

Human Trafficking Resources

An educational packet for healthcare professionals in Cook County, Illinois





Table of Contents

Opening Letter.....	1
What is Human Trafficking? Blue Campaign Factsheet	2
Human Trafficking Flow Chart.....	3
Training Resources	4
Local	
National.....	6
Patient Resources.....	8
Establishing a Human Trafficking Response Program	9
Model Human Trafficking Protocol for Healthcare Settings.....	10
Appendix.....	20
A. Localized HEAL Trafficking Brochure.....	20
B. Sample Conversation Starters and Framing Statements	22
C. Sample Screening Questions	25
D. Local Human Trafficking Providers	27

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Hello,

TASK FORCE MEMBERS

Cook County State's Attorney's Office
 The Salvation Army STOP-IT Program
 US Attorney's Office (USAO)
 Federal Bureau of Investigation (FBI)
 Chicago Police Department (CPD)
 Illinois Department of Human Services (IDHS)
 Department of Labor (DOL)
 Freedom from Trafficking (formerly NTAC), Heartland Alliance
 National Immigrant Justice Center (NIJC), Heartland Alliance
 Legal Aid Society of Metropolitan Family Services (Human Trafficking Initiative)
 Legal Assistance Foundation (Trafficking Survivors Assistance Project)
 Illinois Department of Children and Family Services (DCFS)
 Cook County Sheriff's Office
 The Young Center for Immigrant Children's Rights
 Jones Day
 Center on Halsted
 Teen Living Programs
 Chicago Alliance Against Sexual Exploitation (CAASE)
 YWCA-RISE
 Homeland Security Investigations (HSI)
 Probation - Cook County
 Juvenile Court
 Lurie Children's Hospital
 Apna Ghar
 Swedish Covenant Hospital
 Public Guardian's Office
 Chicago Children's Advocacy Center
 Life Span
 City of Chicago Mayor's Office
 IL Office of the Attorney General

The Cook County Human Trafficking Task Force (CCHTTF) Healthcare Committee is comprised of healthcare professionals representing 20 hospital systems in the Chicago land area. We invite you to look over the resources we have created for our colleagues to better address Human Trafficking.

Studies show that up to 88% of survivors who have experienced trafficking were seen by a healthcare professional at some point while being trafficked¹. Indicators or red flags for potential future or current exploitation, if recognized by a trained professional, can lead to critical interventions to prevent further harm to the individual at risk. We can truly make a huge impact in reducing the severity of physical and psychological harm from trafficking, that disproportionally impacts individuals and communities already at higher risk for health disparities. Awareness is key!

In fact, joint position statement from the International Association of Forensic Nurses with the Emergency Nurses Association ([jafn_position_statement_huma.pdf \(forensicnurses.org\)](https://forensicnurses.org/jafn_position_statement_huma.pdf)) recommended that: *Hospitals and healthcare systems in the U.S. and the rest of the world provide culturally sensitive, trauma informed education and in-service training to all staff to ensure awareness of human trafficking, techniques to identify it, and evidence-based procedures for reporting suspicions or behaviors indicating its possible occurrence, according to local laws.*

Attached are our Anti-Human Trafficking materials for Healthcare Systems and Staff- please share with those key individuals in your institution who can use these to provide education to their staff :

1. Fact Sheet on Human Trafficking with "Red Flags" for HCP
2. Flowsheet on Treatment and Resources for Adult Survivors of HT
3. Flowsheet on Treatment and Resources for Pediatric Survivor of HT
4. Model Policies and Procedures for Human Trafficking in a Hospital or Medical Office setting
5. Poster with the National HT Hotline in English and Spanish - required by IL Public Act 099-0099 for posting in the emergency department, urgent care centers.

We also offer free (non-CME) in person or virtual 1 - 2 hour trainings facilitated by one of our nursing, physician or social work experts in collaboration with one of the CCHTTF Stop-It service providers. Coming in 2023: a free 1 hr CME/CEU online course on Human Trafficking education and how to provide culturally sensitive, trauma-informed care to survivor-patients, and appropriate for all healthcare professionals!

Please feel free to reach out to Anna.Pastor@usc.salvationarmy.org or myself if you have any questions or would like to arrange a training for your medical staff. [Healthcare Subcommittee - THE COOK COUNTY HUMAN TRAFFICKING TASK FORCE \(cookcountytaskforce.org\)](https://www.cookcountytaskforce.org/Healthcare-Subcommittee-2023)

Traci Kurtzer MD
 Co-chair, Cook County Human Trafficking Task Force Healthcare Committee

Anna Pastor
 Coordinator, Cook County Human Trafficking Task Force

1 Chisolm-Straker, et al. (2016) Healthcare and Trafficking: We are Seeing the Unseen. Journal Healthcare for the Poor and Underserved, 27(3).

2 Lederer, L. J., & Wetzel, C. A. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. Annals of Health Law, 23(1), 61-91.

WHAT IS HUMAN TRAFFICKING?

HUMAN TRAFFICKING IS...

Exploiting a person through force, fraud, or coercion

Anyone under the age of 18 involved in a commercial sex act

Sex trafficking, forced labor, and domestic servitude

A highly profitable crime

Exploitation-based and does not require movement across borders or any type of transportation

THERE ARE DIFFERENT TYPES OF HUMAN TRAFFICKING

SEX TRAFFICKING

Victims are manipulated or forced against their will to engage in sex acts for money.



HUMAN TRAFFICKING IS HAPPENING IN THE UNITED STATES



SUBURBS



RURAL TOWNS



CITIES

FORCED LABOR

Victims are made to work for little or no pay. Very often, they are forced to manufacture or grow products that we use and consume every day.



DOMESTIC SERVITUDE

Victims are hidden in plain sight, forced to work in homes across the United States as nannies, maids, or domestic help.



