Human Trafficking Response Protocol
A Toolkit for Hospitals

MDHHS | Division of Victim Services
Michigan Department of Health & Human Services

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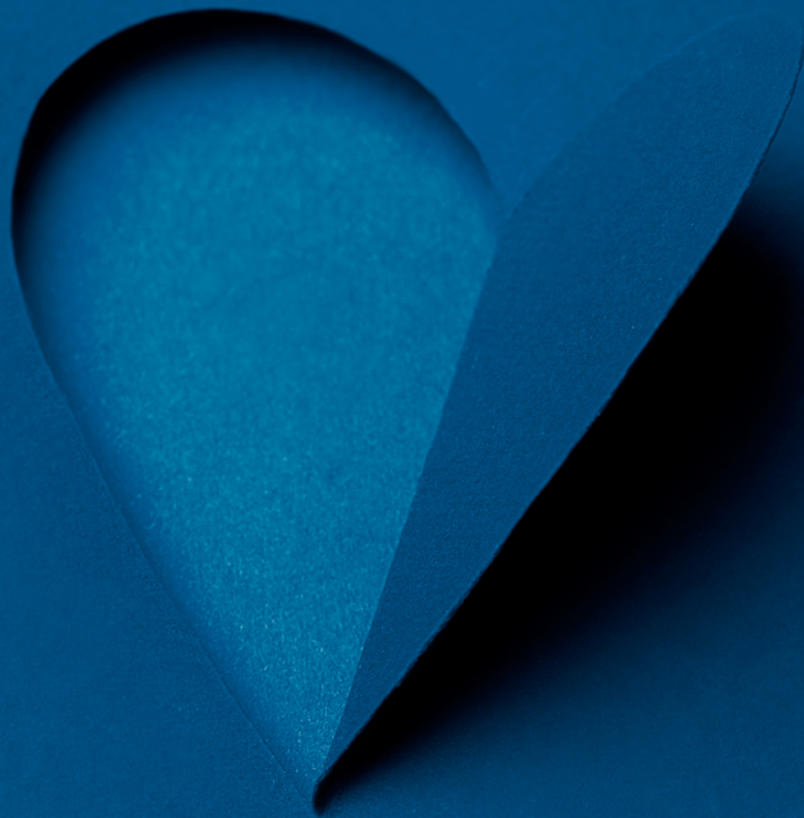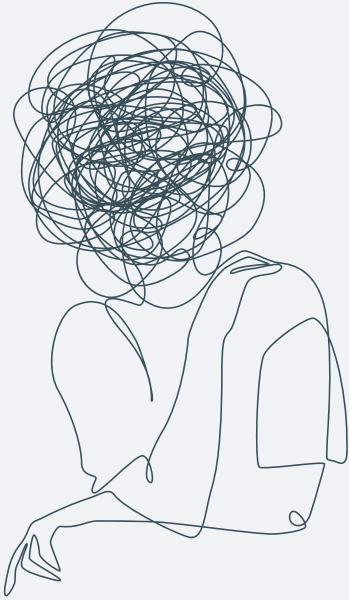
Ursel's Story...

I was 20 years old and pregnant by my pimp. The further I got along in my pregnancy, the less I was able to "work" (sell sex) and the more violent he became. At around seven months, he beat me so severely I was taken to the hospital. It was clear I had experienced violence of some kind. My teeth had been kicked in, and my face was bruised and bloody. Despite my visible injuries, I wasn't sure what to say to the hospital staff when they asked me if I needed help. I knew the consequences of outing my pimp for what he was, and I was scared of what would happen if I told them the truth. So instead, dropping my head to avoid eye contact, I just told them that I was fine and didn't need help.

When the nurse I had spoken to returned, she gave me a card that had the National Human Trafficking Hotline number on it. Once I was out of the hospital, I called the hotline and told them my story. The advocate I spoke to helped me think about how to keep both myself and my baby safe. She supported me in coming up with a plan to leave my pimp when I was ready. She also gave me a list of direct service providers to call if I needed shelter or other services.

I did not leave right away. After my son was born, I was forced to go back to selling sex. This was the turning point for me. I knew that if I didn't leave now, I would not be able to keep my son safe. My life meant nothing to me, but his life meant everything. Nothing was more important than protecting him. Terrified and brave, I called the numbers the hotline had given me. Because of the hotline, I had already thought through my plan for escaping, and I already had somewhere to turn to when I was ready to leave. I am forever grateful to the hotline for this.

This is Ursel Hughes' story, and it's a sad one – albeit one with a hopeful ending. Her opportunity to heal and change her life for the better is a result of hospitals' increased awareness of what's been called "an invisible patient population"[1] – persons victimized by human trafficking.

For far too long, situations like Ursel's went unrecognized. Clinicians and staff lacked the education and tools to identify the signs of human trafficking, or operated under widely held stereotypes. Human trafficking isn't that common, many thought. Or, it's a big city problem. Trafficked persons walked in and out of emergency departments, showing telltale physical, psychological and behavioral red flags that too often went unrecognized.

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1 Isabella Gomes, "Health Care Providers Are Missing Chances to Help Victims of Sex Trafficking, Hopkins Bloomberg Public Health, Feb. 2020, https://magazine.jhsph.edu/2020/health-care-providers-are-missing-chances-help-victims-sex-trafficking?&utm_source=facebook&utm_medium=social-media&utm_campaign=addtoany&fbclid=IwAR2AI76Kcw-1DMprKDf1G2L8aFyG4WEH73CXhQQG5-Pg7aJJ-t18neKZeE0.

