


SQUARES:
Medical-Legal Paradigms in
Caring for Minor Victims
of Human Trafficking

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Financial Disclosures

Dana Kaplan, MD, FAAP


Has no financial interest in or affiliation with
any commercial supporter to disclose.



Learning Objectives


At the conclusion of this activity participants should be able to:

- Evaluate the range of legislation related to human trafficking in the United States
- Explore the intersection of medical care and mandated reporting with regard to human trafficking
- Develop a patient centered and medically focused response to victims of human trafficking




Case

- 18 year-old female presents to the ED with acute asthma exacerbation.
- Does not have ID or health insurance .
- States she fills prescriptions for albuterol regularly.
 - But will not give the name of her PMD.
 - Gives the name of a pharmacy – no record of her.
- States she has a 2 year old daughter that is currently with her boyfriend.
- Elopes after several hours.




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- Elopes after several hours.



Case


- Identification?
- What should you do?
- What could you provide medically?
- What are your legal obligations?



Human Trafficking in the United States

- As defined under TVPA, victims of human trafficking can be divided into three populations:
 - **Children** under age 18 induced into commercial sex
 - Adults aged 18 or over induced into commercial sex through force, fraud, or coercion
 - **Children** and adults induced to perform labor or services through force, fraud, or coercion

Polaris Project, TVPA 2000




Human Trafficking in the United States

Sex trafficking of minors

- CSEC, DMST
- Minor is induced to engage in a sex act in exchange for something of value
- Victims by definition
- Form of sexual abuse
- Sex trafficking is illegal under any circumstances in the USA

<https://www.ojjdp.gov/mpg/litreviews/child-labor-trafficking.pdf>




Human Trafficking in the United States

Labor Trafficking of Minors

- Need to prove force, fraud, coercion.
- Minors are typically allowed to work legally when they are between 14 and 16.

<https://www.ojjdp.gov/mpg/litreviews/child-labor-trafficking.pdf>



Labor Trafficking of Minors (LTM)

- **Labor Exploitation**
 - Minor is working legally, but denied basic legal rights (such as fair compensation)
- **Child Labor**
 - Minor under the legal working age and is engaging in illegal work and/or work that is harmful to his/her health, development, or education
- **Labor Trafficking of Minors**
 - Many of the same components as child labor and labor exploitation
 - Distinguished by the use of force, fraud, or coercion (e.g., forcing a child to work by threatening harm)



Owens et al. 2014

DMST and LTM Overlap

- 17 year-old female found exchanging sex for money by law enforcement after advertising on social media
- In CPS custody since the age of 6
- Exchanging sex for money for approximately 2 years
- Disclosed over time she began trafficking drugs and guns



Human Trafficking vs. Smuggling: Legal Distinctions

Smuggling

- Purpose: Transportation across an international boundary in exchange for payment
- Transaction: Voluntary
- Crime: against a state
- *Always* involves crossing international borders
- Concludes once the destination is reached

Trafficking

- Purpose: Exploitation
- Transaction: Force, fraud, coercion, vulnerability
- Crime: against a person
- Does not always involve crossing international (or even local) borders
- Ongoing (does not conclude upon reaching a destination)

www.massmed.org/humantrafficking



Human Trafficking and Smuggling: Overlap

- 16 year-old female smuggled into Mexico from Guatemala
- Once in Mexico, the patient was forced to exchange sex for money by the coyotes
- She is smuggled across the US border, placed in a detention camp

www.massmed.org/humantrafficking



Incidence and Prevalence

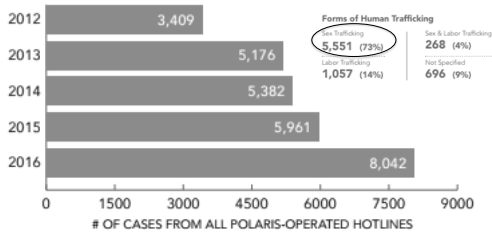
- Reliable estimates of the incidence and prevalence of child trafficking globally are not available.
- Due to:
 - Lack of uniform definitions among those collecting data
 - Lack of a centralized database
 - Under recognition of victims
- Sound familiar?