IT CAN HAPPEN TO ANYONE

NO MATTER AGE, RACE, GENDER IDENTITY, SEX, ETHNICITY, NATIONALITY, IMMIGRATION STATUS, AND SOCIOECONOMIC CLASS



VICTIMS OF HUMAN TRAFFICKING MIGHT BE AFRAID TO COME FORWARD, OR WE MAY NOT RECOGNIZE THE SIGNS, EVEN IF IT IS HAPPENING RIGHT IN FRONT OF US.

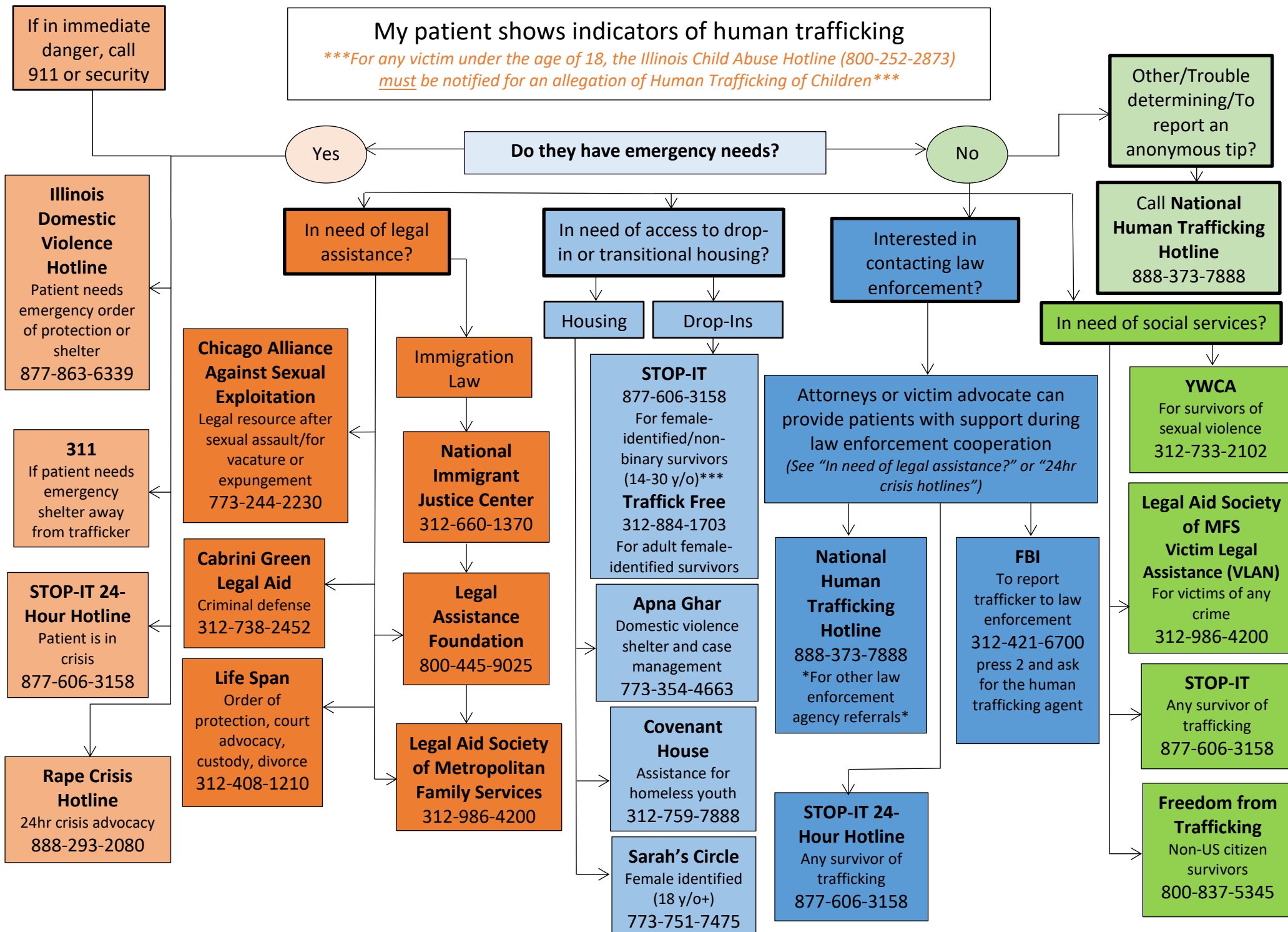
RECOGNIZE AND REPORT HUMAN TRAFFICKING

- To report suspected trafficking to federal law enforcement, call 1-866-347-2423 or submit a tip online at www.ice.gov/tips.
- Get help from the National Human Trafficking Hotline by calling 1-888-373-7888 or text HELP or INFO to 233733 (BEFREE).
- Call 911 or local law enforcement if someone is in immediate danger.

WHAT YOU CAN DO

- Visit the Blue Campaign website to learn more about the **indicators** of human trafficking: DHS.gov/BlueCampaign.
- Use Blue Campaign **materials** to raise awareness of human trafficking in your community.
- Follow @DHSBlueCampaign on **Facebook**, **Instagram**, and **Twitter**.

