WISCONSIN DEPARTMENT of HEALTH SERVICES

Reproductive Health Family Planning (RHFP) Program

Annual Training Manual

Division of Public Health
Bureau of Community Health Promotion
Family Health Section
Reproductive Health Family Planning Unit

P-03624A (06/2024)

Annual Training Manual

This manual is intended for use by any network agency and its staff to provide the basic knowledge, skills, and abilities related to the following provisions:
State Reporting Requirements: Mandatory Reporting for Abuse, Rape, Incest, and Human Trafficking.

Legislative Mandate: Not withstanding any other provision of law, no provider of services under Title X of the Public Health Services Act shall be exempt from any state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Family Involvement and Coercion

Legislative Mandate: None of the funds appropriated in the Act may be made available to any entity under Title X of the Public Health Services Act unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

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State Reporting Requirements: Mandatory Reporting for Abuse, Rape, Incest, and Human Trafficking

What is required to be reported?

Wis. Stat. § 48.981(2) requires that any mandated reporter who has reasonable cause to suspect that a child seen by the person in the course of professional duties has been abused or neglected, or who has reason to believe that a child seen by the person in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur, make a report to county CPS or law enforcement.

In addition, Wis. Stat. § 175.32 requires that any mandated reporter who believes in good faith, based on a threat made by an individual seen in the course of professional duties regarding violence in or targeted at a school, that there is a serious and imminent threat to the health or safety of a student or school employee or the public, make a report to law enforcement.

Who is required to report?

The professionals named as mandated reporters in the Wis. Stat. § 48.981(2) are as follows:

- Physicians
- Coroners
- Medical examiners
- Nurses
- Dentists
- Chiropractors
- Optometrists
- Acupuncturists
- A medical or mental health professional not otherwise specified in this list
- Social workers
- Marriage and family therapists
- Professional counselors
- Public assistance workers, including a financial and employment planner, as defined in Wis. Stat. § 49.141(1) (d)
- School teachers
- School administrators
- School counselors
- School employees not otherwise specified in this list.
- Mediators under Wis. Stat. § 767.405
- Child care workers in a child care center, group home, or residential care center for children and youth
- Child care providers

- Alcohol or other drug abuse counselors
- Members of the treatment staff employed by or working under contract with a county department under Wis. Stat. § 46.23, Wis. Stat.§ 51.42, or Wis. Stat. § 51.437 or a residential care center for children and youth
- Physical therapists
- Physical therapist assistants
- Occupational therapists
- Dieticians
- Speech-language pathologists
- Audiologists
- Emergency medical technicians
- First responders
- Police or law enforcement officers
- Court-appointed special advocates (CASA) (except as provided in sub Wis. Stat. § 48.981(2m) and Wis. Stat. § 48.981(2r)).
- Clergy (specific requirements and exceptions found under Wis. Stat. § 48.981(2)(bm)1-3)
- Juvenile correctional officers

In addition, the professionals named as mandated reporters in the Governor's Executive Order #54 are as follows:

- University of Wisconsin System (UWS) professors
- UWS administrators
- UWS coaches
- All other UWS employees

How to report

Reports of suspected child abuse and neglect can be made to local or county law enforcement of where the possible abuse and/or neglect occurred. You may also use the Department of Children and Families (DCF), Child Protective Services Agency, Report Abuse county map. Reports of suspected school violence must be made to law enforcement.

- Persons making reports in good faith are immune from criminal or civil liability.
- A person who is mandated to report suspected child abuse or neglect will be informed by the county what action, if any, was taken to protect the health, safety, and welfare of the child who is the subject of the report.
- Penalty: Persons required to report, who intentionally fail to report suspected child abuse or neglect, or threats of school violence may be fined not more than $1,000 or imprisoned not more than 6 months or both (Wis. Stat. § 48.981(6)).

Every year between 4,000 and 5,000 children are substantiated as abused or neglected in Wisconsin. You do not need to be an expert in the definitions of abuse and neglect. It is the responsibility of CPS, law enforcement and court systems. You just need to understand the signs of possible abuse and neglect so you are prepared to recognize situations that may need to be reported.

Definitions

- "Neglect" means failure, refusal, or inability on the part of a caregiver, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care, or shelter so as to seriously endanger the physical health of the child (Wis. Stat. § 48.02(12g)).
- "Abuse," other than when used in referring to abuse of alcohol beverages or other drugs, means the following: Physical injury inflicted on a child by other than accidental means.
- Sexual Abuse is defined as sexual intercourse or sexual contact under Wis. Stat. § 940.225, Wis. Stat. § 948.02, Wis. Stat. § 948.025, or Wis. Stat. § 948.085.
- Emotional abuse is defined as emotional damage for which the child's parent, guardian or legal custodian has neglected, refused, or been unable for reasons other than poverty to obtain the necessary treatment or to take steps to ameliorate the symptoms (Wis. Stat. § 48.02(1)(gm)).

Signs of neglect

- Poor hygiene, odor
- Inappropriately dressed for weather
- Needs medical or dental care
- Left alone, unsupervised for long periods
- Failure to thrive, malnutrition
- Constant hunger, begs, or steals food
- Extreme willingness to please
- Frequent absence from school
- Arrives early and stays late at school or play areas or other people's homes

Signs of physical abuse

- Bruises, welts on face, neck, chest, back
- Injuries in the shape of object (belt, cord)
- Unexplained burns on palms, soles of feet, back
- Fractures that do not fit the story of how an injury occurred
- Delay in seeking medical help
- Extremes in behavior: very aggressive or withdrawn and shy
- Afraid to go home
- Frightened of parents
- Fearful of other adults

Signs of sexual abuse

- Pain, swelling, or itching in genital area
- Bruises, bleeding, discharge in genital area
- Difficulty walking or sitting, frequent urination, pain
- Stained or bloody underclothing
- Venereal disease

- Refusal to take part in gym or other exercises
- Poor peer relationships
- Unusual interest in sex for age
- Drastic change in school achievement
- Runaway or delinquent behavior
- Regressive or childlike behavior

Signs of emotional abuse

- Low self-esteem
- Self-denigration
- Severe depression
- Unusual level of aggression
- Severe anxiety
- Extreme withdrawal
- Failure to learn

If you or someone you know is a victim of child abuse please make a report to your local Wisconsin county Child Protective Services Agency. For additional resources where you can find specifics to your state, please visit States Summaries through the RHNTC website.

