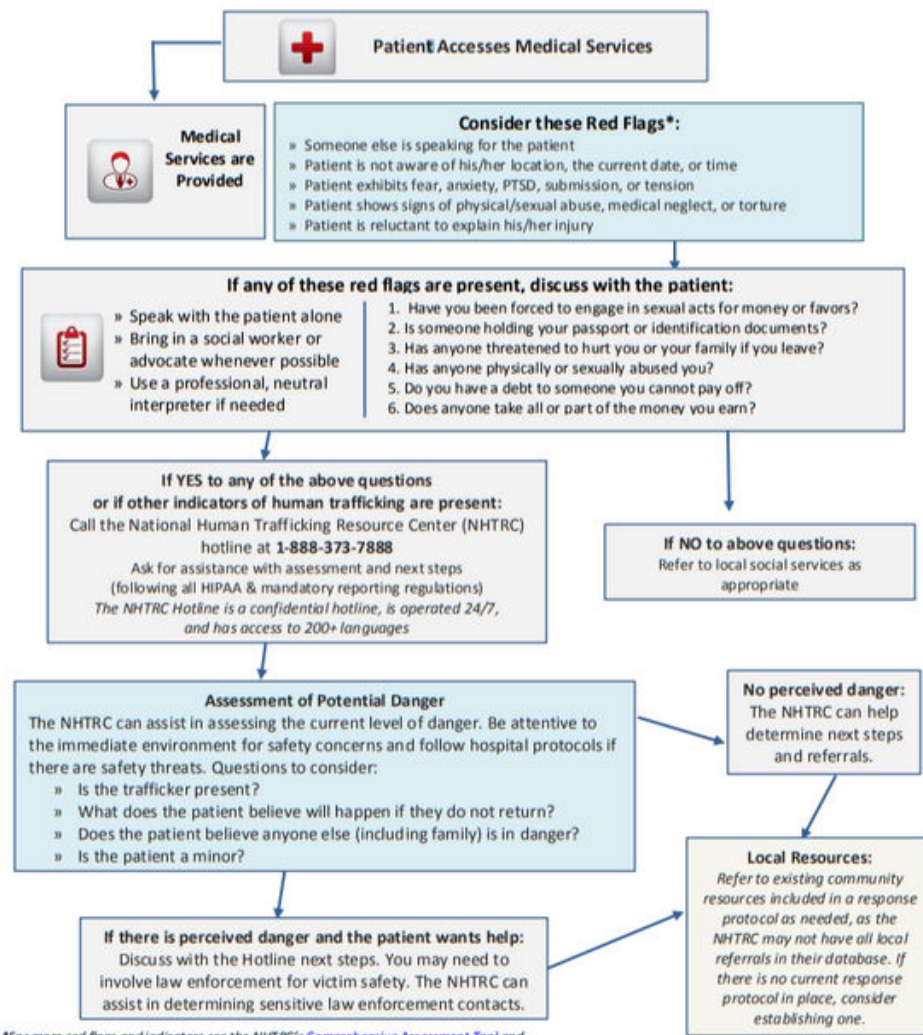
# **Community & Collaboration Building**

- **Partnerships**
  - Law Enforcement
  - Health
  - Legal
  - Social Service Providers
- **List of local resources**
- **Internal algorithm with localized resources**

# Example Algorithms

**NHTRC** NATIONAL HUMAN TRAFFICKING RESOURCE CENTER  
1-888-373-7888

## Framework for a Human Trafficking Protocol in Healthcare Settings



\*For more red flags and indicators see the NHTRC's [Comprehensive Assessment Tool](#) and [Identifying Victims of Human Trafficking](#) document for healthcare providers.

