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Human trafficking: Compliance considerations for healthcare professionals

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Every day, healthcare professionals provide medical care to human trafficking victims—but most are unaware that their patients are victims of this crime. There has been a recent push to raise awareness and train physicians on the signs exhibited by human trafficking victims and ways to effectively help them.^[1] One challenge for compliance professionals to consider when providing trauma-informed care to this population of vulnerable patients is how to protect their rights under the Health Insurance Portability and Affordability Act (HIPAA) of 1996.^[2] Clinicians may be hesitant to report information related to human trafficking for fear of violating HIPAA or from confusion surrounding state reporting laws. In this article, we will examine how healthcare providers in Kentucky, in particular, have enacted protocols to comply with the state's mandatory reporting law and HIPAA.

Human trafficking in the US

Human trafficking has emerged as one of the fastest growing criminal industries in the world, but comprehensive human trafficking data in the United States is difficult to obtain. Federal law criminalizes trafficking in persons, which includes both sex and labor trafficking. The Trafficking Victims Protection Act of 2000 defines sex trafficking as the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, coercion, or in which the person induced to perform such an act has not yet attained 18 years of age. Labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor of services, through the use of force, fraud, coercion for the purposes of subjection to involuntary servitude, peonage, debt bond, or slavery.^[3]

Due to the stigma and criminalization associated with trafficking, it is empirically challenging to measure how many persons are trafficking victims. Therefore, researchers must rely on estimates.^[4] These estimates reach into the hundreds of thousands for both adults and minors, and show that approximately 80% of human trafficking victims are women. Healthcare providers are often the first professionals to have contact with trafficked women and girls.^[5] Because healthcare needs are common among trafficked persons, healthcare providers are in a unique position to help identify trafficked victims.

Identifying and treating human trafficking victims

Two major challenges in combatting human trafficking are identifying victims and providing the necessary

support and services to reintegrate these individuals into society. Hospitals and health systems are uniquely equipped to address these challenges.

St. Elizabeth Healthcare, a health system which operates five facilities in northern Kentucky, developed a Human Trafficking Protocol and Resource Manual^[6] in conjunction with the Response Initiative to Guide Human Trafficking Services (RIGHTS) campaign, which brought together community stakeholders in the Northern Kentucky area to address human trafficking issues.

The RIGHTS process was co-chaired by Theresa Vietor, Manager of Forensic Nursing at St. Elizabeth, and Professor Sharlene Boltz from Northern Kentucky University's Chase Law School.^[7] We spoke with Ms. Vietor about the process for developing the manual and its utility in bringing all of the key stakeholders to the table. Ms. Vietor has worked for St. Elizabeth's Healthcare for more than 40 years, including 30 years as an emergency room (ER) nurse and nearly two decades as a forensic RN. She highlighted some tips in the manual to help emergency medical services (EMS) and other medical providers identify victims of sex trafficking:

- Any minor involved with the commercial sex trade
- The presence of an individual who answers for the victim-survivor or controls the interview
- Lack of identification documents
- Reluctance to explain tattoos
- Rectal or vaginal trauma
- Bald patches or missing hair
- Inadequately dressed for weather or inappropriately dressed
- Bruises in various stages of healing caused by physical abuse
- Scars, mutilations, or infections due to improper medical care
- Poor hygiene
- Urinary difficulties or pelvic pain
- Malnourishment or dehydration
- Dental problems
- Disorientation, confusion, or panic attacks

Additional indicators may include:

- Discrepancy in reported age and actual age
- Homelessness
- Runaway teen
- History of abuse
- Presence of an older "boyfriend"

- Limited English proficiency (but companion refuses interpretation services)
- Use of slang (such as “the game,” “the life,” or “dope-boy”)
- Claims that the victim-survivor is just “visiting” the area and therefore is unable to provide a home address
- Victim-survivor does not know the name of the assailant or perpetrator
- Incident(s) occurred in hotel room or car
- Possession of multiple hotel room keys
- Environmental indicators (including residences locked to keep occupants inside, presence of locked refrigerators or other appliances, etc.)

Some physical indicators include:

- Evidence of sexual trauma
- Cigarette burns
- Bruises
- Brands or tattoos
- Drug abuse-related health issues (e.g., asthma, Hepatitis C, skin infections)
- Somatic complaints (e.g., headaches, back pain, stomach pain)
- Unexplained scars
- Injuries to the head or mouth
- Bladder damage, injury, or infection
- Temporal mandibular joint problems (possibly resulting from oral sex)
- Bite marks
- Stab or gunshot wounds
- Hearing loss from brain trauma
- Traumatic brain injury^[8]

If a clinician suspects a patient is a victim of human trafficking, they are often ill-equipped to provide meaningful care and information to the patient beyond basic acute medical care. One of the most critical steps healthcare providers can take is building trust with the victim. Common tips for building trust include:

- Assure the victim that their safety and health is the main priority
- Assure the victim that their privacy/confidentiality will be maintained within the limits of the law
- Provide contact information to the victim for the national reporting hotline and any local services they

may need

- Be transparent and honest—don't promise services that may not be delivered
- Be empathetic and open—practice active, judgment-free listening

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