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Traci Kurtzer MD



# Innovative Healthcare Approaches to the Prevention and Earlier Detection of Human Trafficking

**Traci A. Kurtzer MD**  
Northwestern Medicine

**Jaclyn Rodriguez BSN, BS, RN, SANE-  
A, SANE-P**  
Office of the IL Attorney General

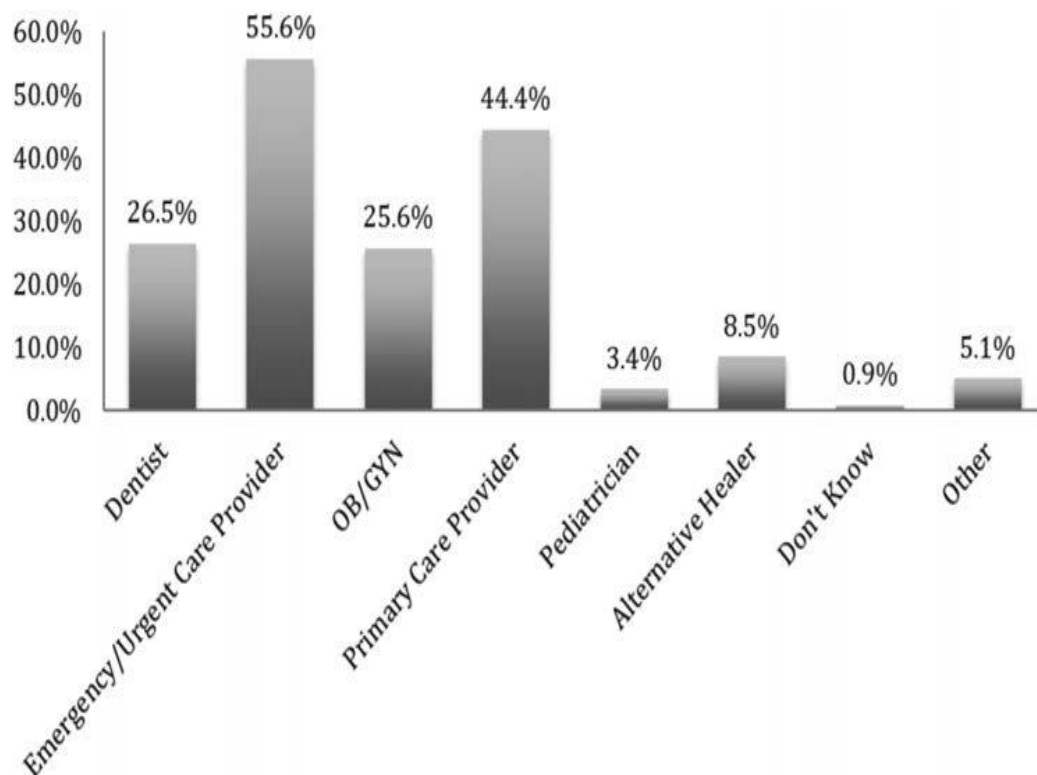
# Public Health Perspective on Human Trafficking (HT)



## **Risk Factors/Vulnerabilities**

- Housing Insecurity/Homeless
- Food Insecurity Hunger
- Mental Health/ Substance Abuse
- Poor education/job opportunities/poverty
- Hx interpersonal abuse/violence/neglect
- Racism/bigotry/gender-based discrimination

## Survivors Interactions with Healthcare

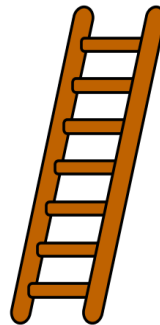


- N=173 survey respondents
- 79% labor trafficking (55% sex trafficking)
- **68%** survivors saw a healthcare provider
- 32% Unable?
  - Inability to pay
  - Fear
  - Prevented by other

Chisolm-Straker, et al. Healthcare and Trafficking: We are Seeing the Unseen. Journal Healthcare for the Poor and Underserved. Vol 27, No 3. Aug 2016

## Health Care Professionals (HCP) Role in HT Intervention

- Studies- 50 to 88% of survivors of HT have contact with HCP
- HCP may be the only service providers a survivor engages with in the course of their experience with HT
- Typically we will have one chance to identify survivors currently involved in HT
- HT survivors are at high risk for serious harms, some of which we treat and try to mitigate the sequela of trauma



### Possible Harms from HT:

- ❑ Psychological trauma
- ❑ Physical trauma
- ❑ Neglected medical conditions
- ❑ Addiction/substance abuse
- ❑ Criminal justice system involvement
- ❑ Restricted education/work opportunities/income
- ❑ Increased family/childhood exposure to ACEs

## Health Care Professionals (HCP) Role in HT Intervention

HCP responding to and aiding HT survivors are NOT rescuers, but we have an amazing and welcome opportunity to be a potential rung of support on the ladder that a survivor will build and stand up to get out of their situation !



