

Sex Trafficking and Safe Harbors in Minnesota

RESOURCE FOR HEALTH CARE WORKERS

SEX TRAFFICKING IN MINNESOTA

Human Trafficking is a human rights violation that involves the exploitation of a person for labor or sex. Minnesota has become a leader in the nation in its response to sex trafficking by focusing on holding perpetrators accountable and changing our response to commercially sexually exploited minors. In 2014, Minnesota's Safe Harbor law went into effect. Under the Safe Harbor law, youth who engage in prostitution are no longer criminals, but rather victims and survivors of sexual exploitation. Now that the law has passed, we must ensure effective implementation of the law and work towards preventing trafficking before it occurs. Health care workers play a vital role in implementing the Safe Harbor law and preventing and responding to sex trafficking in Minnesota.

WHAT IS SEX TRAFFICKING?

Sex trafficking involves the sale of humans for sex. In Minnesota, sex trafficking occurs when one person profits off the commercial sexual exploitation of another.

Specifically, Minnesota's law defines sex trafficking as "receiving, recruiting, enticing, harboring, providing, or obtaining by any means an individual to aid in the prostitution of the individual or receiving profit or anything of value, knowing or having reason to know it is derived from sex trafficking." Minn. Stat. 609.321, subd. 7a.

Minnesota's law is very different than the federal law and laws in other states, because it does not require proof of force, fraud, or coercion for victims of any age. In addition, Minnesota's law recognizes sex trafficking as a form of pimping. If a person being prostituted has a pimp, madam, or third party who receives profits from her prostitution, that is sex trafficking in Minnesota, regardless of whether she is 12 or 21.

DEFINING SEXUAL EXPLOITATION OF MINORS

A sexually exploited youth is someone under the age of 18 who engages in commercial sexual activity. Commercial sexual activity occurs when anything of value or a promise of anything of value (e.g., money, drugs, food, shelter, rent, or higher status in a gang or group) is given to a person by any means in exchange for any type of sexual activity. A third party may or may not be involved.

Note: Under this definition, the term sexual activity is broader than intercourse. Sexual activity may include, but is not limited to, exotic dancing, being filmed doing sexual acts, and engaging in prostitution.

WHO ARE THE VICTIMS?

Anyone can become a victim of sex trafficking. While women and girls are the primary victims of sex trafficking, victims/survivors come from every background, race, gender, sexual orientation, and economic status. Traffickers target individuals who, for any reason, are vulnerable and potentially more susceptible to the trafficker's manipulations and control. Factors that increase a victim's vulnerability include, but are not limited to:

- Homelessness or status as a runaway
- Lack of involvement in school – truancy
- Childhood abuse, trauma, or neglect
- Chemical addiction
- Mental or behavioral health disorders
- Family or friends involved in prostitution
- Unstable family environment or little or no social support
- Poverty or lack of resources
- Young age
- Racial or ethnic marginalization
- LGBT identity
- Gang affiliation
- Employment in strip clubs
- Engagement in "survival sex" – exchanging sex for basic needs

Juveniles are extremely vulnerable to being trafficked. The average age of entry into prostitution by minors is 12-14 years old. Traffickers may find youth via social media, websites, chat lines, after-school events, or places where youth congregate, such as libraries, shopping malls, or clubs. They can also find them on the streets, at bus stops, or through other youth who are used by the traffickers to recruit additional victims.

WHO ARE TRAFFICKERS?

Sex traffickers/pimps are not just strangers. They can be a boyfriend, employer, friend, or even a family member.

MINNESOTA'S RESPONSE TO SEX TRAFFICKING

MINNESOTA'S SAFE HARBOR LAW

In 2014, Minnesota's Safe Harbor law went into effect. Minnesota's Safe Harbor law corrected a conflict in the law that simultaneously identified minors engaged in prostitution as victims of trafficking, children in need of protection, and juvenile delinquents. The Safe Harbor law clearly identifies that youth who engage in prostitution are no longer criminals, but rather victims and survivors of sexual exploitation. Specifically, the law:

- Excludes sexually exploited youth under 18 from the definition of "delinquent child";
- Adds the definition of sexually exploited youth to Minnesota's child protection codes;
- Increases the penalties against commercial sex abusers or purchasers of trafficking victims;
- Directs the Commissioner of Public Safety to devise a victim-centered, statewide response for sexually exploited youth and youth at risk of sexual exploitation;
- Directs implementation of state-wide service model called No Wrong Door, ensuring that victims are identified and services are available throughout Minnesota - including regional navigators, shelter and housing, protocol development, and training.

Minnesota's leadership passed a progressive law in response to trafficking that allows us to recognize more situations as sex trafficking and avoid false distinctions based on age.