Human Trafficking Referral Flowchart for Medical Providers





Human Trafficking Training Resources

The Cook County Human Trafficking Task Force's Training Subcommittee

Contact: Anna Pastor

Professional Background: Multidisciplinary subcommittee of social workers and attorneys who work in the anti-trafficking field and conduct regular training on human trafficking

Areas of Expertise: All types of human trafficking

Training Content: Human Trafficking Identification and Response in the Healthcare Setting, Trauma-Informed Care, Crisis Intervention, Development of Human Trafficking Protocols

Contact Information: <https://forms.gle/U5ZXzyUouYec8PM48>

Local Trainers with Healthcare Expertise and Backgrounds

Advocate Health Care

Contact: Chenel Vanden Berk

Professional Background: Northern Illinois Regional SANE Program Manager

Training Content: EMS providers to response to human trafficking, SANE Nurse programs, and building cross discipline collaboration

Contact Information: chenel.vandenberk-flores@aah.org

Lurie Children's Hospital

Contact: Sheila Hickey

Professional Background: Social Work

Areas of Expertise: Child Abuse and the Commercial Sexual Exploitation of Children (CSEC)

Training Content: Social work's response to CSEC in the Emergency Department

Contact Information: SHickey@luriechildrens.org

Northwestern Hospital

Contact: Dr. Traci Kurtzer

Professional Background: OB-GYN Physician

Areas of Expertise: Intimate Partner Violence, Sexual Violence, Sexual Abuse, Trauma-Informed Care

Training Content: Identification of human trafficking in the healthcare setting from a physician's perspective, medical protocol development

Contact Information: Traci.Kurtzer@nm.org

Swedish Covenant

Contact: Mariá Balata

Professional Background: Director of the Pathways Program

Area of Expertise: Domestic Violence, Sexual Assault and Human Trafficking

Training Content: Development of medical protocol, addressing human trafficking in the healthcare setting

Contact Information: MBalata@schosp.org



Local Trainers with Expertise in Human Trafficking from Non-Profit Agencies

Chicago Alliance Against Sexual Exploitation

Areas of Expertise: Sex Trafficking, community engagement, legal services, prevention education, public policy, and advocacy

Training Content: Sex Trafficking Identification and Response, Commercial Sexual Exploitation of Adults and Minors, criminal records relief for survivors

Contact Information: Call 773-244-2230 or email legal@caase.org

Heartland Alliance (Freedom from Trafficking)

Contact: RachelAnn Baltazar

Areas of Expertise: Foreign Born Survivors of Human Trafficking

Training Content: Human Trafficking Identification and Response, Addressing the Needs of Foreign Born Survivors, Labor Trafficking

Contact Information: rbaltazar@heartlandalliance.org

Legal Aid Society of the Metropolitan Family Services (LAS-MFS)

Professional Background: Legal/Advocacy

Areas of Expertise: Human Trafficking, Labor Trafficking, Adults and Minors

Training Content: Human Trafficking Identification and Response, Legal Services and Remedies Available to Survivors, Trauma-Informed Advocacy and Care

Contact Information: trafficking@metrofamily.org

Legal Aid Chicago

Contact: Anna Maitland

Professional Background: Attorney

Areas of Expertise: Human Trafficking, Labor Trafficking, Adults and Minors

Training Content: Human Trafficking Identification and Response, Legal Services and Remedies Available to Survivors

Contact Information: TSAP@legalaidchicago.org or call (800) 445-9025

National Immigrant Justice Center

Professional Background: Attorney

Areas of Expertise: Human Trafficking, Foreign Born Survivors

Training Content: Human Trafficking Identification and Response, Legal Services and Remedies Available to Foreign Born Survivors

Contact Information: <https://immigrantjustice.org/>

The Salvation Army STOP-IT Program

Contact: Rachel Ostergaard

Professional Background: Social Work

Areas of Expertise: Human Trafficking (Sex and Labor), Adults and Minors, Crisis Response and Safety Planning, Healthcare Responses to Human Trafficking



Training Content: Human Trafficking Identification and Response in the Healthcare Setting, Trauma-Informed Care, Crisis Intervention, and Healthcare Human Trafficking Protocols

Contact Information: stop-it@usc.salvationarmy.org

National Training Resources

HEAL Trafficking

HEAL Trafficking brings together physicians, advanced practice clinicians, nurses, dentists, psychologists, counselors, public health workers, health educators, researchers, social workers, attorneys, administrators, and other professionals who work with and advocate for survivors of human trafficking to address human trafficking through a public health lens. The HEAL Education and Training Committee focuses on educating health care providers about trafficking and making relevant, evidenced-based training resources more accessible.

Access training resources here: <https://healtrafficking.org/education-and-training-committee/>

SOAR to Health and Wellness Human Trafficking Training for Healthcare Providers

Jointly provided by [Postgraduate Institute for Medicine](#), the U.S. Department of Health and Human Services, and the National Human Trafficking Training and Technical Assistance Center in collaboration with the Administration for Children and Families, Office on Trafficking in Persons and Office on Women's Health, the SOAR Online is a new series of CE/CME training modules that you can complete whenever, wherever you like. Each module discusses the SOAR framework and how to apply it where you work to identify individuals who are at risk or who have been trafficked and connect them with the resources they need.

Access online training here: <https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training/soar-online>

American Medical Women's Association Physicians Against the Trafficking of Humans (AMWA-PATH)

Physicians Against the Trafficking of Humans (PATH) was founded by AMWA in 2014 in order to educate physicians, residents, and medical students about the issues surrounding human trafficking. A series of short videos were designed to educate medical professionals and others in the healthcare industry about labor trafficking and its intersection with healthcare and how we can best take care of patients.

[AMWA PATH Education Series Part I: Introduction, Scope of the Problem - YouTube](#)

[AMWA PATH Education Series Part II: Presentations in the Healthcare Setting - YouTube](#)

[AMWA PATH Education Series Part III: Trauma-Informed Response, Resources - YouTube](#)



[AMWA PATH Education Series Part IV: Barriers to Care, Cultural Perspectives - YouTube](#)

[AMWA PATH Education Series Part V: Long-Term Impact - YouTube](#)

PEARR Tool: Trauma-Informed Approach to Victim Assistance in Health Care Settings

In partnership with HEAL Trafficking and Pacific Survivor Center, CommonSpirit Health developed the PEARR Tool to help guide health professionals on how to provide trauma-informed assistance to patients who may be impacted by abuse, neglect, or violence, such as human trafficking. The PEARR steps are based on an approach in which patients are educated and empowered with information about violence and resources, in a developmentally- and culturally-sensitive manner, before further screening is conducted. The goal is to have an informative conversation with patients in order to promote health, safety, and well-being, and to create a safe environment for affected patients to possibly share their own experiences and/or accept further services, such as intervention support