Identifying and Responding to Human Trafficking

Introduction

Human trafficking occurs in all parts of the world. We know this from research and direct and indirect contact with survivors, perpetrators, and law enforcement. This information is to assist staff with encounters, best practices and legal issues related to human trafficking. This will help provide practical strategies for identifying signs of human trafficking and responding appropriately to potential cases.

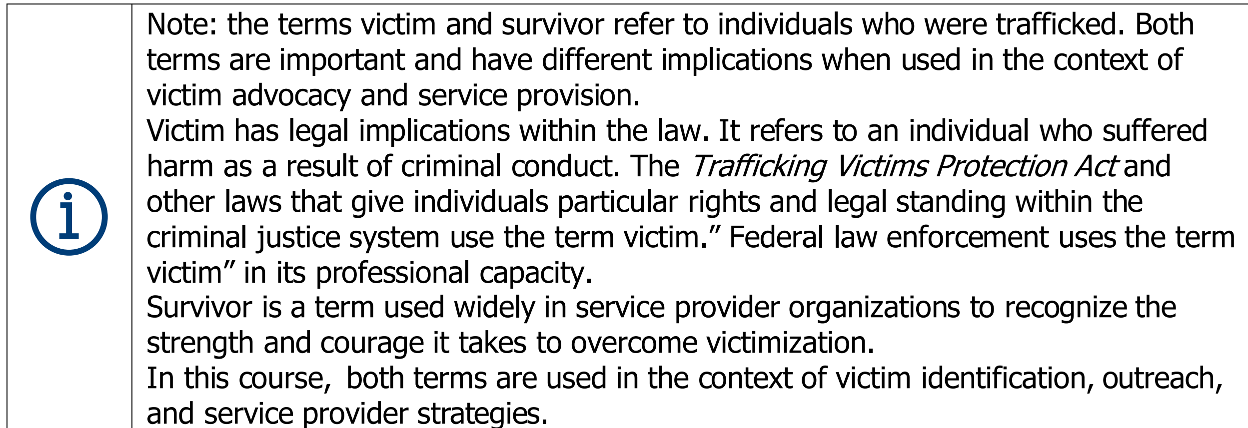
	Note: This course includes content, and themes that reference abuse, sexual violence, and physical harm. Please take a break at any time and exercise self-care as needed. Your physical, mental, and emotional well-being is important.

Introduction to human trafficking

Role of family planning staff

Whether you work in a health department, primary care setting, or stand-alone family planning clinic, whether urban or rural, you have a role to play in identifying people who are experiencing human trafficking. There are three main ways family planning staff can support those experiencing human trafficking:

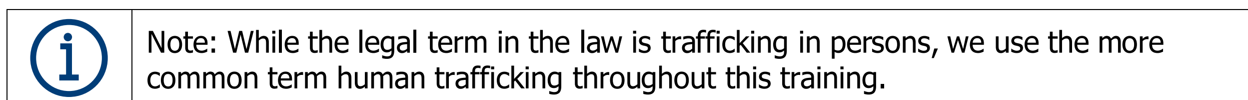
- Identify individuals who are being trafficked and respond appropriately. This includes treating, referring, and reporting when mandated by federal, state, and tribal laws and ordinances.
- Work with others in your clinic to develop best practices, programs, and protocols on how to help individuals who have been or are currently being trafficked.
- Connect with first responders and service providers in our community who work with victims and survivors of trafficking to ensure you can make timely referrals and fulfill reporting requirements.



Note: the terms victim and survivor refer to individuals who were trafficked. Both terms are important and have different implications when used in the context of victim advocacy and service provision.
Victim has legal implications within the law. It refers to an individual who suffered harm as a result of criminal conduct. The *Trafficking Victims Protection Act* and other laws that give individuals particular rights and legal standing within the criminal justice system use the term victim." Federal law enforcement uses the term victim" in its professional capacity.
Survivor is a term used widely in service provider organizations to recognize the strength and courage it takes to overcome victimization.
In this course, both terms are used in the context of victim identification, outreach, and service provider strategies.

Definition of trafficking in persons

According to the Trafficking Victims Protection Act of 200 (TVPA), human trafficking is a crime in which force, fraud, or coercion is used to compel a person to perform a commercial sex act or forced labor.
Federal law states that if a person younger than 18 years old is induced to perform a commercial sex act, it is a crime regardless of whether there is any force, fraud, or coercion.



Note: While the legal term in the law is trafficking in persons, we use the more common term human trafficking throughout this training.

Sex trafficking

The TVPA defines sex trafficking as "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 in which the person induced to perform such act has not attained 18 years of age."

Examples of sex trafficking

- Prostitution in which there is any force, fraud, or coercion
- Prostitution of children—no force, fraud, or coercion required
- Pornography

Common sex trafficking environments

- Bars
- Brothels
- Dance clubs
- Escort services
- Internet—on many familiar and popular platforms
- Private parties
- Strip clubs

Labor trafficking

The TVPA defines labor trafficking as 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.

Examples of labor trafficking

- Child labor—not including chores at home, after school newspaper routes or other after-school work permitted by law
- Debt bondage
- Domestic servitude
- Forced labor

Common labor trafficking locations

- Agricultural industries and food services such as meat processing plants
- Construction industries
- Drug trafficking *
- Hospitality industries such as hotels and restaurants
- Janitorial services
- Traveling sales industries *

**Specific to youth labor trafficking.*

Each U.S. state and territory has a set of laws and policies related to human trafficking. Check with your attorney general's office to find accurate information for your state or territory.
As with any client seeking services at a clinic, a visit is a chance for you to help, and provide screening, and referrals for additional care and services. For trafficking victims, the careful attention and care you provide may help them safely exit the trafficking situation.

Encountering human trafficking in a family planning setting

Family planning staff are first responders and have unique opportunities to intervene and offer assistance and resources to trafficking victims. Clinics provide the following services to women, men, and adolescents, with priority given to persons from low-income families.

- Contraception
- STD Testing and Referral
- HIV Prevention, Testing, and Referral
- Pregnancy Diagnosis and Counseling
- Infertility Testing, Counseling, and Referral
- Client Education and Counseling
- Related Preventive Health Services
- Breast and Cervical Cancer Screening

People from any class, religious, cultural, or ethnic group, or nationality can be affected by human trafficking.