Minnesota first passed its sex trafficking law in 2005. The law was amended in 2009 to increase penalties against traffickers. Recognizing the need to change how the system responded to juvenile victims, the Minnesota Safe Harbor law was originally passed in 2011 and later amended in 2013. The law was written to delay the effective date until 2014 in order to allow time for the state to prepare its approach – Minnesota's No Wrong Door model to implement Safe Harbors.

MINNESOTA'S NO WRONG DOOR MODEL TO IMPLEMENT SAFE HARBORS

The No Wrong Door model to implement Safe Harbors is a comprehensive, multidisciplinary, and multi-state agency approach to responding to commercially sexually exploited minors. It was created to ensure that wherever a minor who is being trafficked or at risk of being trafficked interacts with the system, she can be identified and directed towards victim-centered, trauma-informed services, and safe housing.

SAFE HARBOR/NO WRONG DOOR DIRECTOR AND REGIONAL NAVIGATORS

The position of a Statewide Director for Safe Harbors/No Wrong Door is housed in the Minnesota Department of Health. Eight organizations are the program's base for Regional Navigators. Regional Navigators were identified to be the main points of contact for sexually exploited youth and concerned agencies throughout Minnesota. Navigators are responsible for connecting youth with services and serving as regional experts for communities.

PRINCIPLES OF SAFE HARBOR AND THE NO WRONG DOOR MODEL

The Safe Harbor law and No Wrong Door model were both premised on a set of principles that guided the initial drafting, as well as amendments and implementation. **These principles should be used to guide ongoing work to ensure that the goals of Safe Harbor are maintained:**

- Those who come into contact with youth should be trained to identify sexual exploitation.
- Youth who are sexually exploited are victims of a crime.
- Victims should not feel afraid, isolated, or trapped.
- Sexual exploitation is traumatic. Victim-centered services should be based in trauma-informed care.
- Services should be offered statewide.
- Services should be responsive to needs of youth (gender-responsive, culturally competent, age appropriate, and supportive for LGBTQ youth).
- Youth have the right to privacy and self-determination.
- Services should be based in positive youth development.
- Sexual exploitation can be prevented.

HEALTH CARE WORKERS' ROLE IN IMPLEMENTING SAFE HARBORS

Health care workers can play a vital role in implementing Safe Harbors in Minnesota, as well as preventing further exploitation and harm caused by sex trafficking. Violence and sex trafficking is a health care issue with immediate and long-term consequences. Health care professionals have unique access to victim/survivors at a time when they may be seeking care and open to help. Victim/survivors might seek medical care even if they are still being exploited and controlled. As such, people who work in the health care system have an opportunity to identify individuals who are vulnerable to being trafficked or who are already being trafficked and connect them with services, in addition to treating their immediate needs.

WHAT TO LOOK FOR AS HEALTH CARE WORKERS

Health care workers may encounter victim/survivors who are seeking treatment in emergency rooms, clinics, urgent care facilities, community health centers, home care environments, or on the scene as an EMT. While the immediate and long-term health consequences of sex trafficking are numerous, many presenting problems get misdiagnosed and opportunities to identify and help victims are missed. Health care agencies should make sure their staff is trained on how to identify and respond to victim/survivors or those who are at risk of being trafficked. This training should include EMT and other medical first responders as they may be the first point of contact for a victim/survivor. *While none of the following indicators alone may be a sure sign of trafficking, they may be considered "red-flags," and together, indicate a higher risk of potential or existing exploitation:*

COMMON PRESENTING SYMPTOMS¹

- Fatigue
- Headache
- Pain
- Dizziness
- Memory problems
- Skin and other infections
- Drug/alcohol intoxication
- Malnourishment
- Serious dental problems
- Foot issues, could be a sign of street-level prostitution
- Psychological trauma: combative, "cagey," PTSD, labile mood
- Urinary difficulties, pelvic or rectal pain or trauma

SIGNS/INDICATORS²

- Patient is currently trading sex for money, or anything of value such as food, shelter, or clothing.
- Patient is reluctant to discuss injuries and/or has inconsistencies when asked about his/her injury.
- Patient's injuries are inconsistent with patient history.
- Patient reports an unusually high number of sexual partners for their age.
- Patient is dressed inappropriately for the situation.
- Patient has an accompanying support person who tries to speak for the victim, holds their documents, and/or otherwise tries to control the patient. This person may be any gender, age, or association to patient (e.g., boyfriend, family member, or friend).
- Patient is continuously receiving calls from someone who appears to be controlling.
- Patient has multiple injuries and/or scars and injuries in various stages of healing.
- Patient is being seen due to physical or sexual assault.
- Patient shows signs of physical and sexual abuse, medical neglect, untreated STIs, and/or torture.
- Patient has a history of multiple STIs, pregnancies, abortions, or desires only STI treatment.
- Patient has tattoos, burns, or "branding" that indicate ownership by a trafficker (e.g., "daddy," "cowboy," etc.)
- Patient has a history of homelessness.
- Patient has evidence of vaginal packing and/or signs that patient has had to have sexual intercourse while on her monthly cycle (e.g., use of cotton balls or other products which leave residual fibers).
- Patient does not have a cell phone, identification, purse, or wallet, or uses false identification.
- Patient recently arrived from somewhere else or claims to be "just visiting."
- Patient is not aware of his/her location.
- Patient has signs of psychological trauma (exhibits fear, anxiety, depression, disorientation, confusion, and/or avoids eye contact).
- Patient resists help or demonstrates fear that sharing information could lead to her/his arrest, placement in social services, return to family, or retribution from trafficker.