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Purpose

It's a shocking statistic: As many as 88 percent of trafficked persons interact with health care providers while still under the control of their trafficker – which makes medical providers uniquely situated to identify and assist trafficked persons.[2] Because hospital emergency departments (EDs) are open around the clock, they can function as frontline assistance for trafficked persons who walk in for medical care. Once medical needs are addressed, hospital staff with established human trafficking (HT) protocols have the capacity to help reduce harm by linking victims with specialized community resources.

This toolkit was developed based on a mid-Michigan hospital system's experiences using evidence-based strategies to develop an effective HT identification, assessment, and response protocol, hereafter referred to as **HT protocol**. It offers guidance for hospitals so they may adapt these tools to implement their own HT protocols customized to their unique resources and communities.

This toolkit will highlight:

Key elements to consider as you develop a protocol.

Challenges you might face along the way.

Lessons learned from one hospital system's experiences developing an HT protocol.

Tools that can be adapted to your hospital and community.

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2 Annals of Health Law, Vol. 23, Issue 1, "The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities," 2014. https://www.icmec.org/wp-content/uploads/2015/10/Health-Consequences-of-Sex-Trafficking-and-Implications-for-Identifying-Victims-Lederer.pdf.

Overview and Background

This toolkit is based on an analysis of the HT protocol development process by a mid-Michigan hospital system, hereafter referred to as the source hospital system. It consists of written documents modified for general use, and information gathered via interviews with leadership, direct care staff, and community partners who played a role in the development and implementation of the protocol. Source hospital system representatives from both rural and urban sites were interviewed. **Those interviews revealed the following:**

- HT response had been occurring in the hospital system prior to the creation and implementation of a formal HT protocol.

- Sexual Assault Nurse Examiners (SANEs) had already been providing trauma-informed[3] care and lobbying for more staff to be available to assist trafficked persons.

- Nurses also had been introduced to basic information about HT through licensing requirements, and physician champions had been training residents to identify and respond to HT.

- The health care system's national leadership had prioritized HT as a problem that needed to be formally addressed and issued a challenge to their hospitals: Develop local HT protocols and engage with community partners to offer smooth care transitions to trafficked individuals.

The hospital system responded to this challenge, reaching out to community service agencies to develop relationships or to strengthen existing partnerships. They also applied for and received funding via a Michigan Department of Health and Human Services (MDHHS) award. The grant supported the hospital system's formalization of a process to identify, assess and medically treat trafficked persons, and then connect them to community resources. The grant was leveraged thanks to provider-led work that already was occurring locally. With leadership buy-in and funding, the initiative took hold, and the protocol was developed and implemented.

The hospital system's protocol features a number of helpful tools that are presented here in template format. This provides for easy adaption to the needs of your specific community and healthcare setting. The hospital templates and associated tools from other resources are included in Appendix 1. They include:

- Implementation Plan Checklist.
- Task force Meeting Agenda.
- Agency Questionnaire.
- Sample Memorandum Of Understanding (MOU). (URL: https://bit.ly/3LGooW6)
- Sample HT-Specific MOU. (URL: https://bit.ly/42wrOkc)
- Roles and Responsibilities HT SME.

- HT SME Readiness Self-Assessment.
- Adult HT Assessment (pocket card).
- Pediatric HT Assessment (pocket card).
- HT Screening Tool. (URL: https://bit.ly/3LWn1kz)
- HT Response Algorithm.
- Anonymous HT Tracking Form.
- Poster.

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3 Trauma-informed care is a care delivery approach that focuses on strengths and an understanding of the impact of trauma. It emphasizes safety (physical, psychological, and emotional) for the survivor and health care provider. Additional information about trauma-informed care is available at SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach TIP 57: Trauma-Informed Care in Behavioral Health Services | SAMHSA, pg xix.

What is Human Trafficking?

According to the National Human Trafficking Hotline website (URL: humantraffickinghotline.org), "Human trafficking is a form of modern-day slavery in which traffickers use force, fraud, or coercion to control victims for the purpose of engaging in commercial sex acts or labor services against his/her will.

Sex traffickers frequently target victims and then use violence, threats, lies, false promises, debt bondage, or other forms of control and manipulation to keep victims involved in the sex industry for their own profit. Sex trafficking exists within diverse and unique sets of venues and businesses including fake massage businesses, escort services, residential brothels, in public on city streets and in truck stops, strip clubs, hostess clubs, hotels and motels, and elsewhere.

Labor trafficking has been found in diverse labor settings including, domestic work, small businesses, large farms, and factories. Labor trafficking includes situations of debt bondage, forced labor, and involuntary child labor. Labor traffickers use violence, threats, lies, and other forms of coercion to force people to work against their will in many industries. Common types of labor trafficking include people forced to work in homes as domestic servants, farmworkers coerced through violence as they harvest crops, or factory workers held in inhumane conditions with little to no pay."[4]

> Any commercial sexual activity with a minor, even without the presence of force, fraud, or coercion, is trafficking. Mandated reporters are required to report suspected abuse and neglect, including child sex or labor trafficking, to Children's Protective Services (CPS). *Follow your hospital's policies in making a report to CPS.*

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4 https://humantraffickinghotline.org/type-trafficking/human-trafficking.

When a trafficked person enters a health care setting there are often red flags that can be detected by those trained to do so. There may be physical indicators of abuse and/or control indicators that signify someone else is in control.

HT Red Flags, Physical Indicators, and Control Indicators

Red Flags

For all Trafficked Persons:

- ☐ Inconsistent or scripted history.
- ☐ Discrepancy between the history and clinical presentation.
- ☐ Unable to give address.
- ☐ Doesn't know current city.
- ☐ Late presentation for the reported condition.