The following populations are especially marginalized and systemically oppressed, which can create conditions that facilitate human trafficking, such as social, physical, emotional, and economic disenfranchisement:

- Refugees and asylees.
- Migrant and seasonal workers.
- Young people disconnected from school or work.
- American Indians, Alaska Natives, Native Hawaiians, and Indigenous Peoples.
- LGBTQI and Two Spirit people.
- People with physical or cognitive disabilities.
- Survivors of violence.

Boys and men are also an underserved population affected by human trafficking—accounting for over a quarter of all people who have ever experienced labor or sex trafficking.
It is important to note that most victims do not self-identify. This is due to a combination of factors including:

- A lack of knowledge about the crime of human trafficking.
- Fear of the traffickers, including threats and intimidation as well as physical force and coercion used to maintain power and control over the victim.
- Fear of arrest or other law enforcement action, such as taking away children.
- Fear of deportation.

Each person on staff has a role and responsibility to identify indicators of human trafficking and to communicate those signs to the rest of the care team.

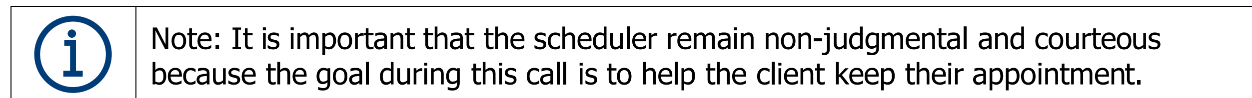
Signs and indicators during scheduling

Spotting the signs and indicators of human trafficking should begin with the first client contact. Think about a typical family planning visit and possible approaches that staff can make to intervene when a potential victim of human trafficking presents. The presence of one sign does not necessarily mean the person has been trafficked, however, the presence of multiple indicators may be cause for staff to take action.

During the initial call, the scheduler might note the following indicators of trafficking:

- The call is made by another individual on behalf of the client.
- The client calls directly, and it is clear that another person is listening and advising on answers.
- There is a lot of background whispering and pauses—for example, having to get the answer from another person.
- The client passes the phone to another person to help answer the questions.
- The client cannot provide a physical address for the pre-visit paperwork.

If the client's primary language is not English, the scheduler should ask for the language required and inform the client that the office will provide an interpreter free of charge.


Note: It is important that the scheduler remain non-judgmental and courteous because the goal during this call is to help the client keep their appointment.

Signs and indicators when presenting for appointment

Reception is another place where there is an opportunity to look for signs and indicators of trafficking. When the client presents for the visit, reception staff may note the following indicators of trafficking:

- No identification—driver's license, passport, social security card, or other papers
- Escorted or guarded by someone
- Someone else speaks for the client
- No identifiable address or home
- Disoriented, unable to identify whereabouts, unable to identify family and friends
- Wearing inappropriate clothing for the season or place
- Age-inappropriate partner or significant other
- Signs of physical abuse—cuts, burns, broken bones
- Signs of self-harm—scars from repeated cutting

It is also important to note if:

- A person-the exploiter or their bottom-frequently brings in different people.
- The client displays non-verbal cues in the waiting room-constantly checking for the other person's reactions or signs of nervousness.

Note: The term "bottom" refers to another person who is being exploited, who is appointed by the trafficker to supervise the others and report rule violations.

For labor trafficking victims, there may be signs of exposure to chemicals, pesticides, or other hazardous working conditions. For sex trafficking victims, there may be signs of physical abuse, such as bruises, cuts, scrapes, or cigarette or other burns.

	Note: If these indicators are present, reception staff should notify the next person who engages with the client—for example, the nurse who does the screening.

Receptionists and intake staff—save the checklist below, and have it easily accessible, in case you need to reference the signs and indicators of human trafficking when a client presents for an appointment.

Signs and indicators in the waiting room or during intake

Some signs and indicators may emerge first in the waiting room or during intake and can be confirmed during the medical history or the physical exam.
These include:

- Living or confined to the place they work.
- Living or working in unsafe or hazardous conditions.
- Escorted or guarded by someone.
- Not able to speak for themselves.
- Unable to identify an address or home.
- Disoriented, unable to identify whereabouts, family, and/or friends.
- Wearing inappropriate clothing for the season or place.
- Age-inappropriate partner or significant other.
- Clear demonstration or articulation of fear.

Signs and indicators during medical history and exam

During the medical history and exam there are many signs and indicators of trafficking that may be revealed. The goal in the exam room is to build trust, so your client feels safe enough to disclose exactly what is happening to them.
Many clinics already have protocols in place that are helpful in identifying victims of trafficking. One key practice is to examine the client alone—your clinic may already have a general rule about this as part of your protocol.

- Providers should aim to examine the client without another person present, by citing client confidentiality or privacy.
- However, if the client insists, and especially if the client might leave otherwise, it may be necessary to allow the other person to be in the room.

There are many signs and indicators that may be revealed while going over your client's medical history or during the physical exam.

Medical History

- Reports of multiple:
  - Sex partners
  - Unintended pregnancies
  - Miscarriages

    - Abortions
    - STDs
    - Types of contraception used simultaneously or serially
    - Uses of emergency contraception
    - Urinary tract infections (UTIs)
- History of substance use disorder and/or homelessness

Physical Exam

- Signs of physical abuse—bruises, cuts, burns, broken bones, wounds, or scars from a weapon
- Injuries from violence or hazardous work conditions
- Gynecological complications—cysts, fistula, vaginal fissures
- Pelvic inflammatory disease (PID), pelvic pain
- Vaginal injuries, bleeding, or tissue damage
- Foreign objects in vagina—sponges, etc.
- Anal injuries, bleeding, or tissue damage
- Serious communicable diseases such as hepatitis or tuberculosis
- Dermatological issues such as scabies or lice
- Signs of self-harm—scars from repeated cutting
- Suicidal ideation or suicide attempt
- Malnutrition, dehydration
- Signs of substance use disorder—needle tracks
- Specific tattoo markings

Keep the following tips in mind during the medical history and physical exam:

- Use a trauma-informed approach.
    - Recognize a trafficking victim may have complex trauma—even a simple exam could trigger fear, flashbacks, or other trauma reactions.
    - Use of strengths-based, non-stigmatizing language and methods.
- Use clear language that avoids technical jargon.
- Ask clear and concise questions that may help uncover trafficking.
    - For example, survivors have said that they often do not know how many sexual partners they have had. They may also feel like providers may shame them for the number of their sexual partners. It is important to not use judgmental language.
    - One way to frame an objective question, is to use a threshold. This sounds like, "Have you had more than six sexual partners in the past week or month?"