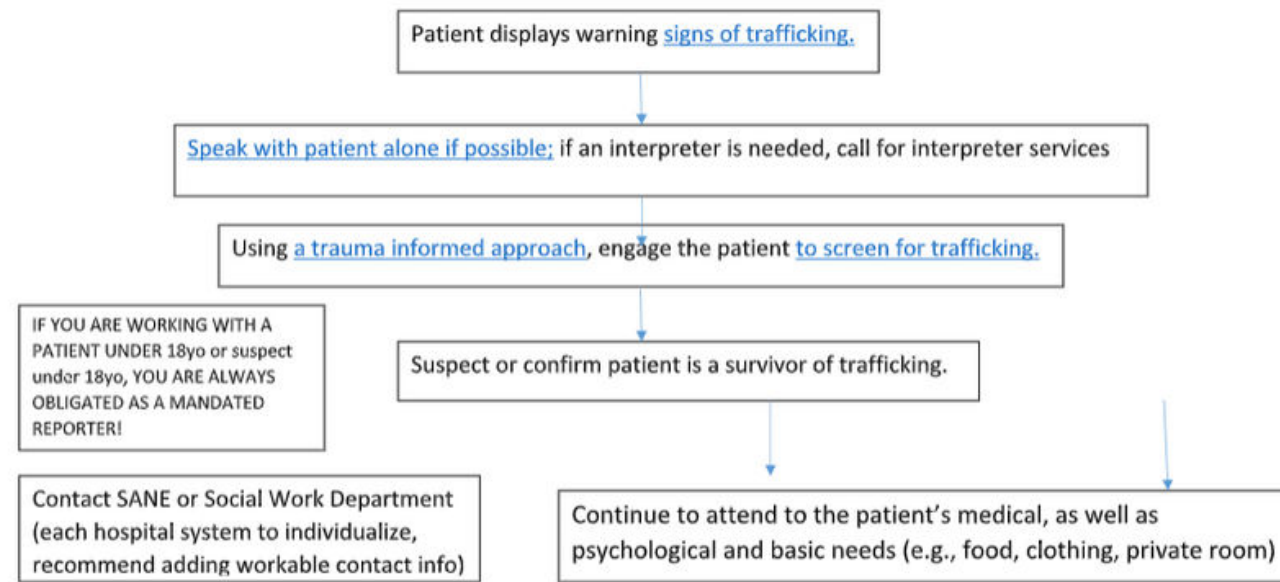
Report Online or Access Resources & Referrals: [www.traffickingresourcecenter.org](http://www.traffickingresourcecenter.org)  
Call: 1-888-373-7888 (24/7) Email: [nhtrc@polarisproject.org](mailto:nhtrc@polarisproject.org)

This publication was made possible in part through Grant Number 902V0102 from the Office on Trafficking in Persons, Administration for Children and Families, U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office on Trafficking in Persons, Administration for Children and Families, or HHS.

## DELAWARE HEALTH CARE HUMAN TRAFFICKING FRAMEWORK

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### Guidance for All Healthcare Providers page 1 of 2



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

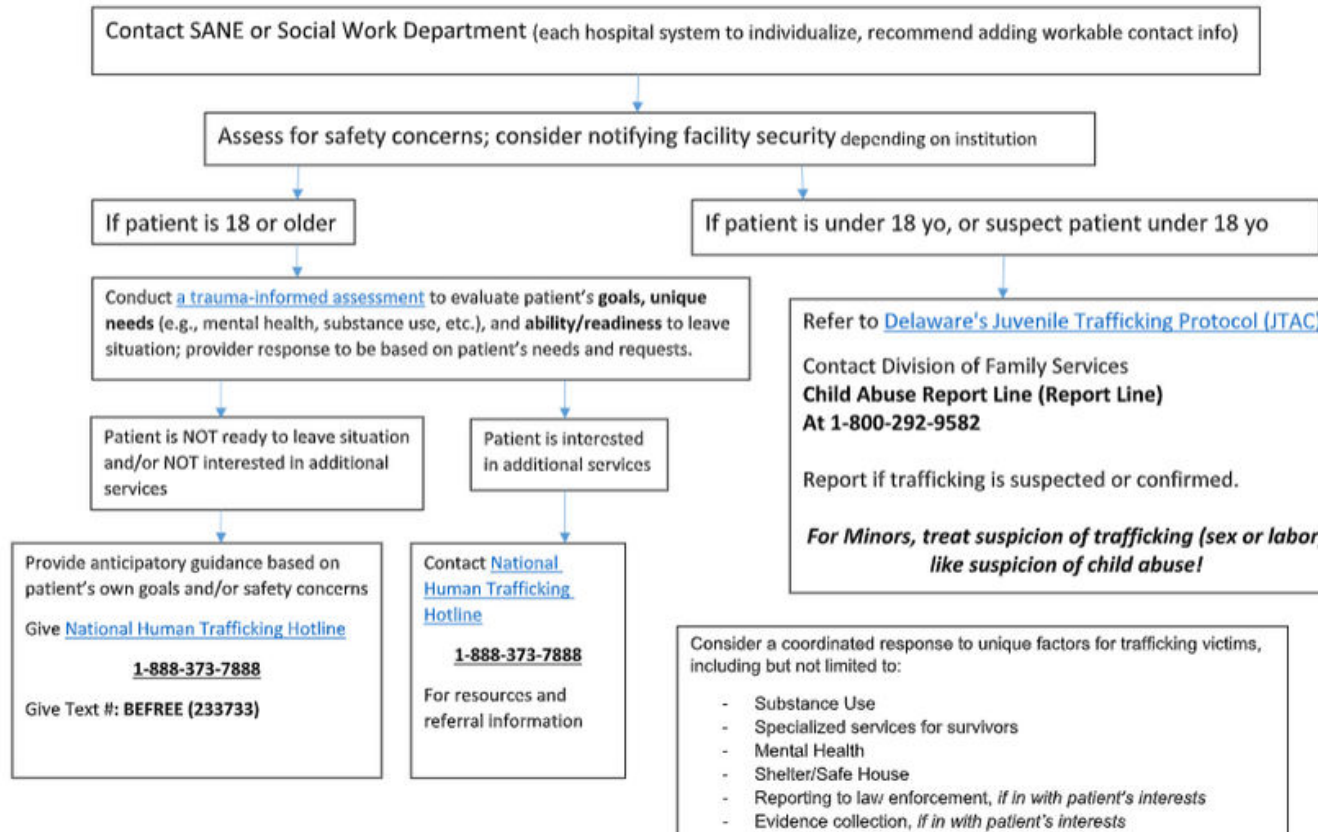
**NATIONAL HUMAN TRAFFICKING HOTLINE 1-888-373-7888**