Specific to Adults (18 years old and above):

- ☐ Unusually high number of sexual partners.
- ☐ Carrying a large amount of cash.
- ☐ Appearance younger than stated age.

Specific to Children (Under 18 years of age):

- ☐ History of running away from home.
- ☐ Frequently absent from school.
- ☐ Trading sex for something of value (food, shelter, drugs, or money).
- ☐ Exhibits inappropriate sexual behavior.
- ☐ Patient has a much older boyfriend/ girlfriend.
- ☐ Accompanied by a person who seems anxious to leave.

Physical Indicators

For all Trafficked Persons:

- ☐ Branding or tattoos indicating ownership (Daddy or property of...).
- ☐ Unusual infections such as TB or immunizable diseases.
- ☐ Sexually transmitted infections.
- ☐ Recurrent somatic signs/symptoms.
- ☐ Malnutrition/dehydration.

Specific to Adults (18 years old and above):

- ☐ Multiple pregnancies or abortions.
- ☐ Signs of physical trauma.
- ☐ Unusual occupational injuries.

Specific to Children (Under 18 years of age):

- ☐ Pregnancies or abortions.
- ☐ Pelvic/abdominal pain.
- ☐ Possible inflicted injuries.
- ☐ Evidence of work/labor-related injuries.

Control Indicators

For all Trafficked Persons:

- ☐ Accompanied by an individual who won't leave their side.
- ☐ Person accompanying the patient won't allow them to answer questions, interrupts, or corrects them.
- ☐ Patient exhibits fear, nervousness, and/or avoids eye contact.
- ☐ Patient frequently receives texts or phone calls during the exam.
- ☐ Patient exhibits hypervigilance or subordinate demeanor.

Specific to Adults (18 years old and above):

- ☐ Patient not in possession of or is not in control of identification documents or passport (if a foreign national).

What is a Protocol?

Simply put, a medical protocol is a written set of instructions hospital staff can follow to guide the care of a patient, or to help a practitioner make decisions about care.[5] Protocols should deliver information a provider needs in a quick, easily accessible format at the point of care. For the purpose of this toolkit, an HT protocol helps providers within a health care setting to identify, assess, and respond to the needs of trafficked persons. This includes learning how to recognize HT red flags during routine medical care, engaging individuals with specialized training to further assess the identified red flags and subsequently offering to connect the patient to appropriate community-based resources. It should include initial and ongoing training and give providers a method of confidentially charting or documenting the encounter.

How To Use This Toolkit

There's no one-size-fits-all approach to developing an HT protocol. Each hospital and community has its own unique resources and barriers that must be taken into consideration. One of the keys to an effective HT response is your hospital's relationships with community-based organizations, which will ensure appropriate, safe services are delivered across the continuum of care once an individual is discharged from the health care setting. This toolkit is designed to give you tools to develop an HT protocol that builds upon your existing infrastructure.

The steps outlined in this toolkit will help you identify, prepare, and mobilize internal and external resources that support the development of your HT protocol. It describes six essential components of an effective HT response:

- Assessing Community Need and Developing an Internal HT Team
- Collaboration with Community Partners, Including HT Survivors
- Education and Training
- Creating a Protocol and Associated Tools
- Data Collection and Reporting
- Sustainability

Each of these components is divided into the following sections:

 Overview

 Lessons Learned

 Key Elements

 Templates and Tools

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5 The Free Dictionary, "Medical Dictionary," accessed Aug. 7, 2022.
   https://medical-dictionary.thefreedictionary.com/protocol.

Assessing Community Need and Developing an Internal HT Team

Overview

This section stresses the importance of three actions: Assessing the breadth of HT in your community, identifying resources within your hospital that can be a foundation to create a HT protocol, and developing a team of hospital staff to oversee and implement the protocol.

Key Elements

- Determining the Scope of the Problem
- Building on Your Strengths
- Engaging Hospital Leadership
- Identifying Workforce
- Leveraging Other Hospital Resources

Determine the Scope of the Problem

HT is a historically underrecognized and underreported problem, and that's why corresponding data is often incomplete at local, state, and national levels.

Locally, your hospital's community health needs assessment (CHNA) may identify the unique needs and barriers of your specific region. If the CHNA does not identify HT as a pressing issue, it may be due to the community's lack of awareness, competing priorities for limited resources, or HT falling under a broader category like mental health or safety. A review of local crime statistics may be helpful in demonstrating the need for HT intervention, but don't be surprised if you can't find robust data due to reporting limitations. Any data you do uncover should be cautiously assessed, and its limitations taken into consideration.

Currently, there is no repository for HT data in Michigan, although state officials are working to change that. More on these efforts can be found in the Data Collection and Reporting section.

At the national level, the Polaris Project, a North American organization dedicated to the prevention of human trafficking, operates the National Human Trafficking Hotline. The hotline documents calls from trafficked persons and those who call on their behalf. It is the largest known data set for HT in North America. The Polaris Project has assembled a comprehensive repository of reports and information on HT data and statistics, policy and legislation, and resources. They may be accessed at the Polaris Project website (URL: https://polarisproject.org) and the Hotline's website (URL https://humantraffickinghotline.org/states).

Build on Your Strengths

A human trafficking response must align with the mission and strategic direction of the hospital and the community it serves. Hospitals can underscore the meaning and purpose of HT work by aligning it with their existing goals and strengths. Providing specialized services for trafficked persons may be aligned with a variety of hospital missions and community benefit priorities to serve the vulnerable, relieve suffering, improve community health, or be socially responsible.