Greenbaum 2017



National Human Trafficking Hotline Statistics

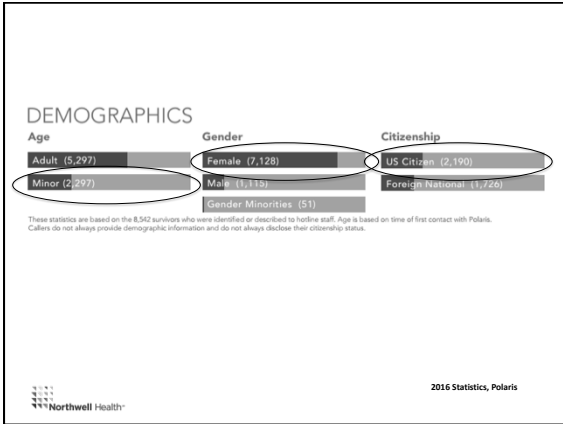
Cases of Human Trafficking per Year



Note: includes labor, sex trafficking, adults and minors

2016 Statistics, Polaris





Expanding Needs: Reauthorizations (TVPRA)

- 2003:
 - Expansion with focus on International Trafficking
- 2005:
 - Inclusion of measures to protect Domestic Survivors
- 2008:
 - Expansion of prevention and prosecution
 - Expansion of protection for victims of trafficking
 - Expansion of services to victims, especially children

<https://endslaveryandtrafficking.org>

Northwell Health

Expanding Needs: Reauthorizations (TVPRA)

- 2013:
 - Programs to ensure that U.S. citizens do not purchase products made by victims of human trafficking
 - Prevention of child marriage
 - Strengthens collaboration with state and local law enforcement to ease charging and prosecuting traffickers


<https://endslaveryandtrafficking.org>

Northwell Health

Expanding Needs: Reauthorizations (TVPRA)

- 2015: (Justice for Victims of Trafficking Act of 2015)
 - *The bill expands the definition of "child abuse" to include human trafficking*
 - Expands criminal sanctions to include persons who patronize or solicit children for commercial sex acts (buyers)
 - Federal grant incentives to all states to pass comprehensive Safe Harbor laws

<https://fieldcenteratgcm.org/wp-content/uploads/2013/05/SafeHarborWhitePaperFINAL.pdf>




State Response

Figure 1. Chronology of Passage of First State Criminal Statute Against Human Trafficking

2002 (2 states) Texas Washington	2005 (8 states) Arizona, Arkansas, California, Illinois, Kansas, Louisiana, Nevada, New Jersey	2007 (7 states) Delaware, Kentucky, Maryland, Montana, New York, Rhode Island, Oregon	2009 (4 states) New Hampshire, North Dakota, Vermont, Virginia	2011 (2 states) Massachusetts, South Dakota	2013 (1 state) Wyoming
2004 (2 states) Florida Missouri	2006 (14 states) Alaska, Colorado, Connecticut, Georgia, Idaho, Indiana, Iowa, Michigan, Minnesota, Mississippi, Nebraska, North Carolina, Pennsylvania, South Carolina	2008 (7 states) Hawaii, Maine, New Mexico, Oklahoma, Tennessee, Utah, Wisconsin	2010 (3 states) Alabama, District of Columbia, Ohio	2012 (1 state) West Virginia	

To date, all 50 states and the District of Columbia have passed legislation making human trafficking a felony offense.




Polarisproject.org

Safe Harbor Laws

- 34 states (as of 2015)
 - Treat trafficked youth as survivors of trauma
 - Provide rehabilitative services rather than criminal prosecution
 - Two components: legal protection and provision of service
 - Laws vary across states:
 - Immunity without referral
 - Immunity with referral
 - Law enforcement referral to a protective system response
 - Diversion process


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Health Care Professionals

- 30–88% of U.S. trafficking victims are believed to receive health care at least once during their involvement.
- The health care setting is thought to be one of the most promising places to identify victims of trafficking.


