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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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

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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


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Labor Trafficking of Minors

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

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)

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

<table>
<thead>
<tr>
<th>Smuggling</th>
<th>Trafficking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose: Transportation across an international boundary in exchange for payment</td>
<td>Purpose: Exploitation</td>
</tr>
<tr>
<td>Transaction: Voluntary</td>
<td>Transaction: Force, fraud, coercion, vulnerability</td>
</tr>
<tr>
<td>Crime: against a state</td>
<td>Crime: against a person</td>
</tr>
<tr>
<td>Always involves crossing international borders</td>
<td>Does not always involve crossing international (or even local) borders</td>
</tr>
<tr>
<td>Concludes once the destination is reached</td>
<td>Ongoing (does not conclude upon reaching a destination)</td>
</tr>
</tbody>
</table>
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

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?

National Human Trafficking Hotline Statistics

<table>
<thead>
<tr>
<th>Cases of Human Trafficking per Year</th>
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<tbody>
<tr>
<td>Year</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Cases</td>
</tr>
</tbody>
</table>

Note: includes labor, sex trafficking, adults and minors
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

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
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


State Response

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

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

Polarisproject.org
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.

Atkinson 2016
Health Care Provider Education Laws

Training in General

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
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.

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.

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.
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

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)

Training Leadership

- The statutes offer limited guidance

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.
**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**

- 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.

**CAN and CPS**

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- 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.
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https://www.acf.hhs.gov/sites/default/files/cb/capta_40yrs.pdf
CAN and Child Protective Services

- Press and broadcasters call for legislative action and attract public attention
- Growing public concern

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

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.


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**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

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.

State_Impact_Memo_PIC_Fed_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.

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.
A Closer Look at MA: Education and Mandatory Reporting

- Massachusetts mandatory reporting
  “Reasonable cause to believe that a child is suffering physical or emotional injury” resulting from being “sexually exploited” or a “human trafficking victim”

Atkinson 2016
Identification of Victims

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

Rescue?

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

84 Children Rescued, 120 Human Traffickers Arrested Across U.S., FBI Says

I AM NOT IN NEED OF DEPENDING
Greenbaum 2017

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family</th>
<th>Community</th>
<th>Sexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEs</td>
<td></td>
<td></td>
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<tr>
<td>Abuse</td>
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<tr>
<td>Emotional</td>
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<td>Physical</td>
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<tr>
<td>Sexual</td>
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<td>Neglect</td>
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<td>Emotional</td>
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<td>Physical</td>
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<tr>
<td>Household Challenges</td>
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<tr>
<td>Mother treated violently</td>
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<tr>
<td>Household substance abuse</td>
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<tr>
<td>Mental illness in the household</td>
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<td></td>
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<tr>
<td>Parental separation or divorce</td>
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<td></td>
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<tr>
<td>Criminal household member</td>
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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

<table>
<thead>
<tr>
<th>General Indicators of Human Trafficking</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sharp, painful, or persistent injury</td>
</tr>
<tr>
<td>2. Evidence of recent injury or illness</td>
</tr>
<tr>
<td>3. 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</td>
</tr>
<tr>
<td>4. Signs of controlling or dominating relationships (e.g., excessive concerns about selecting a partner, forcing someone to work, or managing keys or money)</td>
</tr>
<tr>
<td>5. Demonstrates fearful or anxious behavior or avoids eye contact</td>
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<tr>
<td>6. Is resistant to assistance or demonstrates hostile behavior</td>
</tr>
<tr>
<td>7. Is not aware of their location, the current date, or time</td>
</tr>
<tr>
<td>8. Is not in possession of their own identification documents</td>
</tr>
<tr>
<td>9. Is not in control of his or her own money</td>
</tr>
<tr>
<td>10. Is not being paid or wages are withheld</td>
</tr>
</tbody>
</table>

Note: these are not specific for minor victims
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 historians
• 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 accidents/traumas or other inappropriate work conditions
- Work-related typically preventable injuries (e.g., chemical burns, emulsion from toxic gases)
- Delay in care from advanced medical conditions or untreated injuries
- Malnutrition or dehydration
- Poor hygiene
- Report of crowded, unhealthy, or otherwise inappropriate living conditions

Greenbaum 2017

TABLE 1: Potential Indicators of Commercial Sexual Exploitation of Children

- Child accompanied by demanding adult who does not let child answer questions
- Child accompanied by caretaker adult
- Child provides changing information regarding demographics
- Child explains a sexual assault or abuse
- Child is poor dressed or dirty
- History of sexual abuse/physical/abandonment
- Involvement of other protective services (especially foster care agency)
- Notable change in behavior
- History of neglected by parents
- Difficulty in school
- History of abuse
- Lack of medical care 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/dose 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?

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
As 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

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

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

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

Anita Ravi (1), Megan Rose Philber, Zachary Bomco, Kelly A. Sier

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.

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
Ongoing Health Risks – DMST

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

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.
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.

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.

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

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
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?

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?

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.
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

Contact Information:
Phone: 718-226-3224
Email: Dkaplan2@northwell.edu