Some staff members at your hospital may already have the foundational skills needed to serve trafficked persons. **These members may include:**

- HT Subject Matter Experts (SMEs) who can provide trauma-informed care.
- Staff experienced in working with victims of domestic violence, sexual assault, and other forms of abuse.
- Experts in substance use disorder, as traffickers frequently use substances as a method of control.

Existing protocols for similar issues, such as domestic violence, will serve as models for training, treatment, and referral processes that can be adapted to build the HT response. HT protocols also should align with Michigan Department of Licensing and Regulatory Affairs licensing requirements, which requires HT education for a variety of health care professionals.

Engage Hospital Leadership

In order to be successful, obtaining buy-in and support from leadership is essential. They oversee the work of hospital staff and collaborate with external partners to develop and implement the HT protocol. Leadership will play an integral role in your hospital's internal HT team. **The team should have clearly defined goals that include:**

- Providing oversight of the HT protocol and implementation.
- Conducting case reviews to continually improve quality of services.
- Coordinating associate and community education and training.
- Planning and conducting events and services.
- Collaborating with the community to establish a continuum of care with other organizations serving trafficked persons.
- Seeking opportunities for sustainability.

Key members of your internal HT team may include:

- Administrators, clinicians, and support staff, including your chief of operations and directors and managers across disciplines who can ensure appropriate staffing and communication.
- A dedicated project coordinator to develop the protocol with internal and external stakeholders and ensure HT education and tools are effective and in place.
- A physician champion to facilitate resident education and keep physicians engaged.

All members of this team will serve as advocates for consistent, ongoing funding and resources.

This team is also responsible for the formation of and participation in an HT Multidisciplinary Team (MDT) comprised of internal and community resource providers. The team can meet at regular intervals to ensure that trafficked persons receive safe, coordinated, trauma-informed services across the continuum of care after their medical needs have been met. Details on forming an MDT can be found in the Collaboration and Communication section of this toolkit.

Identify Workforce

Although hospital leadership can provide oversight and advocate for the HT protocol, clinical staff will serve as the primary HT workforce, implementing the protocol and supporting trafficked persons who present for care. Staff in the ED, OB/Gyn clinics, observation, inpatient, and other frontline service areas have the potential to make initial contact with trafficked persons. It's therefore crucial to train these individuals and support staff to recognize HT red flags and follow HT protocol.

HT Subject Matter Experts (SMEs)

HT SMEs – usually nurses, social workers, or administrators – have HT expertise and receive specialized training in assessing and responding to the needs of trafficked persons. Once red flags are identified, an HT SME is brought in to conduct a trauma-informed interview to assess the situation and if human trafficking is suspected or confirmed, facilitate access to safe, appropriate community resources. They also can offer recommendations for hospital staff training and procedural improvements.

HT SMEs play a critical role in effective assessment of potential victims who present for care and ideally should be on the schedule at all times. If your hospital does not have the staffing capacity to offer an HT SME around the clock, the following options may be available:

- Sharing staff between hospitals, within reasonable distance.
- Training all nurses at smaller hospitals to be HT SMEs.
- Seeking volunteers from other departments to receive specialized training, even if HT is not a part of their daily work.
- Creating a remote support system of on-call HT SMEs.
- Partnering with community-based HT victim service providers to fill the role of the SME.
- Contacting the National Human Trafficking Hotline to secure local resources for trafficked persons.

National Hotline Information:

Hotline staff are trained to:

- Listen to survivors of all forms of human trafficking.
- Provide immediate safety planning for people in crisis.
- Field tips from callers who suspect trafficking.
- Help survivors understand their options for support without judgment.

How to reach the hotline:

By Phone: (888) 373-7888

By Email: help@humantraffickinghotline.org

By Text: Text HELP to 233733 (BEFREE)

Online Chat: At the hotline website (URL: https://humantraffickinghotline.org)

Security

It's important to train hospital security staff to recognize and report red flags that may occur outside of the exam room and be prepared to intervene (including notification of law enforcement) if an attempted intervention becomes escalated or violent. In addition, security personnel play a vital role in patient safety and confidentiality.

Educators

Skilled hospital clinical professional development educators can provide HT training to a wide variety of staff members, targeting specific hospital roles. Note that education should be ongoing, and supplemental training may be necessary to accommodate staff turnover and to share updates in the HT protocol.

Leverage Other Hospital Resources

Your hospital may have resources at your disposal to help trafficked persons feel comfortable in your care. Trafficked persons often must leave their belongings behind and may be dressed inadequately, especially if they were brought to the ED by law enforcement. Consider keeping a closet stocked with clothing, snacks, and other supplies; a petty cash fund can provide money for food or transportation expenses. Resources for your closet may be provided by community partners that assist vulnerable populations, or by asking for donations.

For safety, a trafficked individual may request support in connecting with a shelter or relocating to another county or state. Because rural sites may have more barriers to transportation options, and local transit services often don't cross county lines, **the following strategies could be considered**