It is critical that family planning staff demonstrate care and compassion. Clinicians, nurses, and physician's assistants—save the checklist below and have it easily accessible in case you need to reference the signs and indicators of human trafficking during a medical history and exam. There are two kinds of barriers—client-related and staff-related—that keep victims from seeking help in clinics.

Client-related barriers

It is important to create an atmosphere of trust and care that supports the client to feel safe and disclose what is happening to them. Clients may face the following barriers:

- Distrust of others, due to feeling betrayed by partners, family, or other community members
- Difficulty being aware of and understanding their human trafficking experiences, as feelings of stigma, shame, and guilt can be overwhelming
- Emotional attachment to their trafficker or other victim
- Fear of retribution from their traffickers, including harming family or other loved ones if they reveal their situations
- Feelings of being complicit with an illegal act and not aware of legal rights
- Fear of authorities and officials of any kind, including deportation, law enforcement, and health care providers
- Fear that reporting could lead to return to an abusive home, jail, or foster care placement
- Experiencing a transitory lifestyle—being forced or needing to move frequently

Victims may have had previous interactions with health care providers that were stigmatizing or shaming, leading to trauma. It is crucial to provide victim-centered and compassionate family planning services.

Staff-related barriers

Learning to identify and respond to human trafficking may be a new skill set for some family planning staff. Many of the barriers identified below can be addressed by drawing on and enhancing the skills staff already employ in their day-to-day practices of active, reflective listening and client-centered care. Staff may face the following barriers:

- Limited knowledge about human trafficking, including understanding of federal, state, and local laws
- Limited opportunities to understand and identify adverse childhood experiences (ACEs), complex trauma, or poly-victimization
- Clinic schedule that allows little time for identifying and responding to victims of human trafficking
- Preconceived notions of how a victim of trafficking presents
- Limited access to professional interpreters and/or materials written for clients at varying literacy levels or in multiple languages
- Lack of (or limited) referral options
- Fear of violating HIPAA rules

Another real staff-related barrier to identifying and responding appropriately to a trafficking victim is unconscious bias. We will discuss unconscious bias in more detail later in this course.

All family planning staff need to be aware of these possible barriers to a victim's disclosure of true circumstances and to create an atmosphere of trust and care in which the victim feels safe to reveal what is happening to them.

Best practices for identifying and assisting victims of human trafficking

Service providers have developed and tested some best practices for identifying victims of human trafficking and responding appropriately. Five of the key best practices are:

- Adopting a victim-centered approach.
- Using a trauma-informed approach.
- Addressing unconscious bias by using the RAM (Recognize, Address, Manage) model.
- Creating a protocol for identifying and responding to human trafficking.
- Connecting with others working on human trafficking to develop a multidisciplinary team (MDT) approach.

Best practice victim-centered approach

Any response to suspected human trafficking must be victim-centered, meaning that the safety and well-being of victims is paramount. Victims of trafficking are often forced through physical violence to engage in sex acts or to perform slavery-like labor. Force includes rape, sexual abuse, torture, starvation, imprisonment, threats, psychological abuse, and coercion. A victim-centered approach requires patience, empathy, and compassion from the entire staff, from scheduler and receptionist to clinician and counselor.

- Ensures the victim's concerns, safety, and well-being take priority in all matters and procedures.
- Seeks to minimize victim re-traumatization by providing support to victims through victim advocates and service providers.
- Focuses on the needs and concerns of the victim to ensure compassionate and sensitive delivery of services in a non-judgmental way.

All professionals involved in human trafficking cases must advocate for the victim. Avoid activities that can stigmatize a victim—or those that mirror the behavior of a trafficker, however unintentionally—such as limiting or not offering choices to the victim during the recovery process.

What to do

Minimize questions about trafficking, asking only questions that help assess risk, identify needs, and address physical and mental health issues, along with safety. Use open-ended questions when possible and build rapport and trust before asking sensitive questions.

Create a safe, trusting environment for the client to talk by doing the following:

- Identify yourself.
- Make eye contact.*

- Explain how you can help.
- Make all interaction respectful and considerate of cultural differences.
- Listen actively, show interest, and let them speak for themselves.
- Empathize—empathy encourages a relationship of trust.
- Be patient—do not rush the client if they are confused or angry or do not know the answer to a question.
- Ask open-ended questions to guide the client to tell their story and to determine the nature of the problem.
- Limit the number of people the client has to talk with about the situation.
- Offer to connect the client with other support services and community agencies.
- Encourage return visits for follow-up or additional help.

Your response may include:
- "Thank you for trusting me enough to tell me what's happening. I'm sorry this is happening to you."
- "We can treat you right now for the vaginal infection and an ultrasound to make sure the baby is OK, and get you additional help for food, clothing, shelter, legal assistance. Many of these resources are free."
- "Would you like to call them from here? Would you like me to call them for you?"

What to avoid

Avoid blaming, shaming, or further traumatizing the client.
- Do not use derogatory names—such as prostitute, promiscuous, bad decision.
- Avoid making negative assumptions or quick judgments.
- Do not exhibit abrupt, curt, or dismissive language or behaviors.
- Do not blame the victim for crimes committed against them.
- Avoid pressuring or threatening a client to talk.
- Do not say whatever is happening is "all in their head" or "due to stress."
- Avoid assuming that a pregnancy is unwanted.
- Do not exhibit negative body language—poor eye contact*, crossed arms, defensive posture, taking other calls or typing while the client is talking.

Note: If these indicators are present, reception staff should notify the next person who engages with the client—for example, the nurse who does the screening.

**Norms related to eye contact differ across cultures. In some cultures, direct eye contact can be read as overly aggressive. Cultural norms should be taken into consideration when responding to victims of trafficking.*

Best practice trauma-informed approach

Most trafficking victims have extensive histories of physical and psychological trauma. Any response to suspected human trafficking must be trauma-informed.