Stoklosa 2016



Health Care Professionals

- In a New York City-based study
 - 4.8% of emergency medicine clinicians reported feeling confident about their ability to identify a victim of human trafficking
- Survey of survivors about their interactions with health care professionals
 - Not identified
 - Had been hurt, humiliated, and, in some cases, harmed by the actions of clinicians


Recknor, et al. 2017




State Laws and Health Care Providers

- 10 states with legislation that specifically addresses the education of health care providers
 - KS, LA, MI, MN, MO, NJ, TN, TX, VT, WA
- 4 states with mandatory reporting minor trafficking
 - CA, FL, IL, MD
- 4 states require both education and mandatory reporting
 - CO, MA, NC and now NY
- None of these statutes has appropriated funds to support these endeavors.

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Health Care Provider Education Laws




Training in General

STATES THAT REQUIRE TRAFFICKING TRAINING



■ Human Trafficking Training
 ■ Training Includes Child Trafficking


http://www.ncsl.org/Portals/1/Documents/cj/SafeHarbor_v06.pdf



State Laws

- 14 states total have education laws directed at health care providers
- Most address both labor and sex trafficking
 - Except for Minnesota, which addresses child sex trafficking only
- 3 states in total limit their education and training programs to awareness or identification of minors (under age 18)
 - LA, MA, MN

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Who Receives Education

- Washington is the only state with a stand-alone physician education provision.
 - Other professionals (mental health counselors, marriage and family therapists, social workers, and psychologists) are covered by other provisions
- Remaining state laws cover education for a variety of health care providers, grouping them with a range of other professionals.
 - Educators, law-enforcement personnel, clergy, and social workers



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Voluntary or Mandatory

- In most states education is voluntary.
- They do not mandate attendance.
 - Education is mandatory for designated professionals in Massachusetts, Michigan, and New Jersey.



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Education Requirement


- New Jersey's approach is the most direct and comprehensive.
 - Single provision
 - State lists all the categories of professions and employees who must be trained by taking a single mandatory course at their place of employment
 - Completion of the training course by the required employees is a condition of licensure
 - Covers not only employees of a health care facility but law-enforcement personnel, hotel and motel owners, and court personnel



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Structure


- Most of the laws in these states generally call for a program to be established, an oversight position to be created, and education to be provided.



Education Oversight and Development


- Task-force approach
 - 4 states (CO, MI, TX, NC)
- DOH and the Commission of Human Trafficking
 - New Jersey
- Medical Quality Assurance Commission
 - Washington

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Education Oversight


- New York
 - “The commissioner may identify organizations or providers for consideration by subject facilities to provide training.
 - The commissioner may, in consultation with the office of temporary disability assistance and the office for children and family services, make regulations under this section.”



Education Oversight

- No specifics other than naming the state agency authorized to establish a program
 - 4 states (KS, MA, MO, VT)


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Training Leadership

- The statutes offer limited guidance


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Educational Content


- The statutes offer minimal guidance for creating the educational curricula.
 - A few statutes state that education is created or approved by that state's task force, commission on trafficking, child abuse or may state what agencies must be consulted to develop the curriculum.
 - Others statutes call for the dissemination of educational materials and programs to increase awareness of trafficking and services without further guidance.

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Guidance is the Issue

- Without guidance how do we know that information is being disseminated:
 - Adequately?
 - In a standardized, uniform fashion?
 - Also taking into account geographical considerations.