Access localized PDF here: <https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:7cf850f6-6621-30ab-a1bd-09f566a51d4c>



Patient Resources

Labor Trafficking Self-Assessment Card

These self-assessment cards provide victims of labor trafficking discreet and portable access to the National Human Trafficking Resource Center (NHTRC) 24-hour hotline. The card also contains five simple questions to help potential victims assess their situation and determine if they want to call the hotline for help. A victim can call or text the number on the card and access resources without any fear of arrest or deportation. The self-assessment cards are designed for distribution by service providers, law enforcement, community members, and other people who may encounter trafficking victims, and are available in **Amharic, Arabic, French, Indonesian, Khmer, Malay, Mandarin, Oromo, Spanish, Thai, and Vietnamese**. The cards are part of a broader human trafficking resource pack that can be found at [TheAdvocatesForHumanRights.org](https://theadvocatesforhumanrights.org).

Access cards here: <https://www.theadvocatesforhumanrights.org/Publications/A/Index?id=374>

Dignity Health HT Victim Outreach Posters and Brochures

CommonSpirit partnered with the National Survivor Network to develop victim outreach posters, brochures, and safety cards. These resources are available in different languages.

Access different versions in multiple languages here: <https://www.commonspirit.org/physician-enterprise/key-programs/human-trafficking/dignity-health-branded-materials>

HEAL Trafficking Brochure with Local Resources

Beginning in 2020, in collaboration with the Greater New Orleans Human Trafficking Task Force, HEAL Trafficking created an educational patient brochure for use in health systems which serve as a trafficking self-assessment for literate patients. The Cook County Human Trafficking Task Force has customized this brochure to include resources local to Chicago and northern Illinois. Email Anna.pastor@usc.salvationarmy.org for access to the brochure in the following languages: **English, French, Spanish, Arabic, Simplified Cantonese, Simplified Mandarin, Traditional Cantonese, Tagalog, Indonesian, Hindi, Malay, Swahili, Vietnamese, Haitian Creole, Armenian, Korean, Russian, Khmer, Punjabi, and Hmong.**

See Appendix A



Establishing a Human Trafficking Response Program

CommonSpirit Health, with support from the CommonSpirit Foundation, published an HT Shared Learnings Manual that describes their program and provides an example policy/procedure. This manual is used by health care systems across the country, and is a key component of the six-week “SOAR for Organizations” training provided by the National Human Trafficking Training and Technical Assistance Center (NHTTAC).

Access the manual here:

<https://www.commonspirit.org/content/dam/commonspirit/images/human-trafficking/pdfs/CSH-HTRP-SharedLearningsManual-August-2023-Protected.pdf>



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Model Human Trafficking Protocol for Health Care Setting

HUMAN TRAFFICKING MODEL POLICY FOR HEALTHCARE

***Note:** The Cook County Human Trafficking Task Force’s Healthcare Subcommittee can provide technical assistance and support to area hospitals and clinics to adapt this model policy for your specific setting. The subcommittee also recommends training and education for all hospital staff on human trafficking and on the adapted policy once it is ready to be implemented.*

DEFINITION:

A person is a victim of human trafficking if they: A) have been forced, coerced, or defrauded into prostitution or other commercial sex acts; and/or B) have been forced, coerced, or defrauded into involuntary labor.

Exception: all children under the age of 18 who perform commercial sex acts are victims of trafficking, even if they were not coerced into those sex acts.

[Insert name of your institution] staff caring for patients:

- a. Are aware of the criteria to identify patients who may be victims of human trafficking
- b. Appropriately assess and care for patients who are possible victims of human trafficking
- c. Are aware of and follow all reporting requirements for suspected victims in accordance with State of Illinois law
- d. Assure that such patients receive appropriate assistance and resources in respectful and supportive manner
- e. Are aware of local referral resources for immediate needs of food, safety, shelter and access to health care and immigration resources
- f. Are provided training to ensure understanding of the above and to ensure optimal safety for human trafficking survivors and fellow hospital or clinic staff. Ancillary staff such as reception, security, housekeeping, radiology and phlebotomy technicians and other hospital staff who may potentially interact with survivors should also receive training on human trafficking to meet this same objective.

1. PATIENT IDENTIFICATION

- a. Most patients will not identify themselves as victims of human trafficking and many may even deny their situation as that of being trafficked when directly questioned.



Healthcare Subcommittee
Model Human Trafficking Protocol for Health Care Setting

- b. Many survivors of human trafficking will present with illnesses/injuries that may not be directly related to their trafficking (e.g., a trafficked factory worker with a machinery-related injury, or a sex trafficking victim with a pregnancy complication).
- c. Chronic poorly managed conditions and delayed presentation for illnesses or injuries are also frequently seen in survivors of trafficking due to restricted access to healthcare.
- d. Some injuries that are caused by the trafficker will present as other forms of violence that are often an element of human trafficking, such as domestic violence, physical assault, child abuse, and sexual assault.
- e. Groups at higher risk for human trafficking include gay, lesbian, bisexual, transgender, and gender non-conforming youth and young adults; homeless and runaway youth and young adults; young adults exiting foster care; undocumented individuals or immigrants without lawful status; and survivors of child abuse, domestic violence, or sexual assault.
- f. Therefore, it is imperative that all clinicians be aware of possible physical, psychological, and social signs associated with human trafficking, regardless of the patient's primary medical issue.