Text: BEFREE (233733) Email: [nhtrc@polarisproject.com](mailto:nhtrc@polarisproject.com) Submit anonymous online [fin here](#)

## DELAWARE HEALTH CARE HUMAN TRAFFICKING FRAMEWORK

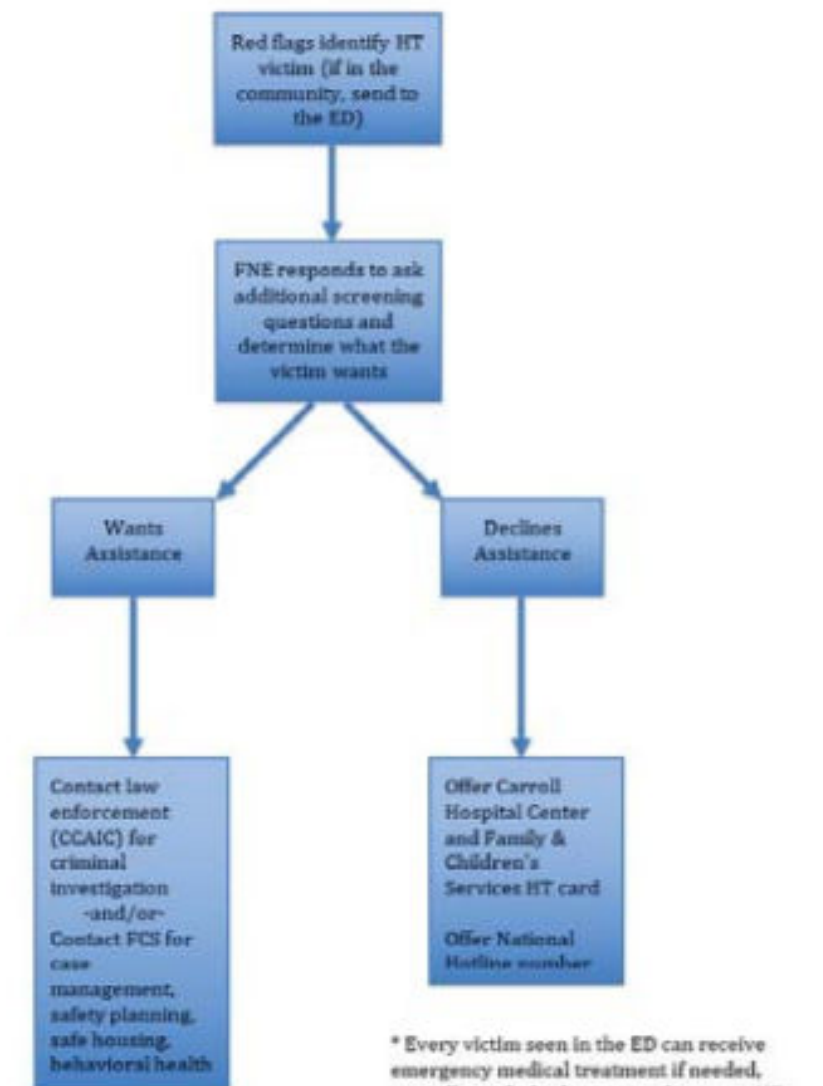
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### Guidance for SANE or Social Work Providers (hospital specific) page 2 of 2



- 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 resources
  - Resources will be provided by the SAFE Program; if the patient wishes to leave prior to a victim advocate or forensic nurse arriving, the anti-trafficking hotline number (1-888-373-7888) 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 offer 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



\* Every victim seen in the ED can receive emergency medical treatment if needed, regardless of whether or not they want HT assistance.