Trauma is a widespread, harmful, and costly public health problem. It occurs because of violence, abuse, neglect, loss, disaster, war, and other emotionally-harmful experiences. Trauma has no boundaries regarding age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation.

While trauma can affect anyone, regardless of their demographics and characteristics, it affects certain populations more often, due to historical and systemic oppression and discrimination. This includes:

- Refugees and asylees.
- Migrant and seasonal workers.
- Youth that are neglected, abused, or homeless.
- American Indians, Alaska Natives, Native Hawaiians, and Indigenous Peoples.
- LGBTQI and Two Spirit people.
- People with physical or cognitive disabilities.
- Survivors of violence.

Major trauma—whether it is a single event or multiple events—can significantly change a person's body and physical responses and the way people view themselves, those around them, and the world in general. Thoughts, feelings, and beliefs are affected, and this drives behavior. People respond to traumatic stress in a variety of ways, ranging from withdrawal and depression, anger, aggression, anxiety, inability to pay attention, to extreme expressions of emotions.

With a trauma-informed approach, staff need to consider the:

- Possibility that trauma underlies a client's unexpected or unusual behavior—especially if that behavior appears maladaptive in the current situation.
- Potential function of the behavior—for example, a protective mechanism.
- Importance of transparency, informed consent, and respect.

Substance Abuse and Mental Health Services Administration (SAMHSA) Framework

- Realize the widespread impact of trauma and understand potential paths for recovery.
- Recognize signs and symptoms of trauma in clients, families, staff, and others.
- Respond by fully integrating knowledge about trauma into policies, procedures, and practices.
- Actively resist re-traumatization.

Best practice addressing unconscious bias

Unconscious biases are stereotypes about certain groups that people form outside their conscious awareness. Bias can occur regarding race, sexual orientation, socioeconomic status, and lifestyle. The survivor stories in this course show how unconscious bias can impede the ability to offer the most-appropriate services to victims.

Examples include bias related to:

- Perceptions about client involvement in prostitution.
- Judgment as to whether the client is poor, unmarried, unable to care for themselves or their children.
- Whether the client should be pregnant, or if they are pregnant, whether they should carry a pregnancy to term.

It is important for all staff to identify and address their unconscious biases to offer the most appropriate services for victims of human trafficking.

The RAM Model

Recognize, address, and manage (RAM) is a three-step practice of active awareness to address unconscious bias.

Recognize

- Recognize that we have unconscious biases.
- Become more aware of them through training, self-examination, and admission. Seek opportunities to learn more about people and cultures that are unfamiliar.
- Actively engage others and support diversity and inclusion events.

Address

- Determine what your training needs on unconscious bias are. In particular, learn more about the social stigmas associated with sex and labor trafficking.
- If you see unconscious bias in your staff or colleagues, provide feedback about the behavior, not the person.

Manage

- Seek out positive images and stories of victims of trafficking.
- Seek out courses in unconscious bias.
- Recognize what you assume and become more conscious of these assumptions.

Create and ensure enhanced opportunities for staff engagement and learning. One survivor of human trafficking suggested holding a "Lunch and Learn" or other event in which survivors can tell their stories and talk about their experiences seeking family planning services.

Best practice creating a protocol

Creating a protocol for identifying and responding to human trafficking at your clinic will support family planning staff when providing victims with the services they need and options for more assistance.

Components of a protocol may include:

- Potential indicators of trafficking.

- Strategies for interacting with clients.
- Safety planning.
- Multidisciplinary treatment and referral process.
- Mandatory reporting and HIPAA compliance.
- Medical record keeping for trafficking victims.
- Follow-up.

Family planning settings are uniquely placed to identify victims of human trafficking and assist them. Because of the services clinics offer, providers and staff are true first responders. Unique opportunities to identify victims and respond appropriately include:

- Trust building that begins with the scheduler, continues in the waiting room, and is built into the services provided.
- Trauma-informed, victim-and client-centered care.
- Active listening model of care.
- Ability to treat clients privately in the exam area.
- Building relationships with community organizations to optimize referral capability.
- Unique role of family planning settings in the local community.

Thinking about the potential to reach victims can help clinics design a protocol that begins with the very first contact with the scheduler and the waiting room. This protocol should ensure:

- Schedulers and intake personnel are trained to recognize signs and indicators of human trafficking.
- Education and awareness materials, such as brochures, are available in the waiting room.
- Posters are displayed in the exam rooms and exam room bathrooms.
- Clinicians and nurses should know what they can do to create as safe and trusting environment as possible for their exams.
- Once identified, staff should be ready to refer victims on a case-by-case basis to other services that may be able to meet their non-family planning needs.

Building trust with clients

The scheduler should show respect for the client's time, and interest in making the process as easy as possible.

This sounds like, "Let's see if we can find an appointment time that's convenient for you."

The receptionist in the waiting room can acknowledge the inconvenience to the client, showing respect and concern.

This sounds like, "I'm sorry it's taking longer than we expected for you to be seen. Are you comfortable? Would you like some water?"

The provider acknowledges effort on the part of the client, calls attention to their strengths, and shows respect by seeking truly informed consent. These actions also empower the client to participate in their care.

This sounds like, "I really appreciate you answering my questions. You've been helpful and have a good memory. Now let's talk about possible next steps. I'd like to do a head-to-toe exam of

your body, and then take a closer look at where you said you're feeling pain and have discharge, so I can see what may be causing those symptoms. Let me explain what that will include, so you can decide if you want to do it."

Trafficking Hotline

Another way to locate local services is to call the National Human Trafficking Hotline at 1-888-373-7888 to identify an anti-trafficking organization in your community.

The National Human Trafficking Hotline:

- Provides 24/7 support and a variety of options for survivors of human trafficking to get connected to help and stay safe.
- Includes a network of nearly 4,000 partner service providers and trusted law enforcement officials.
- Is staffed by trained hotline advocates to take tips of suspected human trafficking from community members and help survivors build plans, so they can safely leave their situations or get the help they need to rebuild their lives.
- Is available via phone (in more than 200 languages through a translation service), text, webchat, email, and website (in English and Spanish).
- Is operated by Polaris and funded by the U.S. Department of Health and Human Services and other donors.

Importance of referrals

Referral is a key factor in meeting the needs of a trafficking victim. Clinics must have knowledge of the other services available in the local community and incorporate trauma-informed approaches.