Mandatory Reporting Laws



CAN and CPS

- Late 1800's
 - Non-governmental child protection charities emerge that are largely dependent on private donations.
- 1962 amendments to the Social Security Act required all states to include child protection in their child welfare systems.
 - State laws addressing the abuse and neglect of children were passed in all 50 states.

https://www.acf.hhs.gov/sites/default/files/child/capta_40yrs.pdf



CAN and Child Protective Services

- In 1962, Kempe published “The Battered-Child Syndrome” in the Journal of the American Medical Association, making child abuse a national issue.
 - Press and broadcasters call for legislative action and attract public attention
 - Growing public concern

https://www.acf.hhs.gov/sites/default/files/cb/capta_40yrs.pdf



CAN and CPS

- By 1967 every state and the District of Columbia had enacted some form of child abuse and neglect mandatory reporting law.
 - But unable to meet the service needs of reported cases
- In 1974 CAPTA (Child Abuse Prevention and Treatment Act) is established.
 - Provides a federal definition of child abuse and neglect
 - Reforms of state laws, policies, and practices
 - Requires states pass their own mandatory reporting provisions in order to receive federal grants

https://www.acf.hhs.gov/sites/default/files/cb/capta_40yrs.pdf, Peterson 2014



The Justice for Victims of Trafficking Act of 2015 (TVPRA)

- Amended CAPTA by adding human trafficking and child pornography as forms of child abuse (effective May 2017).
 - “A child shall be considered a victim of ‘child abuse and neglect’ and of ‘sexual abuse’ if the child is identified ... as being a victim of sex trafficking ... or a victim of severe forms of trafficking in persons” as described in the Trafficking Victims Protection Act.
 - Also gives states the option of treating young adults up to age 24 as victims of “child abuse and neglect” or “sexual abuse.”



JVTA impact on CAPTA

- Directs child welfare agencies to identify and provide services to child trafficking victims.
- Directs child welfare agencies to train case workers on identifying and providing services to child trafficking victims.
- Amends the definition of an abused and neglected child to include child trafficking victims regardless of parent or caregiver fault.
- States receiving federal CAPTA funding must be in compliance with the CAPTA amendments enacted in the JVTA.

http://sharedhope.org/wp-content/uploads/2017/01/State_Impact_Memo_PFC_Fed_Legislation.pdf



CAN Mandatory Reporting

- 150,000 calls made to CPS in 1963
- 3.3 million calls in 2009
 - Greater than a 2000% increase
- 4.0 million calls in 2015
 - 58.2 percent of referrals screened in
 - 2.2 million referrals

Board on Children, Youth, and Families; Institute of Medicine; National Research Council. Washington (DC): National Academies Press (US); 2012 Apr 5.



CAN Mandatory Reporting

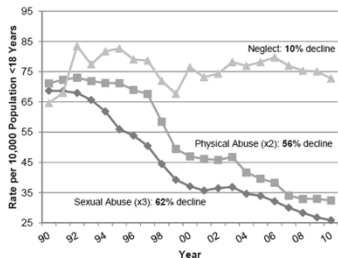


FIGURE 3 Substantiated cases of maltreatment compiled by NCANDS, 1990-2010.

NCANDS established 1988



Mandatory Reporting Laws

- Every state has CAN laws.
- May not include human trafficking .
- When they do, may be limited to parents or caregivers.
- The new human trafficking reporting laws establish that trafficking, in its various manifestations, is a distinct reportable offense.

http://sharedhope.org/wp-content/uploads/2017/01/State_Impact_Memo_PIC_Red_Legislation.pdf



Mandatory Reporting Laws

- CA, CO, FL, IL, MD, MA, NC (and now NY) have specific mandatory reporting laws regarding human trafficking.
 - FL, IL, MA, NC and NY address both sex and labor trafficking.
 - CA, CO, and MD require reporting of sex trafficking only.
 - All states with reporting laws limit their mandate to minors only.
 - IL extends the requirement to residents of state facilities aged 18–22.

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A Closer Look at MA: Education and Mandatory Reporting

- Massachusetts’ education requirement is subsumed within its child abuse reporting laws.
 - Mandatory reporters of child abuse must undergo training to identify and report child abuse victims.
 - Now includes children who are trafficked.