WHAT TO DO AS HEALTH CARE WORKERS IN MINNESOTA

If you suspect that a patient might be a victim of human trafficking, it is important to follow the protocols outlined by your agency. If your agency does not have a protocol in place, it is important that one be developed. The following suggestions provide general guidance.³

1. Attend to their medical needs and treatment.
2. Assess safety/danger. Separate the patient from the support person who may be their trafficker. Secure a private space for patient and limit the number of staff involved.
3. Determine if an additional professional with more experience is needed (e.g., SANE, staff nurse, nurse practitioner, social worker, etc.). If the patient is a female, the approach should be made by a female staff member.
4. Ensure that there are no language barriers and provide a screened interpreter, if necessary. Use interpreters that do not know the victim. Never use a family member or support person to interpret, as that person could be the trafficker. Using children to interpret for parents can be damaging, and is not acceptable.
5. If you determine that your patient is being sexually exploited or is at risk of sexual exploitation, contact the Regional Navigator in your area (see below). They will be able to provide additional direction and connection to services.

TIPS ON SPEAKING WITH PATIENTS⁴

- Create a safe and private space (friends and peers may very well be traffickers!)
- Be authentic, honest, open, and non-judgemental.
- Start a conversation and ask open-ended questions:
 - *What is your biggest need or concern right now?*
 - *I'm concerned about you. I know it can be really dangerous when you are living on the street.*
 - *I'm concerned about that person who keeps calling you.*
 - *I can see that there's a lot going on for you, I'm concerned when you leave here - who are some people in your life you can go to for help or support?*
- If you ask about sexual history, distinguish between consensual and non-consensual experiences.
- Do not promise anything you cannot deliver.
- Provide information and resources.

* Consider your own safety, as well as the safety of the victim. While vital, intervention can be extremely dangerous. Partner with local law enforcement when necessary to ensure victim safety.

REGIONAL NAVIGATOR HOST AGENCIES

TRIBAL

Minnesota Indian Women's Resource Center
miwrc.org

NORTHWEST TRIBAL

DOVE (Down on Violence Everywhere)
whiteearthdove.com

WEST METRO

The Link
www.thelinkmn.org

EAST METRO

Tubman
www.tubman.org

NORTHEAST

PAVSA (Program for Aid to Victims of Sexual Assault)
www.pavsa.org

NORTHWEST

Support within Reach
www.supportwithinreach.org

CENTRAL

Lutheran Social Services
lssmn.org

WEST CENTRAL

Heartland Girls' Ranch
www.heartlandgirlsranchn.org

SOUTHEAST

Olmsted County Victim Services
www.co.olmsted.mn.us/cs/victimservices

SOUTHWEST

Southwest Crisis Center
www.mnswcc.org

STATEWIDE DIRECTOR

Lauren Ryan, MN Department of Health
health.state.mn.us/injury/topic/safeharbor/

DAY ONE

Service for victims of trafficking.
1-866-223-1111

ENDNOTES

1. Pamela DeWitt Meza, *Emergency Department Sexual Exploitation Algorithm*, 2014; Polaris Project, *Medical Assessment Tool*, 2010; Cathy Zimmerman, Mazedra Hossain, Kate Yun, Brenda Roche, Linda Morison, and Charlotte Watts, *Stolen Smiles: a summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe*, The London School of Hygiene & Tropical Medicine, 2006.
2. Compiled from various sources including Pamela DeWitt Meza, *Emergency Department Sexual Exploitation Algorithm*, 2014; Polaris Project, *Potential Trafficking Indicators for Medical Professionals*, 2010; Department of Homeland Security, Blue Campaign, *Human Trafficking Indicator Cards for First Responders*; Pamela DeWitt Meza, *The SANE Model for Sexual Exploitation and Trafficking*, 2014; MNHTTF, *Human Trafficking and the Medical Community*, 2014.
3. Pamela DeWitt Meza, *Emergency Department Sexual Exploitation Algorithm*, 2014.
4. Pamela DeWitt-Meza, *Critical Issues for the Health Care Worker*, 2014 Polaris Project, *Medical Assessment Tool*, 2010.

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