- **Common Physical Indicators of Human Trafficking**

- i. Signs of torture: burns, scars, marks from restraints
- ii. Tattoos (branding) may identify victim as being tied to a trafficker
- iii. Forced or coerced drug and alcohol use, abuse, dependence
- iv. Fractures or bruises in various stages of healing
- v. Repeated physical and sexual assault
- vi. Retained foreign body or tampons in genital or anal orifice
- vii. Malnourishment
- viii. Poor bodily hygiene
- ix. Poor oral hygiene and/or unaddressed dental concerns
- x. Sores, fractures, burns or other types of pain related to occupational health or labor-related injuries

- **Common Psychological Indicators of Human Trafficking**

- i. Flashbacks
- ii. Depression
- iii. Nightmares
- iv. Feelings of vulnerability and/or isolation
- v. Low self-esteem and/or self-blame
- vi. Unable to feel safe



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Model Human Trafficking Protocol for Health Care Setting

- vii. Crying for “no reason”
- viii. Problems with memory
- ix. Difficulty with intimacy
- x. Eating disorders
- xi. Drug or alcohol abuse
- xii. Anxiety Attacks
- xiii. Risk taking behaviors

- **Common Social Indicators of Human Trafficking**

- i. Patient is accompanied by another person who appears to be controlling, or who attempts to control information shared and/or insists on providing the medical information
- ii. Accompanying person insists on interpreting for the patient/speaking for the patient or being present
- iii. Injuries presented are inconsistent with the history given by patient or person speaking for the patient
- iv. Patient resides with their employer or person who arranged her/his working assignment
- v. Patient is reluctant to provide personal information or is unfamiliar with their location or address
- vi. Patient states they are unable to relocate or change jobs
- vii. Patient is not in control of their money, or another person is largely controlling their money
- viii. Patient is not in control of their documents (identification, travel)
- ix. Patient does not possess English language skills and does not have knowledge about local community
- x. Patient is in constant mobile phone contact by text or by voice with another individual

2. SCREENING

- a. In the Emergency Department or inpatient setting, the [insert title of staff member] is initially responsible for screening. In the outpatient setting, each facility should identify the responsible staff member for screening. Even with an initial negative screen, any other staff members who have established rapport with the patient, can screen during the patient stay when indicators or risk factors are present.
- b. It is important to assess the patient separate from the presence of any friend or family member who accompanied the patient to the hospital or clinic, and in a private room or



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Model Human Trafficking Protocol for Health Care Setting

private space, where they are more likely to disclose pertinent information. The importance of this point cannot be overstated.

- c. If in the course of medical triage or assessment, the presence of indicators described in Section 1 leads to a concern that the patient may be a victim of human trafficking, the primary nurse or medical provider can incorporate into the patient assessment (history) some of the sample framing statements and questions in Appendices A and B.
- d. Be mindful of the patient's verbal and nonverbal cues when discussing any history of violence. Asking a lengthy checklist of questions to a person who is reluctant to speak or who has already shut down will yield false negative responses. Do not force a patient to answer questions they are uncomfortable answering. Use the framing statement to build rapport with the patient and provide for a safe space for the patient to disclose. See Appendix A for sample framing statements that are appropriate to use in this context.
- e. With a positive screen, the health care provider should phrase any follow-up questions in a nonjudgmental manner and provide support to the patient. The staff member should avoid re-traumatizing the patient by asking only the questions needed to initiate interventions.
- f. The patient should know that they are not alone and that help is available. This help can include safety planning, housing, insurance aid and legal assistance for both domestic and immigrant patients, even with undocumented status. Ask the patient if they would like you to contact the appropriate people that can provide assistance.
- g. Ask patient if they feel there is any immediate danger for themselves or family members. Notify the primary physician, social work and Public Safety or law enforcement for any patient identified as in immediate danger. Immediate safety planning should be determined by the patient, social work, nursing, and medical team in collaboration with public safety or the local law enforcement authorities as indicated. (Examples: the hospital can create an alias name for use in the hospital and have security on the unit where the patient is located, a social worker can arrange for children to be picked up/secured from daycare or school by safe person, police can be asked to monitor the safety of other family members.)
- h. Staff can call the Salvation Army STOP-IT 24-Hour Hotline at (877) 606-3158 for technical assistance with assessment or screening. **Optional: Staff can contact on-call**



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Model Human Trafficking Protocol for Health Care Setting

trauma informed service provider or team specialized in working with trafficking or other trauma survivors at xxx-xxx-xxxx. (If available at your institution)

3. NURSING PROVIDER RESPONSIBILITIES & DOCUMENTATION

- a. Document nurse's subjective or objective findings, indicators identified, and the patient's responses to screening questions in the patient's medical record.
- b. Notify the attending physician if a patient is suspected or confirms being trafficked.
- c. Consult the social worker for the unit, department or clinic. [Optional : Or notify the trauma informed service provider or team for victims of trafficking if available in your institution.]
- d. If you have reasonable cause to believe that a patient under the age of 18 is a survivor of human trafficking, contact the Illinois Department of Children and Family Services (IDCFS) Child Abuse Hotline (800-252-2873) to report a human trafficking allegation of child abuse or neglect (Allegation of Harm #40/90) and document call.
 - o Complete CANTS 4 written confirmation of Suspected Child Abuse/Neglect Report – Medical Professionals within 48 hours of any initial report to DCFS.
- e. If the patient reports a sexual assault within the last seven days, see your hospital sexual assault treatment plan, offer a medical forensic examination by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) and document that decision and notification. Note: If your hospital does not have a SANE nurse available on the floor, contact your supervisor.

4. MEDICAL PROVIDER RESPONSIBILITIES & DOCUMENTATION

- a. Prior to taking a history or assessing a patient that may have past trauma, if you are not comfortable talking about immigration, commercial sex work or abuse in a way that is non-judgmental and doesn't blame the victim, then get a trauma informed provider to take over.
- b. Consider what you can do to make the patient most comfortable and feel in control of the situation. Explain why you took the patient into a different room and make sure they can easily leave the room if they feel uncomfortable.