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Identification of Victims



NBCNEWS
NEWS
OCT 18 2017, 11:56 PM ET

84 Children Rescued, 120 Human Traffickers Arrested Across U.S., FBI Says
by ERIN CALABRESE, TODD MIYAZAWA and ANDREW KOZAK



Rescue?

- Groomed to trust, love, defend their exploiter
- Groomed to believe they are the criminal
- Threatened if they try to leave







TABLE 2 Factors Contributing to Vulnerability to Child Trafficking

Individual	Family	Community	Societal
LGBTQ ²	Poverty	Tolerance of sexual or labor exploitation	Gender-based violence and discrimination
Abuse or neglect	Unemployment	Natural disaster or community upheaval	Cultural beliefs or stigma
Sexual exploitation	Intrafamilial violence	Demand for cheap labor	Weak recognition of child rights
Substance misuse	Forced migration	Community violence	Political or social upheaval
Homeless, runaway, or thrown out of home	—	Lack of community resources/support	—
Untreated mental health problems	—	Lack of awareness of trafficking practices	—
Behavioral problems	—	—	—
Involvement with legal system	—	—	—
Involvement with child protective services system	—	—	—
Lack of documentation (immigration, birth certificate, etc)	—	—	—
Unaccompanied status, including immigrant and refugee children	—	—	—

Greenbaum 2017




- Adverse Childhood Experiences (ACEs)**
- Abuse
 - Emotional
 - Physical
 - Sexual
 - Neglect
 - Emotional
 - Physical
 - Household Challenges
 - Mother treated violently
 - Household substance abuse
 - Mental illness in the household
 - Parental separation or divorce
 - Criminal household member
- 

Human Trafficking of Minors and Childhood Adversity in Florida

Jan A. Reid, PhD, Michael T. Baglivio, PhD, Alex R. Fiquero, PhD, Mark A. Greenwald, MPA, and Nathan Epps, MS

- Examined the link between human trafficking of minors and childhood adversity.
 - CSEC vs. HT unspecified
- 6 ACEs indicative of child maltreatment were more prevalent among youths who had human trafficking abuse reports.
- Sexual abuse was the strongest predictor of human trafficking for both boys and girls.




Highest Risk Populations

- Youths in group homes/foster care system
- Homeless/runaway youth


Targeted to become exploited

Estes & Weiner, 2001 & 2002



The Preventing Sex Trafficking and Strengthening Families Act of 2014

- Goal to reduce the incidence of sex trafficking among youth involved in the foster care system
- Requires child welfare systems to improve their response to sex trafficking by
 - Screening and identifying
 - Providing appropriate services
 - Report missing children to the National Center for Missing and Exploited Children
 - Develop protocols for locating missing or runaway children and determine what circumstances they faced while away from care




Indicators of DMST and LTM

General Indicators of Human Trafficking

- Shares a scripted or inconsistent history
- Is unwilling or hesitant to answer questions about the injury or illness
- Is accompanied by an individual who does not let the patient speak for themselves, refuses to let the patient have privacy, or who interprets for them
- Evidence of controlling or dominating relationships (excessive concerns about pleasing a family member, romantic partner, or employer)
- Demonstrates fearful or nervous behavior or avoids eye contact
- Is resistant to assistance or demonstrates hostile behavior
- Is unable to provide his/her address
- Is not aware of his/her location, the current date, or time

- Is not in possession of his/her identification documents
- Is not in control of his or her own money
- Is not being paid or wages are withheld

Note: these are not specific for minor victims



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Identification

- The history provided does not make sense with what you are seeing/hearing.
- There is an injury without any history or plausible history.
- Guarded historian
- Controlling person present