- Your hospital may have grant funding earmarked for patient travel.
- Emergency medical services may be used in limited circumstances.
- Community partners may have funding for transportation.
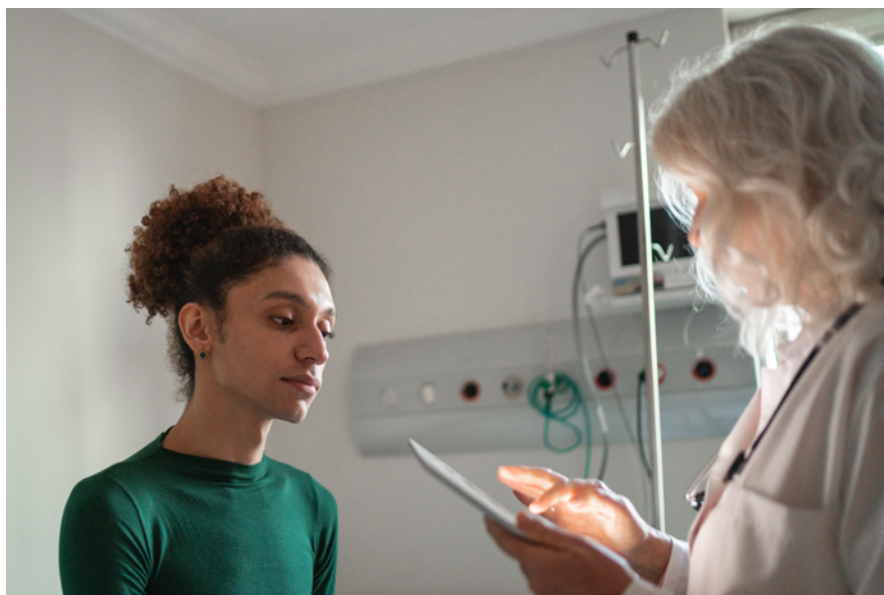
Lessons Learned

Hospitals can underscore the meaning and purpose of HT work by aligning it with its existing goals and strengths. Providing specialized services for HT could easily fit your hospital's mission to serve the vulnerable, relieve suffering, improve community health, or be socially responsible.

Operational leadership is necessary to formalize HT policy and protocol at the health system level, and to ensure your project is sustainable and aligned with hospital priorities.

Hospitals are committed to serving victims, and that begins with executive leadership. This responsibility should be reflected in policy, practices, tools, and education to hardwire service delivery as standard practice.

Templates and Tools

- Implementation Plan Checklist

"There were times I didn't know what to do aside from the strategies I learned through SANE training. We were struggling in our HT response until leadership within the hospital was involved with the development of the protocol process. This provided the structure aside from SANE." **– SME**

Collaboration with Community Partners

Overview

Multiple entities can work together to achieve collective impact in the fight against HT. One of the most critical forces in this fight are the voices of survivors. Building trusting, respectful, and egalitarian relationships with those with lived experiences is essential to the success of any collaborative effort. Additionally, within each health system and between health care, human services, law enforcement, and community-based organizations, the perspectives of people with lived experiences are foundational to realizing the desired service delivery and health outcomes of trafficked persons.

It's important to recognize that an HT protocol is a continuum of care across several community services, and no single entity can own the project. Your hospital's primary role in the HT response is to provide medical care and establish relationships with local resources that can fulfill other needs, such as counseling and support, advocacy, housing, substance use recovery, and legal services.

Key Elements

- Identifying and Formalizing Community Partnerships
- HT MDTs and task forces
- Vetting Partners
- Building Relationships

Identifying and Formalizing Community Partnerships

Relationships with community partners are a key resource hospitals bring to the HT response. Seeking out potential partners and establishing solid, trusting relationships with them is crucial, so they are available to provide essential, high-quality services to trafficked persons when needed. Because resources in a community can change, ongoing identification of available partners – especially victim service providers, law enforcement, housing, Children's Protective Services (CPS), and substance use recovery – and establishment of reliable referral processes will ensure role clarity across the continuum of care, as well as optimal access to services for trafficked persons.

HT MDTs and Task Forces

Community HT Task Forces

Most counties throughout Michigan have an existing task force aimed at addressing the issues of domestic and sexual violence. These collaborative groups have decades of experience in organizing to create systems change for victims of violence and can be a great resource. Because there can be on overlap of domestic violence, sexual assault, and HT victims, many have also taken up the issue of human trafficking. You may be able to join one of these established task forces, or they may be able to help in identifying the community's HT task force.

Community HT task force meetings can be confidential or open to the public. They provide an opportunity for partners to coordinate efforts and work towards the common goals of developing meaningful interventions for victims and ultimately end human trafficking. An HT task force provides a forum for exploring systemic issues, identified by HT survivors, and creating a plan to address those issues. It is a place to connect with partners, learn about community resources, problem solve and devise innovative ways to serve trafficked persons. The Office for Victims of Crime – Training and Technical Assistance Center offers free human trafficking training and technical assistance to task forces (URL: http://bit.ly/3Jz6MbU).

Hospitals should consider becoming a member of their community HT task force to represent the health care perspective with the purpose of keeping the hospital informed of what is happening in the community and how community partners can connect with the hospital.

Hospital HT Multidisciplinary Teams

With or without a community HT task force, hospitals should consider establishing an HT Multidisciplinary Team (MDT) consisting of key internal associates (ED director/medical director/managers, nursing, case management/social work, COO, mission, community benefit, advocacy, foundation, security, spiritual care) and external partners (survivors of HT, law enforcement, victim service providers, housing, advocacy, substance use recovery services, MDHHS) to help you to monitor and improve your HT response. **The role of the MDT consists of:**

- Serving in an advisory capacity to monitor and update (as needed) the hospital HT protocol and process.
- Conducting de-identified case reviews to continually improve the quality of services.
- Problem-solving challenges or service access barriers.
- Coordinating staff and community education and training.
- Planning and conducting events and services.
- Collaborating with the community to establish a continuum of care with other organizations who also serve trafficked persons.
- Seeking opportunities for funding and sustainability.

Developing a shared vision and goals are essential components to an MDT or HT task force. Meeting consistently is also important as regular meetings will help members stay in touch, celebrate successes, or problem-solve challenges or service access barriers. Each member can keep partners updated on funding or policy changes that may impact HT services. Meeting frequency is set at the local level based on community preference.