Healthcare Subcommittee
Model Human Trafficking Protocol for Health Care Setting

- c. Perform a general assessment of patient's mental state (including suicidal or homicidal thoughts) with attention to psychological symptoms seen in victims of human trafficking.
- d. Ascertain any history of prior abuse, previous trauma, or previous admissions with presence of unexplained bruises, fractures, or trauma.
- e. Record the past medical history and notate the last time the patient received medical attention and any reasons given for not being able to access medical or other care.
- f. Record patient's account of the events, using the patient's own words whenever possible, leading to patient's visit to the hospital. This is not the time to ask their entire story of trafficking, but just the relevant information.
- g. Record patient's detailed description of any injuries they may have sustained and how it occurred (e.g. punched in face four times).
- h. Perform a trauma sensitive physical exam:
 - Explain why you are performing each portion of the exam and ask for consent prior to each step of the exam.
 - Use anatomically correct scientific language for the breast and genital examination or follow the lead of the patient on the language they use. Keep covered any part of the body that you don't need to examine.
 - If possible, sit during the exam of the chest and abdomen or perform a pelvic exam from the patient's side rather than between their legs, in order to minimize dominating body language.
 - Let the patient know that they may stop the exam at any time or take breaks.
- i. Document the physical exam, with particular attention to:
 - Location and description of injuries (use injury map or drawings if available)
 - Current, concealed, and old injuries.
- j. If possible and with written consent, obtain photographic images of any injury or signs of trauma identified on examination.
- k. If you have reasonable cause to believe that a patient is a child victim of trafficking through this process and the case has not yet been reported by nursing, contact the Illinois Department of Children and Family Services (IDCFS) Child Abuse Hotline (800-252-2873) to report a human trafficking allegation of child abuse or neglect (Allegation of Harm #40/90).
 - Complete CANTS 4 written confirmation of Suspected Child Abuse/Neglect Report – Medical Professionals within 48 hours of any initial report, if not already done by nursing.



Healthcare Subcommittee
Model Human Trafficking Protocol for Health Care Setting

- l. Consult the social worker for the unit, department or clinic [Optional: Or notify the trauma informed service provider or team for victims of trafficking if available in your institution] if not done already by nursing.
- m. If the patient reports a sexual assault within the last seven days, see your hospital treatment plan, offer a medical forensic examination by a SANE or SAFE and document that decision and notification, if not already done by nursing.

5. ASSESSMENT AND REFERRAL

a. Internal Consult for In-Depth Assessment and Service Plan

- i. [Name of institution] has identified the Social Work department [or the trauma informed service provider or team for trafficking] as our **Trafficking Response Team**. The days/hours when this team is available are: [insert days of week and hours]. The number to reach the team is : ###-###-####. For off hours when the team is not available, please: [insert next steps i.e. notify social work on call, notify STOP-IT, admit patient and request consult when response team next available]
- ii. If the primary medical team is concerned that a patient is a survivor of human trafficking, the staff in the Emergency Department or Inpatient Units will notify the Trafficking Response Team [or alternate if not available 24/7].
- iii. Outpatient offices should contact [identify appropriate staff member with training or if access to Trafficking Response Team with phone number –or– insert STOP-IT/other local HT partner agency with phone number].
- iv. Whenever possible and safe to do, all efforts should be made for the Trafficking Response Team to take a history from the patient before discharge and without the presence of any friend or family member who accompanied the patient to the hospital, and in a private room or private space, where they are more likely to disclose pertinent information.
- v. During off-hours or in locations without a Trafficking Response Team, the staff member to whom the patient has disclosed the trafficking should follow the steps under Referral for Services below.



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Model Human Trafficking Protocol for Health Care Setting

b. Responsibilities of Trafficking Response Team member

- i. The Trafficking Response Team provider will be responsible for documentation of services offered and follow-up plans.
- ii. If critical for patient confidentiality, an alias medical record can be created for the trafficked patient or Restricted Access settings for chart notes or documents in EMR can be utilized to keep the information private.
- iii. If the Trafficking Response Team provider has reasonable cause to believe that a patient is a child victim of trafficking through this process, and the case has not yet been reported by other staff, contact the Illinois Department of Children and Family Services (IDCFS) Child Abuse Hotline (800-252-2873) to report a human trafficking allegation of child abuse or neglect (Allegation of Harm #40/90). Complete a CANTS 4 written confirmation of Suspected Child Abuse/Neglect Report – Medical Professionals within 48 hours of any initial report.

c. Referral for Services [See Appendix ____ for Referral List]

- i. All patients who screen positive or deny but have indicators for human trafficking will, at a minimum, be assessed for immediate danger, be provided with information about human trafficking, and offered appropriate resources including the **National Human Trafficking Hotline (NHTH) number**. This number can be hidden in various ways or memorized by patient so not obvious on patient discharge documents.
- ii. If the person has made a disclosure that meets the definition of human trafficking and is interested in immediate resources and support, the Trafficking Response Team provider should contact [Salvation Army STOP-IT 24-Hour Hotline at (877) 606-3158 or your local HT partners listed in the appendix of this document or in the referral flow chart] for additional resources and/or to make arrangements for a safe exit once discharged.
- iii. If the patient is an immigrant with undocumented status, the Trafficking Response Team provider will notify the patient of legal assistance available to them to acquire a T-Visa and if interested, one of the Immigration Legal services agencies listed in Appendix C should be contacted.
- iv. The Trafficking Response Team member will notify the patient that by applying for a T-visa and notification of the FBI, they may have access to state benefits such as Medicaid, public assistance and food stamps, from the



Healthcare Subcommittee
Model Human Trafficking Protocol for Health Care Setting

provisions of Illinois State Law PA 99-870 Illinois Department of Healthcare and Family Services Medical Benefits for Non-Citizen Victims of Trafficking, Torture or Other Serious Crimes (effective 1/1/18).

