



Healthcare Subcommittee
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.



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- 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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- 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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- 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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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.



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- 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.



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- 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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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



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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



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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.



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Appendix A – 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?”



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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



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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?”



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Appendix B

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?



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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?



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Appendix C: Resources

**See accompanying 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>