TABLE 3 Possible Indicators of Labor Trafficking

Recent immigration history (especially if patient or family lack access to immigration documentation)
 Unfamiliarity with city or town
 Apparent intimidation by person accompanying the child or family
 Inconsistencies in information provided
 Report of excessive, hazardous, or other inappropriate work conditions
 Work-related (typically preventable) injuries (eg, chemical burns, irritation from toxic gases)
 Delay in care (far-advanced medical conditions or untreated injuries)
 Malnutrition or dehydration
 Poor hygiene
 Report of crowded, unhygienic, or otherwise inappropriate living conditions




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TABLE 1 Potential Indicators of Commercial Sexual Exploitation of Children^{10,13,20,31,47}

Initial Presentation	Historical Factors	Physical Findings
Child accompanied by domineering adult who does not allow child to answer questions	Multiple sexually transmitted infections (STIs)	Evidence suggestive of inflicted injury
Child accompanied by unrelated adult	Previous pregnancy/abortion	Tattoos (sexually explicit, of man's name, gang affiliation)
Child accompanied by other children and only one adult	Frequent visits for emergency contraception	Child withdrawn, fearful
Child provides changing information regarding demographics	Chronic runaway behavior	Signs of substance misuse
Child complaint is acute sexual assault or acute physical assault	Chronic truancy or problems in school	Expensive items, clothing, hotel keys
Child complaint is suicide attempt	History of sexual abuse/physical abuse/neglect	Large amounts of cash
Child is poor historian or disoriented from sleep deprivation or drug intoxication	Involvement of child protective services (especially foster care/group home)	Poor dentition or obvious chronic lack of care
	Involvement with department of juvenile justice	
	Significantly older boyfriend	
	Frequent substance use/misuse	
	Lack of medical home and/or frequent emergency department visits	

Many of these indicators require time to uncover



Greenbaum 2015

Physical Indicators

- Appearance
- Tattoos



Identification

- Identification is not easy.
- Identification is not quick.
- Potential barrier?



Identification

- Incorporate questions into information gathering
- But which patients?
 - Depends on your practice
 - If you are thinking about asking, ASK!



Before Asking...

- Consider who is in the room with the patient
- If someone else is present
 1. Observe the interaction
 2. Separate the patient
 - To ask more questions
 - To assess safety
 - Consider your safety and the patient's safety



Identification LTM

- Do you have a job? Have you ever?
- What made you start working?
 - Were you threatened, did you owe a debt, were you tricked, or do you not want to speak about it?
- Did/does someone take all or part of the money you earned?
- Did you ever want to leave your job, but couldn't?
- Have you ever worked anywhere where you were not allowed to contact family or friends?
- Have you ever been threatened or punished if you stated that you did not want to work?
- Has anyone you ever worked for threatened to harm your family or friends?

[https://iuc.edu/media/iucedu/chrc/pdfs/ChildRight_RapidScreeningInstrument_CHRC_FINALDRAFT_JUY%20\(1\).pdf](https://iuc.edu/media/iucedu/chrc/pdfs/ChildRight_RapidScreeningInstrument_CHRC_FINALDRAFT_JUY%20(1).pdf)



Identification DMST

- Has a friend ever been asked to have sex for something?
 - Did they do it?



Identification DMST

- Have you ever been asked to have sex for something?
 - Did you do it?
- Has someone ever asked you to have sex with someone else?



Case

- 17 year-old patient presented to outpatient clinic with CPS after she was AWOL from a group home for 2 years.
- She went to CPS offices and “turned herself in.”
 - She recently found out she was pregnant.
 - Wanted to go back to her mother.



Case

- Medically
 - History of untreated Type II DM over the course of the last 2 years
 - History of Chlamydia, treated in the past



Asked the Patient...

- Sometimes when I see girls who are on the run they are asked to do certain things like have sex for something like a place to stay, or money.
- Does that sound like something that has happened for you?
 - The patient said yes.
 - This is why she wanted to “turn herself in.”