- v. On a case by case basis the [STOP-IT or other local HT partner organization] determines whether an in-person response by a representative is appropriate and possible. If no one from the [STOP-IT or other local HT partner organization] is available to physically respond, the hotline representative can assist in locating emergency housing resources and other emergency resources as needed over the phone. In most cases, the hotline representative will ask for a safe way to contact the individual for scheduling a meeting during the next business day or as soon as possible. The STOP-IT representative may also offer STOP-IT Drop In support, providing program information for the Drop In space operating on Tuesdays and Thursdays.
- vi. If it is not safe for patient to leave and no immediate shelter option is available, consider whether it is possible for the emergency room or another area of the hospital can temporarily offer refuge to the patient until a safety plan can be put into place.

d. Reporting to Law Enforcement

- i. The Trafficking Response Team member will encourage all victims of human trafficking to report their trafficker. However, the decision to report or not remains with the patient, unless other overriding laws mandate reporting (e.g. patient is a minor or suspected minor; patient is mentally-incapacitated or felt to not be competent for decision making, patient is being treated for a serious injury caused by a crime).
- ii. If the patient does not wish to speak to law enforcement directly, but would like to pass along information (a “tip”) about traffickers anonymously, patients can do so by calling the STOP-IT hotline at 877-606-3158. Patients should make clear to the hotline staff that they are wanting to report this tip to law enforcement anonymously.
- iii. If possible and desired by the patient, an attempt will be made to have a legal advocate available during the process of meeting with law enforcement. [to assist with crime victim rights and reporting]
- iv. If the patient is willing to report the trafficking to law enforcement, please call the FBI 24-Hour Desk at 312-421-6700 [*The FBI hotline number is not for



Healthcare Subcommittee
Model Human Trafficking Protocol for Health Care Setting

public distribution. Do not give this number to the patient. It is for the exclusive use of professional partners in identifying cases*]. When prompted, press 2. Ask them to dispatch an agent/officer from the “Human Trafficking Team” to the hospital to interview the patient. All efforts should be made for law enforcement to have an opportunity to interview the patient while still at the hospital, to avoid losing contact with the patient, who may leave the hospital only to be released into the trafficker’s control.

WHERE'S MY MONEY?

Money is the reason that we work. If you are working for little or no pay, there could be a BIG problem. Especially if you were tricked or forced to do the work, or you're unable to leave that work.



COULD IT BE TRAFFICKING?

Human trafficking is when a person is tricked or forced to do sex or labor work. Trafficking, also called forced labor, can happen anywhere there are jobs. Even if that's informal work like begging, sex, or drug sales. If you're being forced to work or are scared to leave, it might be trafficking.



**YOU HAVE RIGHTS-
WE'RE HERE TO
HELP YOU.**



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**ALL
WORK,
NO PAY?**

WHERE'S MY MONEY?
WHAT ARE MY RIGHTS?
HOW DO I LEAVE?
WHO CAN HELP ME?

AM I BEING EXPLOITED?

You may be in a trafficking situation if you answer yes to 1 or more of these questions:

- Do you feel scared to leave or pressured to stay in your job?
- Are you working very long hours and/or not provided breaks?
- Are you unpaid or paid very little?
- Does someone else control your money, ID, passport, or property?
- Do you owe a large debt you're not able to pay off?
- Have you been threatened, hurt, or blackmailed by your employer?
- Is your job different than what you were promised?
- If you work in the sex trade, are you allowed to refuse clients? Are you punished if you do?
- Are you under 18 and trading sex for money, food, clothes, a place to sleep?

YOU ARE NOT A CRIMINAL.

No matter your race, immigration status, gender, age, how you make money, or **anything** else: Forced sex or labor is a crime.

RESOURCES

*We believe you. You have rights. You are not alone.
We are here to help.*

If you're in immediate danger, call 911.

NATIONAL HOTLINES

- **National Human Trafficking hotline:** 1-888-3737-888
- **National Runaway Safeline:** 1-800-RUNAWAY
- **Rape, Abuse, Incest National Network (RAINN):** 1-800-656-HOPE
- **Dept. of Labor Wage and Hour helpline:** 1-866-487-9243

LOCAL RESOURCES

- **Salvation Army Stop-It Program** 24/7 hotline: 877-606-3158
 - Chicago and Northern Illinois
- **Heartland Alliance Freedom From Trafficking:** 312-662-6185
 - Foreign nationals
- **A Safe Place 24/7 hotline:** 1-847-249-4450
 - Lake County

LOCAL SHELTER

In Chicago, call 311

IL DV Hotline: 1-877-863-6338

- Statewide shelter placement for survivors of sexual violence

A Safe Place: 1-847-249-4450

- Lake County

LOCAL LEGAL SERVICES

Life Span: 312-408-1210

Chicago Alliance Against Sexual Exploitation (CAASE): 773-244-2230 ext. 205

**Cook County Sheriff's Police
Victim Services:** 708-865-4949

All of these resources are free!



Healthcare Subcommittee
Model Human Trafficking Protocol for Health Care Setting

Appendix B – Sample Conversation Starters and Framing Statements

NOTE: Sensitive topics like human trafficking can be difficult to discuss. For staff who might have suspicions of human trafficking, it is best to engage in conversation starters that relate to the person’s physical symptoms or complaints to better understand their situation.