It is important to be prepared to refer clients to other services they may need. To do this, your clinic should engage community stakeholders.

- Reach out to anti-trafficking and other related organizations now—not just when services are needed.
    - Connect with local community organizations by attending local human trafficking coalition meetings.
    - Do some basic research and outreach to non-governmental organizations in the local community and neighborhood.
- Be proactive.
    - Call, introduce yourself, find out about the services they provide.
    - Document the names of other local service providers in your protocol.
- Build and maintain relationships with community service providers.
    Once your clinic has begun this work, take the time to build and maintain relationships with community providers who offer services for trafficking victims.
- Use a trauma-informed referral approach.

- Think about all the information you gleaned from your conversation with the client, determining possible needs and resources to meet those needs.
- Encourage the client to actively participate and take the lead in the referral process and safety planning.
- If appropriate, rely on a "warm hand-off"—help the client contact the organization while you are there—either you call, or the client does.

A trauma-informed referral approach may sound like, *"We've talked a lot about what's going on with you. I have some ideas about possible ways we can address some of the challenges you've described. But you're the expert on yourself. What do you think would be most helpful?"*
If the client says they don't know, follow up with, *"Well, I have a few ideas that you might consider. Would you like to hear them? They may or may not be helpful; you'll need to decide what's best for you."*

Legal issues related to human trafficking

Some of the key legal issues that clinics must consider when identifying and treating trafficking victims, especially adolescents, include:

- Mandatory reporting.
- Documenting human trafficking in medical records.
- When and how to connect with law enforcement.
- Undocumented immigrants, migrant and seasonal workers, and others who lack legal status in the U.S.

	It is important to keep in mind with all of the above issues, the emphasis should be on ensuring the victim's safety. Be aware of ethical issues and potential for harm.

Mandatory reporting and trafficking

Clinics are mandated reporters. Providers are required to report suspected abuse, including some forms of human trafficking.

- Know your federal and state mandated reporter laws.
- Ensure that staff know when and how to report information on human trafficking to the proper authorities.
    - Federal laws have mandatory reporting requirements related to human trafficking.
    - The Justice for Victims of Trafficking Act (JVTA) of 2015 amended CAPTA to include child sex trafficking as a form of child abuse under federal law.
- Follow the guidelines in place for reporting child trafficking as child abuse.
- Remember that it is a misdemeanor or criminal offense to fail to report suspicions of child abuse or neglect.
- Report even if someone says that the offense, especially in the case of child sex trafficking, has already been reported.

	If mandatory reporting is needed, you must make it clear that this is not negotiable and is an action you are required to take. Decide with your client how to report. Does the client want to speak to law enforcement? Want you to do it? Want to do it together?

HIPAA—Health Insurance Portability and Accountability Act

The Health Insurance Portability Act of 1996 (HIPPA) was written to protect patient confidentiality but was never designed to prevent the reporting of traumatic events and crimes. Remember that you are not likely to have a client seeking treatment for human trafficking. The HIPAA Privacy Rule permits the reporting of injury or abuse, provided certain conditions are met.

Rather, the client will be seeking care for other health concerns that may need to be reported. If you're unsure about whether HIPAA permits the reporting of patient information in a specific situation, human trafficking can still be reported without divulging individually identifiable patient health information; for example, a provider could report the gender, age of patient, and type of trafficking.

Documenting in medical records

Be careful to:

- Only document clinical issues—do not record the client story in medical records.
- Take all usual precautions to protect client confidentiality.

It is important to be aware of some current challenges in documenting human trafficking in medical records.

- Providers who are not trained to identify and respond to human trafficking may unintentionally harm clients when they use a diagnostic code for trafficking, but do not provide referrals and other important information to the client.
- It is critical to ensure that staff do not violate confidentiality of the client. Some experts recommend that providers record only medical information in the client record. Additional information, such as the victim’s story, could be subpoenaed for use by the criminal justice system.

Here are some ways health professionals and administrators can protect client privacy and confidentiality:

- Ensure that medical records—paper and electronic—are secure. If your clinic does not already have them, create, and enforce policies that protect data.
- Train staff as to how to manage confidential information.
- Train providers to communicate with clients about how and what information is recorded in the medical record.
- Uphold consequences for breach of confidentiality.

What you can do:

- Know where sensitive client information appears in the medical record and elsewhere (for example, explanation of benefits) and who has access to information.
- Discuss with the client the "pros" and "cons" of documenting sensitive information.
- Accommodate requests from the client when able (within bounds of laws, client safety, etc.).
- Implement a zero-tolerance policy for staff bias, stigmatization.
- Train staff on code of conduct and implement a system where clients and staff can report issues confidentially.

Clinic roles

Family planning settings play a vital role in identifying and treating victims of trafficking. This includes:

- Creating a welcoming and trusting atmosphere, so that victims feel comfortable.
- Adopting a protocol to help identify and respond to trafficking victims.
- Using a victim-centered, trauma-informed approach during intake, medical history, and examination.
- Contributing to a family planning setting that is as safe and secure as possible for victims.
- Reporting trafficking if mandated.
- Offer services and resources to meet victims' other needs.
- Providing follow-up appointment for any further services required.
- Documenting trafficking properly in medical records.

When family planning teams are prepared and have trained their staff on the signs and indicators of human trafficking, and know how to respond appropriately and effectively, trafficking victims will get the support and help they need. Survivors will be supported to thrive. Many lives will be improved and saved. Now that you have reviewed the key components of human trafficking, you can start to build your clinic's policies and procedures to offer the best care and services to victims and survivors of trafficking.

Family Involvement and Coercion

Encouraging Family Participation in Adolescent Decision Making

Introduction

There are many ways to talk to adolescents about their decision to seek family planning services. The client should be encouraged to speak with their parents or guardians about their desire to receive sexual and reproductive health care services. As a recipient of Title X funds, an agency and its staff must comply with the SEC. 1001 [300].

Why family participation is important

Research on a variety of adolescent sexual behaviors and risk show that parental involvement has a significant impact on adolescent sexual decision-making and sexual behaviors. Adolescents who talk with parents about topics related to dating, healthy relationships, and pregnancy and sexually transmitted infection (STI) prevention are more likely to:

- Delay initiation of sexual activity.
- Use condoms or other birth control more often if they do have sex.
- Have better communication with romantic partners.
- Decease likelihood of being involved in coercive sexual relationships.
- Have sex less often.