Vetting Partners

Community partners should be vetted to determine if they have the ability, credentials, and capacity to safely provide expected services within a trauma-informed, victim-centered approach to care. Although in many cases well-meaning, individuals and groups without the necessary expertise may inadvertently put trafficked persons at risk of additional trauma. Partner facilities should be evaluated for security measures, safety protocols and philosophy of service provision with an eye towards programming that is survivor-informed and supports autonomy in decision making regarding their physical and emotional well-being.

Having formal memorandums of understanding (MOUs) among the task force's agencies and organizations is an important step in defining and understanding each member's role. The MOU is a statement of commitment and describes each agency's responsibilities. It also helps define fiscal liability for task forces that receive funding.

Building Relationships

Victim Services

Victim service providers are an essential part of a coordinated community response to HT. They provide vital services to victims, such as counseling, legal and medical advocacy, and emergency housing. Victim service providers typically have expertise in providing trauma-informed, survivor-centered care and community organizing for the purpose of improving the systemic response to those who have been victimized.

Law Enforcement

HT is a crime: however, trafficked individuals may not want law enforcement notified. Some trafficked persons fear being arrested for criminal activities they were forced into, may not trust law enforcement due to past experiences, or may fear retaliation from the trafficker. Traffickers often take away a victim's power and ability to make choices for themselves. Therefore, allowing adult victims to make their own decisions regarding if, when, or how to involve law enforcement is of great import.

Building strong collaborative relationships with law enforcement will enable you to know what to expect when they respond to HT calls. This knowledge can be shared with adult victims of HT, allowing them the opportunity to make informed decisions about whether or not they want law enforcement contacted. Partnering with law enforcement professionals also provides an opportunity to engage them in both informal and formal training aimed at improving the systemic response to HT. Informal training such as having your SME present to model and support trauma-informed care while police gather information can be an invaluable learning opportunity.

Emergency Housing

Leaving a trafficker can be complicated and dangerous. There are many reasons leaving may not feel like a safe option, including the threats and coercion of the trafficker. However, if a patient is expressing a desire to leave and is in need of safe housing, they should be connected with the vetted resources identified through collaborative efforts with community partners.

Only vetted resources should be used for emergency housing, and it's important to be aware of each resource's specific requirements and who they serve. For example, some shelters might only accept individuals experiencing domestic violence, others may only accommodate women and children, some might not allow children. For this reason, engaging multiple emergency housing partners is a must. Additionally, using only one shelter may put victims at risk as their trafficker could more easily figure out where they are being housed.

Note: it's never appropriate to use your own or another staff member's home as a shelter. The average person doesn't have the skills and experience to meet the trafficked person's needs and keep them safe.

Substance Use Recovery Services

Traffickers often use drugs as a method to control victims, so substance use recovery providers are key community partners. Providing the opportunity to access treatment for substance use is a critical resource for many trafficked individuals.

Children's Protective Services (CPS)

CPS provides for the protection of children who are abused or neglected and safeguard and enhance the welfare of children. CPS brings a unique perspective to anti-trafficking efforts as they have expertise in working with children who have experienced various forms of abuse and neglect and have in-depth knowledge of community resources. CPS can play an integral role in developing training related to mandated reporting, and their knowledge of the child welfare system can inform the development of HT protocols specific to children.

Legal Services

Legal services can be critical for HT survivors as they often need assistance in a variety of areas including immigration and access to public benefits. Traffickers often force victims to engage in illegal activities. Being represented in criminal proceedings or having past convictions expunged can be crucial for trafficked individuals.

If you don't have a local resource, the University of Michigan runs a legal clinic specifically for HT. More information is available via the University of Michigan's Michigan Law Human Trafficking Clinic (URL: http://bit.ly/40hEvNW).

Interpretation

Collaborating with qualified interpreters is essential to the safety and well-being of Limited English Proficient (LEP) victims. Considering victims can be trafficked by family members or may be with their trafficker while accessing medical care, it is critical that family members or others accompanying a patient not be used to provide interpretation.

Culturally Responsive Services

Although anyone can be a victim of trafficking, there are some populations that are more vulnerable and experience higher rates of victimization. An effective response to HT will include organizations that provide services for the vulnerable populations in your community, such as culturally specific programs, immigrant rights centers, or organizations working with LGBTQIA+ youth. Engaging these partners can help ensure victims have services available that account for and are responsive to their needs.

Other Local Hospitals and Health Centers

Since perpetrators of HT keep trafficked persons isolated, a health care setting may offer the only opportunity for patients to seek help. Other hospitals and health centers might participate in your community's HT task force. Participation by multiple hospitals provides comprehensive coverage for the HT response in your community. Some clinical sites that already serve vulnerable populations could also be valuable partners, such as Federally Qualified Health Centers, rural health centers, school-based health clinics, and tribal health centers. Ambulatory sites like urgent care, physician, and dental offices also can be helpful resources.

People with Lived Experiences of Trafficking

While every member of a HT task force is important, there is no one better suited to speak to the needs of victims of HT than those who have experienced it. Each trafficking victim is unique and although the experience of one victim cannot fully represent the experience of all victims, incorporating the voices of formally trafficked individuals is an essential component of effective anti-trafficking efforts. The inclusion of HT victims should occur thoughtfully, ensuring their participation is not unintentionally exploitative or retraumatizing.

Toolkits for working with people with lived experience are available through the U.S. Committee for Refugees and Immigrants' Outreach Toolkit (URL: https://bit.ly/403B8dG), and the Office for Victims of Crime's (OVC) Guide for Survivor-informed Services (ULR: https://bit.ly/3JCnbfy).