Identification DMST: Confirmed

- Self-disclosed
- Found by law enforcement exchanging sex for money
- Found by law enforcement advertised on social media
- Found by relative/friend with objective information

Goldberg, et al. 2016



DMST Identification: Suspected


- Disclosure of solicitation but denies involvement
- Disclosure of a friend who was solicited and/or involved
- Denies solicitation and/or involvement however concerning features from medical evaluation

Goldberg, et al. 2016




Suspected Patients

- May not be ready to disclose
 - You are someone who can talk about this
- A minute of prevention...





Suspected Patients

- Do you report these patients?
- If you do, are there resources and services in place to support this population?



Medical Intervention



Multiple Barriers to Identification

- Can you break through?
- If you do identify a patient, you will not rescue him/her.
- Gain rapport and trust.



Gaining Rapport

- Expect lies.
 - True story may not emerge until there have been multiple encounters, or ever!
- Do not dispute facts.
- Do not judge.
- Get comfortable being uncomfortable.



Gaining Rapport

- Immediate needs
 - Medical, physical, psychological
- This process takes time.
- How to meet these needs?
- Have to keep in mind that you can't force change.



Immediate Medical Needs

J Urban Health
DOI 10.1007/s11254-016-0128-8

Identifying Health Experiences of Domestically Sex-Trafficked Women in the USA: A Qualitative Study in Rikers Island Jail

Anita Ravi¹ • Megan Rose Pfeiffer • Zachary Rosner • Judy A. Shea

Northwell Health

What Kind of Care is Needed?

- Examined adult female domestic sex trafficking survivors and their healthcare needs while involved in sex trafficking.
- Reasons for accessing care included
 - STI's and HIV testing
 - Unintended pregnancies
 - Traumas
 - Chronic diseases
- Emergency departments, Planned Parenthoods, and jails were common care sites.
- Traffickers and substance use impeded care and access to follow-up.

Ravi 2017

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Ongoing Health Risks – DMST and LTM

- Ongoing exposure to violence
 - Psychological implications (e.g. suicidality)
 - Risk for injury/death
- Ongoing general health risks
 - Malnutrition
 - Sleep deprivation
 - Extreme stress
 - Untreated bodily injuries/infections
 - Neglect of underlying medical conditions
 - Unsafe living/working conditions


Farley, M. 2008, APSAC

Northwell Health

Ongoing Health Risks – DMST


- Ongoing exposure to substance use
 - Risk for death/overdose
- Ongoing HIV Risk
- Ongoing STI risk
- Ongoing pregnancy risk

Farley, M. 2008




Barriers to Care

- Transient living conditions
- May not see these behaviors/this situation as problematic
- Fearful of arrest
- Have been to doctors before
 - Never help
 - Judge
- Threatened by their exploiters





Barriers to Care

- Overall distrust of the system (squares)




Mandated reporting,
healthcare education
and medical response:
New York State Law




**Senate Bill 6835B, Amendment to public health law,
addition of section 2 2805-y**

- **Identification and Assessment of Human Trafficking Victims**
 - Requires every general hospital, public health center, diagnostic center, treatment center, or outpatient department to provide identification, assessment, and appropriate treatment or referral of persons suspected as human trafficking victims



Health Care Education Initiatives

- As part of its SOAR to Health and Wellness Training, HHS conducted a pilot of a series of trainings for 180 healthcare providers in 6 US cities in 2014.
 - Evaluated the training as a pre-test, post-test, and follow-up at three months
- Participants across sites demonstrated a statistically significant increase in knowledge and attitude change on post-presentation evaluation.



Powell 2017

Health Care Education Initiatives

- Training on identification is one hurdle.
- But once identified, are there adequate resources to provide to the victims?
- What can we offer?
- Most initiatives direct health care providers to the National Human Trafficking Hotline.
- Disposition is most challenging.