Health providers and educators—all staff who provide family planning services—should encourage and promote communication between an adolescent and their parent(s) or guardians(s).

Power to Decide, the campaign to prevent unplanned pregnancy, notes that delaying sexual activity can create positive social change, as well as allow young people to be stronger contributors to their communities. Power to Decide works to ensure that all young people—no matter who they are, where they live, or what their economic status might be—have the power to decide if, when, and under what circumstances to get pregnant and have a child.
Why else is family participation important? Parent-adolescent connectedness does matter. It shows a level of caring and concern with their child. Having parental presence in the home can help facilitate shared activities and an overall closeness between the adolescent and parent(s) or guardian(s). All are associated with reduced risk of early teen pregnancy.

QFP recommendations

When an adolescent visits a family planning clinic alone, this visit provides an opportunity for staff to ask the teen about any conversations they have had, or would like to have, with their

parent(s) or guardian(s). According to the QFP recommendations, adolescents who come to the service site alone should be encouraged to talk to their parents, guardians, or a trusted adult. Providers should encourage and promote communication between the adolescent and their parent or guardian(s) or trusted adult about sexual and reproductive health. When both parent(s) or guardian(s) and the teen have agreed, joint discussions can address family values and expectations about dating, relationships, and sexual behavior.

Five principles of quality counseling

Counseling for adolescents should adhere to general counseling best practices outlined in the Quality Family Planning (QFP) resource document. The five principles for providing quality counseling are relevant when working with all clients, including adolescents.

Principles

- Establish and maintain rapport with the client.
- Assess the client's needs and personalize discussions accordingly.
- Work with the client interactively to establish a plan.
- Provide information that can be understood and retained by the client.
- Confirm client understanding.

Here is an example of what a provider could say to an adolescent in a clinic setting:
"One thing I tell all of my adolescent clients is that it can be helpful to have a trusted adult you can talk to about things like dating, relationships, and pregnancy prevention. These topics can be challenging and sometimes a little confusing—so having someone you can talk to can be really helpful. Is there a parent or other trusted adult that you feel comfortable talking to?"

Here is an example of what a provider could say to an adolescent in a clinic setting if they can't talk to their parents:
"If you feel like you can't talk to your parents, are there any other trusted adults you can talk to, like another family member or family friend?"

Many clients do not come to the clinic with their parents. Given that most visits are short, a provider doesn't have a lot of time to talk with parents. That being said, when a parent or guardian accompanies the adolescent to the clinic, a provider can do the following:

- Welcome the parent or guardian and adolescent.
- Explain clinic policies and procedures.
    - State early that you will spend private and confidential time with the adolescent and then with the parent(s) or guardian(s).
    - Reassure parent(s) or guardian(s) that if you have any safety concerns for the adolescent, they will be notified.
- Seat adolescent in primary position and talk directly to them.
- Explain confidentiality and adolescent control.
- Ask about concerns jointly.

- Counsel adolescent privately and ask what to share with their parent.

If a provider has time to meet with a parent alone:
- Ask if parents need or want help talking to their adolescents about sexual and reproductive health issues.
- Educate parents about contraception and STIs—encourage them to share the information with their teens.
- Encourage parents to have age-appropriate resources (books, videos, and pamphlets) about growth and development and sexual health available.
- Explore with parents how to utilize "teachable moments" to talk about sex.
- Model clear, direct, and honest communication about matters of sexual health and well-being.

The CDC (Centers for Disease Control and Prevention) and the Office of Population Affairs provide excellent and up-to-date educational materials for parents on how to talk to their adolescents. These materials are available online for parents or guardians to access on their own and are included on the resources page.

Counseling Adolescent Clients to Resist Sexual Coercion

Introduction

Counseling adolescents to resist sexual coercion can be a difficult subject to talk about. We want to ensure that we are communicating and educating adolescents about bodily autonomy and consent to sexual activities. Other objectives that may be used are client-centered counseling strategies, refusal skills techniques, what a health relationship is and is not, and discussing the characteristics of a healthy relationship.

Title X legislative mandates

Title X family planning services projects should include administrative, clinical, counseling, and referral services necessary to ensure adherence to these requirements.

> None of the funds appropriated in this act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Additional resources

- Title X Program Handbook
- Title X Statutes, Regulations, and Legislative Mandates | HHS Office of Population Affairs

What is sexual coercion?

Unwanted sexual activity happens when someone is pressured, tricked, threatened, or forced in a non-physical way. It can be any type of non-physical pressure used to make someone participate in sexual activity that they do not agree to. It includes a range of behaviors that a partner may use related to sexual decision-making to pressure or coerce a person to have sex.

Examples of sexual coercion

- Making the individual feel bad, guilty, or obligated.
- Making the individual feel it's too late to say no.
- Telling the individual that not having sex will hurt the relationship.
- Lying or spreading rumors.
- Making promises to reward the individual for sex.
- Threatening the individual's children or family members.
- Threatening the individual's job, home, or school career.
- Threatening to expose sexual orientation publicly or to family or friends.

Relationship coercion

- Repeatedly pressuring a partner to have sex when they do not want to.
- Threatening to end a relationship if a person does not have sex.
- Forced non-condom use or not allowing other prophylaxis use.
- Intentionally exposing a partner to a STI or HIV (Human Immunodeficiency Virus).
- Threatening retaliation if notified of a positive STI result.

Note: According to CDC, the term sexually transmitted diseases (STDs) refer to a variety of clinical syndromes and infections caused by pathogens that can be acquired and transmitted through sexual activity. While the term sexually transmitted infections (STIs) are used in survivor stories in this course, the term STDs will be used when referring to family planning services for alignment with Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs.

Best practices for provider-adolescent communication

Provider communication with an adolescent is key. You should have a dedicated space where you and the client are able to talk one-on-one, as this helps facilitate trust. Clinic policy should be to allocate time during the appointment for confidential discussions.

Additional recommendations

- Always meet with clients alone for a portion of their visit
- Remove distractions.
- Start with small talk.
- Discuss confidentiality and its limitations.
- Identify and acknowledge the reason for the visit.