Sample conversation starters include:

- a. If the patient has a chronic condition or it has been quite some time since they have seen a doctor: “It seems like it has been a while since you have been able to see a doctor. Many patients have a number of barriers to seeing a doctor. Is there any reason that you didn’t feel comfortable coming in? Was there any reason you weren’t able to come when you first started to see some of these symptoms? Was anyone telling you not to come?”
- b. If the patient looks pale or malnourished: “You look pale, so I’m hoping to better understand your diet. Could you tell me more about your diet and what you normally eat? Do you cook your own food? Do you have time to eat during your workday? Is someone else providing food for you?”
- c. If a patient is unable to sleep or is excessively tired: “It seems like you are feeling fatigued – how much sleep do you get on an average night? Could you tell me about where you sleep and what it is like there? How long is your workday? Do you have to ask permission to sleep for any reason?”
- d. If a patient has bruises in various stages of healing, and/or expresses concern about the ramifications of displeasing a family member, friend, or intimate partner: “No one deserves to be hurt or threatened. I ask all the patients I see about whether their relationship is fair and feels safe. Is there anyone threatening or forcing you to do something you don’t want to do? Are any of these bruises related to those instances? If you feel comfortable sharing, could you tell me more about where these bruises came from? ”
- e. If a patient’s chief complaint is related to drugs/alcohol: “I understand that sometimes people do what they have to in order to get what they need. Do drugs or alcohol help you to cope with something going on in your life? Is anyone making or pressuring you do something you don’t want to do in order for you to get the drugs or alcohol you need? Is anyone forcing or pressuring you to keep taking drugs or alcohol for any reason?”



Healthcare Subcommittee
Model Human Trafficking Protocol for Health Care Setting

NOTE: Sensitive topics like human trafficking can be difficult to discuss. In instances like these, it is best to introduce the issue using a nonjudgmental framing statement.

Sample framing statements include:

- a. “Many patients we see have experienced violence in their lives. I now ask all patients I see about violence they may have experienced. Has there ever been a time when you have been hit or threatened by anyone to do something you didn’t want to do?”
- b. “I have seen patients through my work who have been intimidated, threatened or tricked by people they know in both romantic and professional relationships. Has anything like that happened to you?”
- c. “Some illnesses can be a result of stress in our lives. Is there anything going on currently or in the past that you feel might have affected your health negatively?”
- d. “In order to better understand what resources we might be able to provide you with, it is helpful for us to better understand the stresses you have in your life. Please know that if you feel uncomfortable answering any of these questions, you do not have to answer them. I am here to assist you in improving your health and well-being. Do you feel safe in your relationship? Do you ever feel that your relationship or work is unfair? Do you feel safe at work? What does safety look like for you?”
- e. “In order to better understand what might have caused your sickness and what resources might be helpful for you to stay healthy, I would like to ask you some questions. Please let me know if anything I ask makes you feel uncomfortable. You do not have to answer if you don’t want to. I am here to help. (See relevant sample questions below).
- f. For labor trafficking specifically: “I would like to ask you some questions related to your day to day activities because what you do for a living can sometimes impact your health.” (See relevant sample questions below).
- g. If a patient is currently working in the commercial sex trade and is over the age of 18: “I would like to ask you some questions related to your work, because what you do to survive can have an effect on your health. Are any of your injuries/chief complaints related to trading sex? (See relevant sample questions below).
Other follow up questions: Is anyone arranging for you to participate in the sex trade? Is anyone handling your money? Is anyone forcing, tricking or pressuring you to trade sex



Healthcare Subcommittee
Model Human Trafficking Protocol for Health Care Setting

in any way? Do you have any concerns about safety related to trading sex? Are there ways we can help with your safety in these situations?”



Healthcare Subcommittee
Model Human Trafficking Protocol for Health Care Setting

Appendix C

Sample Questions to Screen for Human Trafficking of Adults

- Have you ever exchanged sex for food, clothing, money or shelter? If the answer is yes, it is important to next establish if force, fraud or coercion are associated with these actions.
- Can you leave your job or work situation if you want?
- Are there rules at your job? What happens if someone does not follow the rules?
- Have you ever been deprived of food, water, sleep or medical care?
- Has anyone harmed you or your family, or threatened to harm you or your family, in order to make you do something that you did not want to do?
- Has anyone threatened to call the police or immigration on you in order to make you do something you did not want to do?
- Has anyone told you not to trust the police or the hospital workers in order to prevent you from asking for help?
- Do you have control over the money you earn?
- Do have an ID? Does someone else hold your ID?
- Is anyone forcing you or pressuring you to do anything that you do not want to do?



Healthcare Subcommittee
Model Human Trafficking Protocol for Health Care Setting

Sample Questions to Screen for Human Trafficking of Children and Youth

- Have you ever exchanged sex for something of value, such as food, clothing, or shelter?
- Are there rules at your job? What happens if you don't follow them?
- Has anyone ever taken some or all of the money you have earned?
- Are you allowed to contact family or friends?
- Are you able to go to school?
- Are you allowed to travel freely?
- Has anyone ever threatened to harm you, your family, or your friends, in order to make you do something you didn't want to do?
- Can you leave your job or work situation if you want?
- Has anyone threatened to call the police or immigration on you or your family in order to make you do something you did not want to do?
- Is anyone forcing you or pressuring you to do something you do not want to do?



Healthcare Subcommittee
Model Human Trafficking Protocol for Health Care Setting

Appendix D: Resources

**See previous service provider list and flow chart for potential referral agencies based on patient needs and circumstance.*

Case Management

- The Salvation Army STOP-IT Program - 24 Hour Hotline, Drop-In and Case Management Program - 24 Hour Hotline (for all survivors of human trafficking, both foreign national and domestic): 877-606-3158
- Heartland Alliance Freedom from Trafficking - Case Management Program (for post-certified foreign born survivors in this area): 800-837-5345

Legal Providers

- Trafficking Survivors Assistance Project at Legal Assistance Foundation (LAF) 800-445-9025
- Human Trafficking Initiative at Legal Aid Society of Metropolitan Family Services – 312-986-4200
- Chicago Alliance Against Sexual Exploitation - 773-244-2230, ext. 204
- National Immigrant Justice Center - 312-660-1370 - for immigrant survivors
- Lifespan – 312-408-1210

Please view the Cook County Human Trafficking Task Force website for more information about services available to survivors of human trafficking:

<http://www.cookcountytaskforce.org/steering-committee-member-agency-information>