Lessons Learned

A critical component of trauma-informed care is giving victims "voice and choice" by listening to their needs and supporting them in making decisions for themselves whenever possible.

To provide a continuum of services, hospitals will need to build relationships with community partners with expertise in working with traditionally marginalized and underserved populations.

No organization can solve HT on its own. Diverse sectors must work together to create a multidisciplinary approach across the continuum of care.

Templates and Tools

- Task force meeting agenda
- Community partner questionnaire
- Sample MOU (URL: https://bit.ly/3LGooW6)
- HT-specific MOU (URL: https://bit.ly/42wrOkc)

"In the ED, patients are in and out, and we have a very short time frame to make an impact. Hospitals can't offer extended services, only referrals to community partners. We have to trust that they do their best job."
– Administrator

Education and Training

Overview

Educating hospital associates to understand the definition, indicators, and dynamics of human trafficking is the first essential step toward assisting trafficked persons. Trafficked persons often say that health professionals do not recognize the signs of HT or do not ask questions in a trauma-informed manner. Training can help equip associates with the knowledge and skill needed to recognize and effectively respond to victims of HT.

Key Elements

- General Staff Training
- HT Subject Matter Experts (SMEs)
- Safety and Vicarious Trauma

General Staff Training

Education modules typically align with staff members' specific roles. It's not just doctors and nurses who can benefit from HT training – other staff, including housekeeping and security, interact with patients and should be trained to identify warning signs. Pertinent staff members should have a basic understanding of HT, be able to recognize red flags, and know who to contact in the ED to activate the HT protocol. Advanced training should be given to staff who will be implementing the protocol or conducting HT assessments.

Ideally, staff will be trained in person by SMEs, but it may also occur via online modules (or a combination of both). **HT education topics include:**

- A general overview identifying HT as a global issue and covering the fundamentals of HT:
    - o Definitions of sex trafficking and labor trafficking.
    - o Red flags, physical indicators, and control indicators.
    - o How to identify, assess, treat, and refer survivors.
- Patient and associate safety practices.
- Hospital-specific adult and pediatric protocols, including how to use customized screening tools, HT response algorithm, and local resources.
- The importance of trauma-informed care for effective engagement and treatment of trafficked persons.
- How to contact the most commonly used community resources (victim services, law enforcement, housing, substance use recovery services, and MDHHS/CPS).

Staff in other areas in addition to the ED to consider for education:

- Women's services (OB/GYN, labor, and delivery).
- Short term observation.
- Pediatrics.

Subject Matter Experts

Select staff who receive enhanced training can serve as HT SMEs. **They receive specialized training about:**

- Safe, ethical, trauma-informed interviewing techniques.
- Medical and psychological treatment of victims.
- Provision of care for acute injuries and sexually transmitted infections, and access to prophylaxis to prevent pregnancy or disease transmission.
- Referrals for continued medical care and appropriate community resources including victim services, law enforcement, housing, and substance use recovery services.

HT SMEs can provide support to peers who identify potential victims of HT. They also can provide technical assistance for the HT education curriculum.

Training for general staff and HT SMEs should help them **recognize their own beliefs and biases** about trafficked persons. Myths and stereotypes should be identified and addressed as they will have an impact on the work. Every individual that has experienced trafficking is unique and will respond to attempts to intervene in a variety of ways. Some patients may not recognize themselves as being trafficked, deny it's happening, or even leave the hospital with their trafficker. Although it may be difficult to watch someone leave with their trafficker, there are often factors, unknown to the provider, driving that decision. Traffickers may threaten to harm them, other victims in the traffickers' control, or family members. Trafficked persons may have children with their trafficker and fear that their children will be hurt if they leave. While health care providers may not know or understand why a victim would return to their trafficker, it is critical that training focuses on the importance of supporting the autonomy and decision making of adult victims. Providing a safe, judgment free space sends the message that you can be trusted and increases the likelihood that you will be seen as a resource in the future. Sharing survivor stories throughout HT SME training is an effective way to reduce the stigma placed on trafficked persons. Videos of survivor stories can be found via the OVC (URL: http://bit.ly/3YZXs6F).

Free education modules with continuing education credits are available from SOAR, which uses a framework of Stop, Observe, Ask, Respond. Information can be found via the National Human Trafficking Training and Technical Assistance Center (URL: https://bit.ly/3JWqkrW). In addition, numerous training resources are available at international, national, state, and local levels (some of which are listed in Appendix 2).

Safety and Vicarious Trauma

After the HT protocol was implemented in the source hospital system, SMEs recognized that there were two areas that needed greater consideration: **Safety and vicarious trauma.**

To address issues relating to safety, new procedures were implemented that included developing customized plans to separate trafficked persons from their traffickers in a manner that protects both patients and hospital staff. **Steps for boosting safety may include:**

- Assuring training includes site-specific strategies for each hospital.
- Performing the initial HT screening in triage.
- Finding a safe alternative to the waiting room where trafficked persons can wait, away from the trafficker if possible.
- Escorting the patient to radiology or a bathroom so private conversation can occur.
- Alerting security in case there is potential for violence.
- Documenting non-medical, sensitive data separately from the medical record because traffickers are able to force victims to request a copy of their medical record or access the patient portal which puts the patient and potentially clinical staff at risk of retaliation.
- Staying alert to cell phone activity – the patient may leave a line of communication open so their trafficker can overhear conversations with medical providers.
- Identifying an alternate exit away from the ED waiting room so patients can be surreptitiously escorted from the hospital to an appropriate community resource.
- Making sure patients have resources for later use (including coming back to the ED to seek assistance), and know what to expect upon contacting other service providers, like the National Trafficking Hotline.
- Putting the National Trafficking Hotline number on discharge paperwork for all patients, whether HT was identified or not.