National Survey of Residential Programs for US Victims

- Nationally, a total of 33 residential programs were found to be operational and exclusive to trafficking victims with a total of 682 beds.
- 28 states had no residential programs for victims of sex trafficking and no plans to open any.
- 36% of available beds were exclusive to victims of domestic sex trafficking.
- 75% of available beds in residential programs were designated for minor victims of sex trafficking.
- Of the surveyed programs, there were fewer than 28 beds for male victims of sex trafficking.

2013 National Survey of residential programs for victims of sex trafficking



Senate Bill 6835B, Amendment to public health law, addition of section 2 2805-y


• Identification and Assessment of Human Trafficking Victims

- Mandatory report of human trafficking to the NYS SCR if the victim is under the age of 18.
 - If perpetrator is parent/caregiver
 - If there is concern for neglect
 - If neither, can still call SCR, may make this a law enforcement referral
- Resource referral




Mandatory Reporting Laws: the Upside

- May provide an incentive for health care professionals to heighten their awareness of human trafficking and look for signs that their patients may be trafficked or are at risk for trafficking.
- Appropriate investigation by child welfare and law enforcement officials can and should result in protective measures for at-risk or trafficked children as well as prosecution of perpetrators.

 English 2017


Mandatory Reporting Laws: the Downside

- Mandatory reporting of child abuse and neglect in general still has hurdles.
- Health care providers perceive numerous barriers to reporting.
 - Lack of knowledge and failure to identify underlying abuse or neglect
 - Consciously deciding not to report suspected abuse to state authorities
 - Fear of backlash (for themselves, for the patient)
 - Perception of lack of action

 Sege & Flaherty, 2008

Mandatory Reporting Laws

- States' child welfare systems have long been overburdened
- Often lack resources to provide essential care for the children they are charged with protecting

 Sege & Flaherty, 2008

Mandatory Reporting Laws

- Reporting children to protective services that may not have mechanisms in place to prevent trafficking or to address the needs of those who have been trafficked may do more harm than good.
- When reports are made to law enforcement rather than, or in addition to, child welfare, the law enforcement agencies may be similarly ill-prepared to connect trafficking victims and survivors to the most appropriate services or to respond in a trauma-informed way.

English 2017, Sege & Flaherty, 2008



Mandatory Reporting Laws

- The Institute of Medicine 2013 report “cautions that adopting a universal reporting requirement without ensuring the adequate preparation of child welfare agencies may have unintended consequences that are harmful to the vulnerable children that the laws are designed to assist.”

IOM/NRC 2013



Medical Care and Mandatory Reporting


- We know we cannot force change.
- Do mandatory reporting laws attempt to force change?



Additional Barriers to Disclosure?

- If victims know that health care providers are mandatory reporters for human trafficking:
 - May engender more distrust of us squares.
 - May avoid seeking medical care?


Atkinson 2017



Additional Barriers to Disclosure?

- Reporting procedures must reflect the reality of trafficking situations
 - Child-welfare and law-enforcement systems need to understand trafficking and how it differs from other forms of child abuse and neglect.
 - What will reporting offer the patient who is not ready to leave?
 - Cannot rescue a patient who is not ready to leave.
 - Will this destroy any trust or rapport that we worked so hard to establish?


Atkinson 2017



Future Directions

- We need to understand which approaches to education are most effective in improving health care providers' awareness about trafficking and in increasing their competency to address it.
- We also need to understand whether mandatory reporting laws actually advance the goals of identifying, protecting, and assisting victims of trafficking.

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CHAMP

<http://champprogram.com/child-trafficking/child-victims-human-trafficking.shtml>



Case

- 18 year-old female presents to the ED with acute asthma exacerbation.
- Does not have ID or health insurance.
- States she fills prescriptions for albuterol regularly.
 - But will not give the name of her PMD.
 - Gives the name of a pharmacy – no record of her.
- States she has a 2 year old daughter that is currently with her boyfriend.
- Elopes after several hours.



A Medical Response

- Do not give up on them.
- Be present.
- Be constant.
- Meet their immediate needs.
- Meet them on their terms.
- All balanced against meeting our legal obligations...



Thank You



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