## Health Care Professionals (HCP) Role in HT Intervention

- Studies- 50 to 88% of survivors of HT have contact with HCP
- HCP may be the only service providers a survivor engages with in the course of their experience with HT
- **HCP will also engage with future HT survivors as well**
- **We have some unique opportunities for prevention and early detection to minimize long term harms, in addition to the medical treatment for survivors**

### Potential harms from HT:

- Psychological trauma
- Neglected medical conditions
- Addiction/substance abuse
- Criminal justice system involvement
- Restricted education/work opportunities/income
- Children exposure to adverse experiences

## Why is Prevention and Early Detection So Important?

Using the public health approach of prevention and earlier detection, rather than a reactive approach after the harms have occurred and sequelae are harder to reverse, may be one of the more meaningful ways that healthcare professionals can help reduce the number of persons harmed by human trafficking experiences and to reduce the overall burden of health and psycho-social trauma to individuals and society.

Reactive vs.



Proactive

# Workshop Goals

- ❑ To review some ways as HCP we can improve prevention and early detection of HT using some innovative approaches
  - Routine SDOH screening
  - Use of Forensic Nursing/Examiners & Post-Sexual Assault Care
  - CUES Screening/After-visit Summary Resources
  
- ❑ To brainstorm on other public health/preventative approaches to use in our healthcare settings

[A-Roadmap-for-Systems-and-Industries-to-Prevent-and-Disrupt-Human-Trafficking-Health-Care.pdf](#)  
([polarisproject.org](http://polarisproject.org))



# Social Determinants of Health



# Discussion Questions

Do you do SDOH screening at your site or office?

Do you feel you could think of how to institute this screening at your site or office?

Do you feel you have the resources to help patients if a patient is dealing with a SDOH concern?

Barriers? Issues? Other approaches?

# Discussion Questions

Do you do have a set follow up designated professional or clinic to send patients recovering (recent or distant) from sexual assault?

Do you think you could institute this type of forensic examiner evaluation and follow up care (via clinic or designated professional) into practice?

Do you feel that HT and DV patients afforded the same resources to forensic services that SA patients have?

Barriers? Issues? Other approaches?

# CUES screening

Credit: Futures without Violence



With the CUES intervention, healthcare professionals talk with all patients about how relationships can affect health and how to get support. Unlike traditional screening methods, CUES does not rely on a disclosure of abuse in order to provide a patient with information and resources they might need. By using CUES, providers can ensure that patients are aware of available survivor support services and have information to pass to friends and family who might need it. In order to adopt a team-based approach to supporting survivors, this approach relies on fostering of strong partnerships between domestic violence agencies and health settings.

CUES stands for Confidentiality, Universal Education + Empowerment, and Support

\*\*\*\*\*  
**For All my Patients to keep or please share with others who may need this information:**

**If you are experiencing depression or feeling suicidal, please reach out for help!**

Crisis Text Line #741741 text HOME  
National Suicide [Hotline](#) 800-273-8255  
NAMI Chicago 833-626-4244

**If you are struggling to pay your rent or utilities:** apply for the Chicago Rental Assistance program 312-698-0202 (variably in service) or contact Chicago Housing Authority 312-742-8500 or for Cook County 312- 542-4851.

**If you are struggling to pay for food:** [www.chicagosfoodbank.org/find-food/](http://www.chicagosfoodbank.org/find-food/)

**If you are having an immediate need for food, shelter or clothing for yourself or your family, go to your local Family Community Resource Center:** to locate call HELP LINE at 800-843-6154 (M-F 800AM - 500PM)

Many people experience intimidation, threats or even physical harm in their relationships or with interactions with others, whether at home, outside or at work. Anyone can be hurt or frightened by a stranger, intimate partner, employer or work supervisor and even someone close to you like a family member, or friend. If you are dealing with a person or people in your life that scare you, have hurt you or have treated you unfairly, you are not alone and there is help available! These are some resources available to you regardless of your gender identity, race, age, immigration status or sexual orientation:

★ **If you are being harmed by a family member or caregiver or an intimate partner (dating partner, spouse, ex-spouse, related by a child):**

National Domestic Violence Hotline 1-800-799-SAFE  
IL Domestic Violence Hotline 1-877-TOENDDV

★ **If you feel somebody is pressuring you to work in a job or engage in sexual activities that you do not want to do:**

National Human Trafficking Hotline 1-888-3737-888  
Text BEFREE to #233733  
Chicagoland Human Trafficking Hotline/ [STOP-It](#) 877-606-3158

★ **If you have been raped or sexually assaulted:**

RAINN National Hotline 800-656-HOPE (800-656-4673)  
Chicago Rape Crisis Hotline 888-293-2080

★ **If you feel your child or a child may have been hurt in any way by a caregiver such as a parent, parent's boyfriend or girlfriend, or a babysitter:**

Illinois Department of Children and Family Service hotline:  
1-800-25-ABUSE or 1-800-252-2873