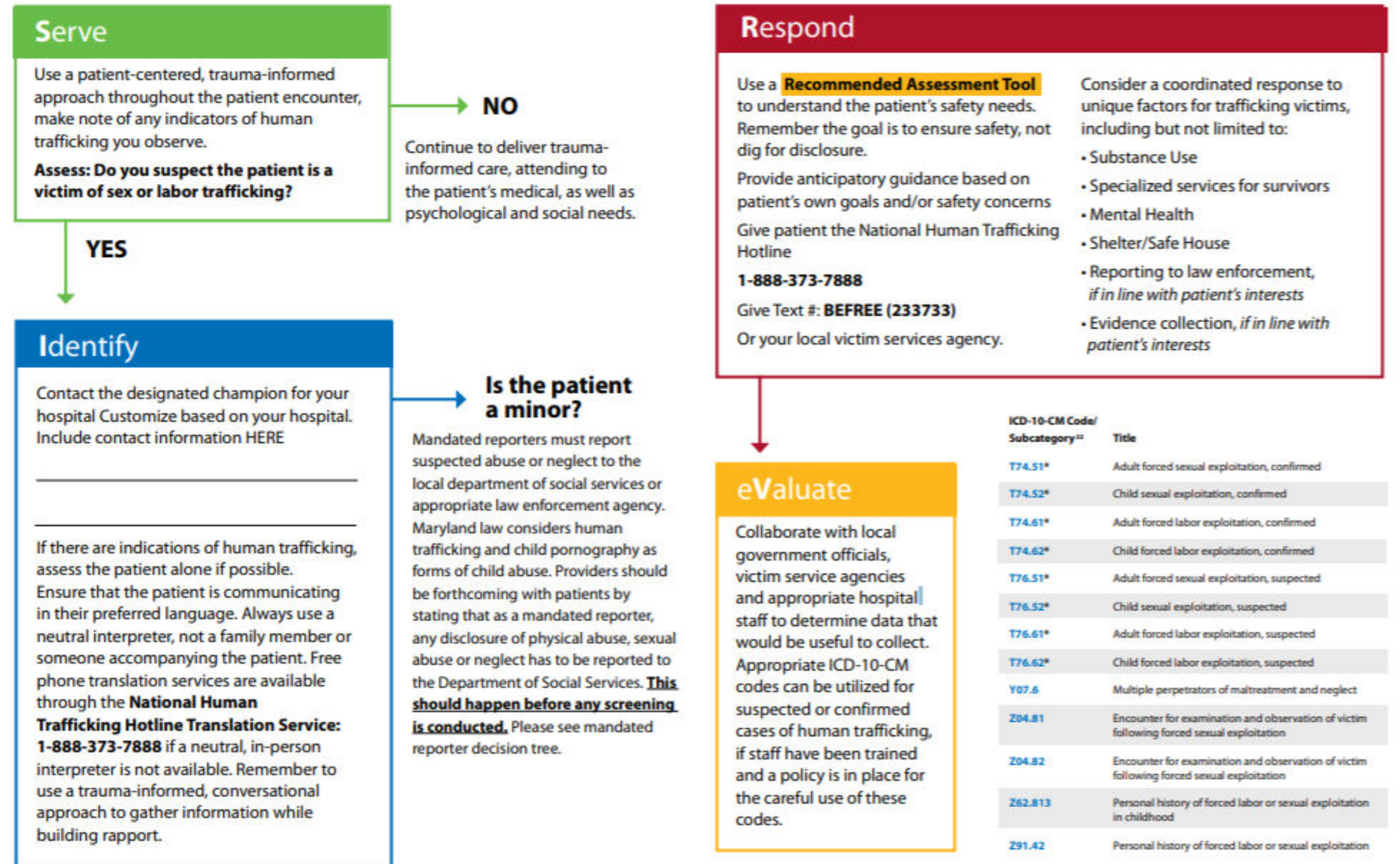


# Example Algorithm- Adults

## Appendix E

### Maryland Human Trafficking Medical Response Algorithm\*

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





# Example Algorithm- Youth

## Maryland Mandated Reporter Decision Tree

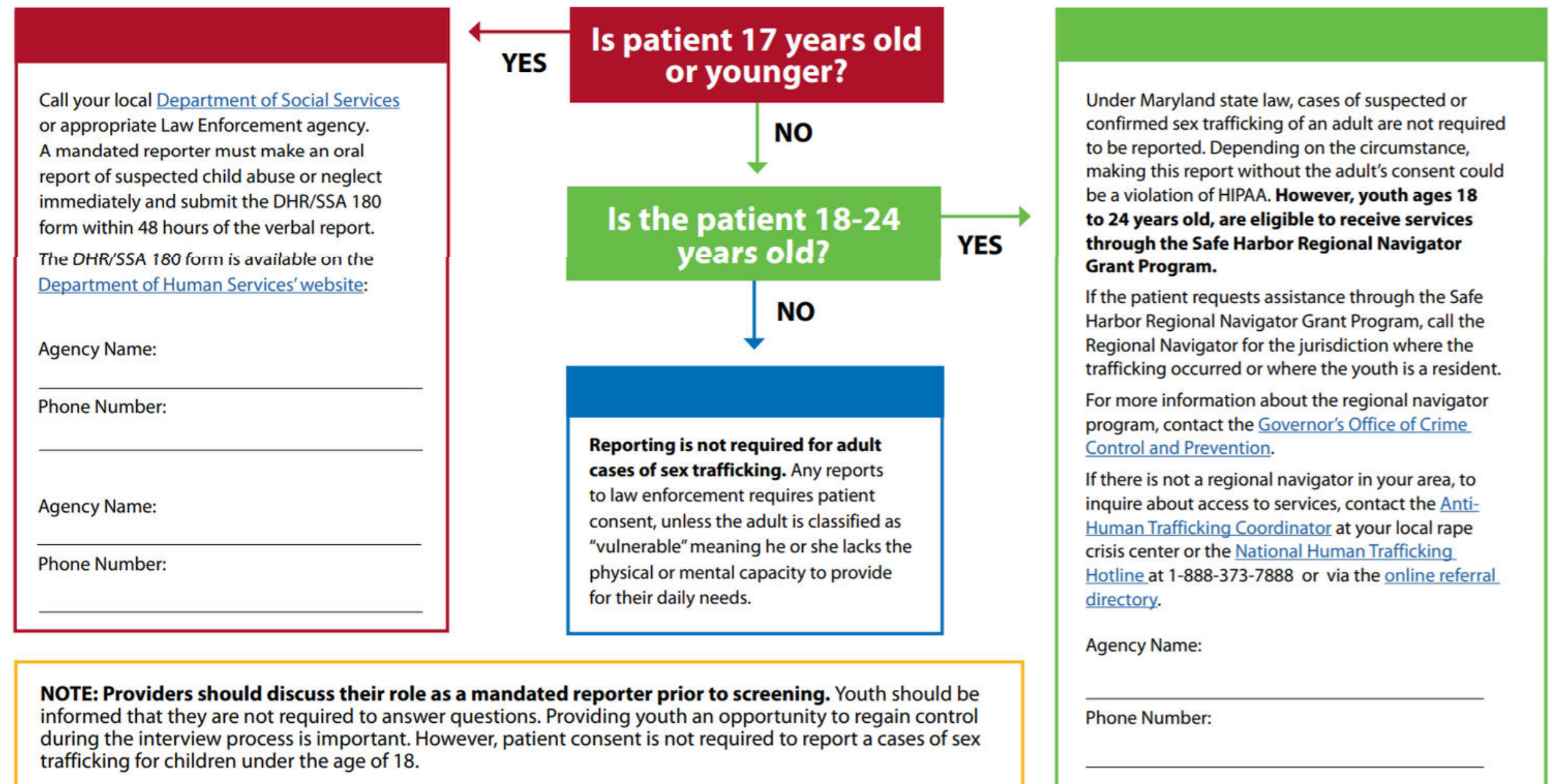
### Cases of Suspected or Confirmed Sex Trafficking of Youth

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.**







# Child Sex Trafficking Screening & Services Act of 2019

- Creates a Regional Navigator program which ensures that every sex trafficked individual aged under 25 will have access to immediate and local specialized services.
- Requires children involved with the Department of Social Services to be screened for sex trafficking.
- Requires law enforcement and the Departments of Social Services to refer cases of suspected sex trafficking to a Regional Navigator.



- 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

# Warm Handoff



# 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 Codes

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

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

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I

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

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R

**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.

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V

**eValueate:** 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](mailto:saron@umd.edu)

University of Maryland SAFE Center

**Jessica Volz:** [JVolz@adventisthealthcare.com](mailto:JVolz@adventisthealthcare.com)

Adventist Healthcare Shady Grove Medical Center

**Dave Williams:** [davewdds@gmail.com](mailto:davewdds@gmail.com)

**Joyce Williams:** [joycewilliamsdnp@gmail.com](mailto:joycewilliamsdnp@gmail.com)