Safety tip: Key recommendation

Develop a sign for the waiting room that clearly states your privacy policy. Having a clearly stated policy helps staff normalize the experience of seeing a client alone without a friend or family member present. If a pattern has been established allowing partners or family members during appointments, displaying the policy on a sign in the waiting room takes the burden off the client needing to ask to be seen alone. It also allows the staff member to point to the sign if there is any opposition from the client's accompanying parties.

Discussing confidentiality

One of the best practices of provider-adolescent communication is to discuss and protect confidentiality. Explain to the adolescent that all information is confidential, meaning kept private, unless a person discloses possible harm to themselves or others. In that case, you must report it to the appropriate authorities.

In practice, this may sound like, "*Before we begin, I want to let you know that whatever you share with me is confidential, meaning between you and me, and select staff here on a need-to-know basis. The only exception is if I find out you've been hurting yourself, someone else, or you've been harmed, in which case I will need to reach out to get help. Do you have any questions about that?*"

Five principles of quality counseling

Counseling for adolescents should adhere to general counseling best practices outlined in the Quality Family Planning (QFP) resource document. The five principles for providing quality counseling are relevant when working with all clients, including adolescents.

Principles

- Establish and maintain rapport with the client.
- Assess the client's needs and personalize discussions accordingly.
- Work with the client interactively to establish a plan.
- Provide information that can be understood and retained by the client.
- Confirm client understanding.

During a visit

Be sure to avoid jargon or complex medical terminology. Teens are often hesitant to ask for clarification. It is imperative to use inclusive language. Language that includes acknowledgement of issues important to Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI) and Two Spirit people or gender-diverse youth builds trust and indicates acceptance. The language we use around ability and disability is also important.
Listen to the language your clients use and, when in doubt, ask what is preferred. This not only builds trust but may give insight into the health care and advice you provide.

Lastly, respect an adolescent's experience and autonomy. Many young people feel that adults and people in positions of authority discount their ideas, opinions, and experiences. Health care providers, together with family or guardians, can help their clients make wise, healthy decisions.

Raising the issue: Sample language

When it comes to how we interact with our adolescent clients and speaking about sexual coercion, you can use phrases such as:
"I don't know if this is a concern for you, but many adolescents I see are dealing with abuse issues, so I've started asking everyone questions about sexual coercion. Sexual coercion is…"
"Another situation that lots of people have been in is being pressured to have sex when they didn't want to. What's your experience been with that?"
"Sometimes young people are in relationships in which a partner is pushing them to have sex when they aren't really sure they want to. It can be really difficult to say 'no!'"
If a client is being coerced, you should listen non-judgmentally and respond supportively. Connect them with resources and services and evaluate whether the information prompts mandatory reporting. "Normalization" is useful. Assure the adolescent that these are issues you address with everyone because these kinds of events occur in many clients' lives.
Discussing issues of sexual coercion may evoke strong reactions and feelings in your client. You can respond actively using a PEARLS statement.

PEARLS

- **P**artnership: "I know we can figure this out together."
- **E**mpathy: "This is hard, and you look scared."
- **A**cknowledgement: "Your effort really shows here."
- **R**espect: "You were brave to tell me this."
- **L**egitimation: "Who wouldn't be angry about this?"
- **S**upport: "I'd like to help you with this."

Healthy relationships

When it comes to staff having conversations with adolescents, it is important to discuss what a healthy relationship looks like. A healthy relationship is based on respect, honesty, and trust. Resources that may be useful include the Healthy Relationships Wheel and The Relationship Spectrum.

Delaying sexual activity

If an adolescent client mentions feeling pressured to do something they're not ready for (like engaging in sexual activity), a provider can provide the client with some refusal skills and techniques. These skills and techniques can help an adolescent client be clear on what they want in a relationship and how to handle situations, including avoiding unintended and/or unprotected sex.

Refusal skills

Verbal

- Say “no” assertively.
- Tell your partner you don’t want to have sex.
- Use serious facial expressions.

Body language

- Create physical distance between you and your partner.
- Cross your arms.

Use delay tactics and offer alternatives

- Stop kissing or touching.
- Tell your partner you have to call home.
- Say you must use the bathroom and text a friend.
- Hang out with friends.
- Suggest other activities such as going to a movie.

Build the relationship (if appropriate)

- Establish an open dialogue so both people feel heard.
- Explain your feelings about not wanting to have sex.
- Discuss relationship needs and boundaries.
- Talk with your partner regularly about your relationship.
- Support and respect each other’s decisions.

Resources

Resources related to the content of this publication are available for viewing at RHNTC.

- Mandatory Reporting State Summaries
- Mandatory Child Abuse Reporting in Title X-Funded Family Planning Settings
- Identifying and Responding to Human Trafficking
- Counseling Adolescent Clients to Resist Sexual Coercion
- Encouraging Family Participation in Adolescent Decision Making

For additional resources and services available to children, youth, and families please visit:

- 211.org
- Wisconsin Department of Justice Office of Crime Victim Services can assist with the following:
  - Programs for survivors to keep their home, work, or school address confidential
  - Answering questions about victims' rights in the criminal justice process
  - Programs and financial resources to assist in the healing process
- For further information regarding adolescent clients, you may reference the Reproductive Health National Training Center (RHNTC) adolescent care resources.

Suicide Prevention Lifeline

The National Suicide Prevention Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis. If you need help, please dial **1-800-273-TALK (8255) or 988**.

HOPELINE

Text "**HOPELINE**" to **741741** or go to www.centerforsuicideawareness.org for 24/7 free trained crisis counselors.

The Trevor Lifeline

A national organization focused on crisis and suicide prevention efforts among LGBT youth. Phone: **1-866-488-7386**

The National Human Trafficking Resource Center

Offers help anywhere in the United States by calling **1-888-373-7888** or visiting their Referral Directory.

REPRODUCTIVE HEALTH FAMILY PLANNING

Planning Training Checklist and Completion Acknowledgement

Please attest to the completion of the below required trainings by either:

Submitting the electronic RHFP Staff Training Tracking form

or

Submitting a signed copy of the below form

I agree and am aware of the required trainings for participation in the Wisconsin Department of Health Services Reproductive Health and Family Planning Program. By checking the boxes, and signing below, I acknowledge that I have successfully completed these trainings.

☐ State Reporting Requirements: Mandatory Reporting for Abuse, Rape, Incest, and Human Trafficking (42CFR 59.5(b)(4))
☐ Family Involvement and Coercion (42CFR 59.5(b)(4))

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