**HELP IS AVAILABLE FOR YOU and YOU DESERVE TO BE HAPPY AND SAFE!**

# Expanded CCHTF Healthcare Subcommittee After Visit Summary (AVS) model

**Tool used when a suspected *Human Trafficking* victim is Identified**

**Illinois: Rock Island, Henry, & Mercer Counties**

**Iowa: Scott & Muscatine Counties**

Patient answers 'Yes' to any trafficking questions-provide medical services
<p><b>If possible:</b></p> <ul style="list-style-type: none"> <li>• Move patient alone to a private room</li> <li>• Utilize interpreter (if applicable)</li> <li>• Provide and assess safety level (<i>Victims are trained not to trust anybody, especially health care and law enforcement</i>)                             <ul style="list-style-type: none"> <li>○ Are they in Immediate danger? <span style="background-color: #D9E1F2;">▶ Rectangular Snip</span> <ul style="list-style-type: none"> <li>▪ <i>Assess if they have a cell phone, they would like you take that could be being used to stalk or track their care.</i></li> </ul> </li> <li>○ How can you help them feel safe?</li> <li>○ Is their family in any danger?</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Maintain open and nonjudgmental communication. Establish safety words. (i.e.: <i>I am not the police; my main concern is your safety</i>)</li> <li>• <b>Only ask questions needed to initiate intervention (avoid re-traumatizing)</b></li> <li>• Utilize Framing Statement for questions and conversations.                             <ul style="list-style-type: none"> <li>○ "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. I am here to assist you in improving your health and well-being."</li> <li>○ "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?"</li> <li>○ 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?"</li> <li>○ Has there ever been a time when you have been hit, tricked or threatened by anyone to make you do something you didn't want to do?</li> </ul> </li> </ul>
<p>Determine your patient's primary need. Call appropriate agency below for referral if patient consents.</p>
<p><b>Remember that mandatory reporting does apply:</b>  <b>DCFS / DHS:</b> If your patient is less than 18 years old  <b>Department of Aging:</b> If your patient is 60 years or older or between the ages of 18-59, has a disability, and unable to report</p>
<p>Essentials for your survivor:</p> <ul style="list-style-type: none"> <li>• Food (See Attached Table)</li> <li>• Housing: Domestic Violence Shelter (See Attached Table)</li> <li>• Advocacy (Iowa &amp; Illinois) 309-797-1777</li> <li>• Human Trafficking Hotline (888) 373-7888</li> <li>• Law Enforcement (See Attached Table)</li> <li>• FBI (312) 421-6700 (press #2)</li> <li>• SANE (Sexual Assault Nurse Examiner) (See Attached Table)</li> <li>• Has a safety plan</li> <li>• Address any legal concerns (See Attached Table)</li> <li>• Provide Immigration Resources (See Attached Table)</li> </ul>

**Tool used when a suspected *Human Trafficking* victim is Identified**

**Illinois: Rock Island, Henry, & Mercer Counties**

**Iowa: Scott & Muscatine Counties**

DCFS (Department of Children Family Services) – Illinois 24/7 Hotline	1-800-25-ABUSE 1-800-252-2873
DHS (Department of Human Services) – Iowa 24/7 Hotline	1-800-362-2178
IL Adult Protective Services	1-866-800-1409
Iowa Department of Aging	
Advocacy Centers & Resources	
Family Resources	309-797-1777 (IL) 563-326-9191 (IA) 866-921-3354 (Toll Free)
Freedom House (Princeton, IL / Henry Co.)	
National Center for Missing & Exploited Children Website: <a href="http://Missingkids.org">Missingkids.org</a> Email: <a href="mailto:FamilyAdvocacy@NCMEC.org">FamilyAdvocacy@NCMEC.org</a>	
Housing Options	
Family Resources Shelter (IL & IA) Champion: Contact: Abbie M. Personal Cell: 218-393-7080 Desk Phone: Temporary Shelter & Rapid Rehousing	309-797-1777 (IL) 563-326-9191 (IA) 563-468-2289 (Back-Up)
Project NOW Shelter (IL)	309-793-639
Humility Shelter (IA)	563-322-8065
Winnie's Place	562-322-5002
Legal Resources	
Prairie State Legal Services	309-794-1328
Esperanza Center	309-732-0026
Immigration Resources	
Esperanza Center	309-732-0026
Food Resources	
St. Joe's Evening Meals Meals Offered Mon-Fri at 1730	
Christian Care Breakfast, Lunch, & Dinner (7 Days a Week)	309-786-5764
Riverbend Food	
Counseling & Therapy	
Robert Young Center 3 <sup>rd</sup> Street (Moline, IL)	
Argow's House Support Groups, Therapy, Employment for Survivors of DV, SA, & HT	

# Discussion Questions

Do you use CUES materials or have an AVS that you provide to patients with patient education?

Do you feel you could think of how to institute this type of resource provision in your patient education or AVS?

Barriers? Issues? Other approaches?

## Thanks for your attention:

Traci Kurtzer

[Traci.Kurtzer@nm.org](mailto:Traci.Kurtzer@nm.org)

312-472-3216



Jaclyn Rodriguez

[Jaclyn.rodriguez@ilag.gov](mailto:Jaclyn.rodriguez@ilag.gov)

C: 312-519-2133



“Be a lamp, or a lifeboat, or a ladder. Help someone’s soul heal. Walk out of your house like a shepherd.”

- Rumi

**Hope you are inspired to be a shovel and a ladder!**