More information on safety planning can be found via the Human Trafficking Hotline (URL: http://bit.ly/3n3Mi3f).

The hospital system also addressed the issue of vicarious trauma, which is the emotional residue resulting from empathetic engagement with trauma survivors. **Health care and human service professionals can experience vicarious trauma after working with individuals who have endured violence and abuse.** Hearing stories of victimization, reviewing case files, or treating injuries sustained in violent encounters may trigger vicarious trauma.[6]

Proactively addressing vicarious trauma and implementing a plan to support those who work directly with HT victims is a vital component of any HT protocol. Before participating in HT SME training, applicants are encouraged to utilize an HT SME self-assessment tool to determine their readiness to serve in this role.

The following strategies may be helpful for staff experiencing vicarious trauma:

- **Employee assistance programs (EAPs)** are voluntary, work-based programs available at all times that offer a variety of confidential services to employees experiencing problems in their work or home lives. They address a variety of mental and emotional issues ranging from substance abuse to psychological disorders. EAP counselors also consult with management to address workplace challenges, and often help organizations prevent violence, trauma, and other situations.[7]

- **Critical incident stress debriefing** is a facilitator-led group process taking place soon after a traumatic event. Participants are encouraged to share their experience of the incident and its aftermath, and should be given information on stress management. The process links employees to further counseling and treatment if needed.[8]

- **Informal peer debriefing** with other HT SMEs, social workers, and chaplains also may be available in the hospital as needed.

A vicarious trauma toolkit is available through the OVC (URL: http://bit.ly/3TzSvA5).

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6 Office for Victims of Crime, "What is Vicarious Trauma?", accessed August 7, 2022. https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma.

7 United States Office of Personnel Management, FAQ, "What is an Employee Assistance Program (EAP)?", accessed August 7, 2022. https://www.opm.gov/frequently-asked-questions/?fid=4313c618-a96e-4c8e-b078-1f76912a10d9&pid=2c2b1e5b-6ff1-4940-b478-34039a1e1174.

8 United States Department of Labor, Occupational Safety and Health Administration, "Critical Incident Stress Guide," accessed August 7, 2022. https://www.osha.gov/emergency-preparedness/guides/critical-incident-stress.

Lessons Learned

The most important investment one can make to combat HT and support trafficked persons is to educate and train practitioners to develop the competencies and skills necessary to identify, assess, treat, and refer victims of human trafficking.

The experiences of trafficked persons are complex and require a trauma-informed approach that considers how aspects of an individual's identity such as race, class, gender, sexual orientation, etc., can impact how they are viewed, access to resources, and the systemic response as a whole.

Offering HT education in a variety of formats will address staffing configurations, specific HT-related roles and responsibilities, and time constraints. Education options can range from in-person, virtual, or a combination of both formats. It also can occur in one block of time or in multiple shorter segments.

Templates and Tools

- Self-assessment screening tool for HT SMEs
- HT SME Roles and Responsibilities

> "At first, there was a lack of awareness by staff that HT was an issue in their community, but then during training, they recognized that past patients may have been victims. Once they had enough information about trafficking to recognize red flags, staff could remember patients who were coming in very often with guardians for STDs and pregnancies, and recognize them as potential victims." **– SME**

Creating a Protocol and Associated Tools

Overview

Standard tools shared across health systems and within their respective communities will provide consistent implementation of patient-centered care for trafficked persons. The tools created by the source hospital are included in this toolkit and can be customized to reflect local preferences and available community service providers.

Key Elements

- Protocol
- Tools

Protocol

Creating two protocols – one for adult patients and one for pediatric patients – will support the identification and assessment of trafficked persons who present in the ED. The source hospital presented its protocol via pocket cards, an easy-to-read format to be used at the point of care.

These protocols could include the following:

- List of red flags, physical indicators, and control indicators exhibited by potential victims of HT or their traffickers.

- Instructions for clinicians who observe HT red flags to tend to medical needs and separate the victim from the trafficker if possible.

- Patient interview/screening questions including specific questions for adults, youth under the age of 18, and foreign nationals designed to determine if HT is present.

- Steps to follow if the patient answers yes to any of the screening questions including notification of a primary point of contact available for all shifts, such as a nurse manager. That contact will identify and mobilize an HT SME (either internal or external to the hospital) to conduct an assessment and connect with appropriate community resources.

- Steps to take if an HT SME is not available.

Tools

In order to document their work, hospital staff will need HT tools – for both adults and children – outlining a method to record the reason for the intervention and the community resource that the patient was referred to (if any). Tools listed below were created by the source hospital system and are available in a template format to be customized for your location.

- An HT Response Algorithm that is activated when Human Trafficking is identified. It guides patient treatment from the time the patient presents to the ED through discharge.

    1. The HT Response Algorithm identifies the manager responsible for contacting an SME to conduct an assessment.

    2. The HT Response Algorithm will guide actions based on the age of the victim and whether the victim needs to be hospitalized for medical treatment.

        o Because health care providers are mandatory reporters, if the patient is under 18 years-old, follow your hospital's policies to notify CPS. If the patient is over 18, the victim is offered assistance, or if assistance is declined, they can be provided resources discreetly to obtain help when ready.

        o Hospitalized patients are admitted as "Doe" patients to a secure unit to ensure anonymity and safety.

    3. The HT Response Algorithm clearly identifies how to efficiently connect with community providers who will be the next stop for care after leaving the ED. It should include services such as law enforcement, housing, victim services, substance use recovery, child welfare, and transportation.

- A data collection tracking form to record the patient's status, either that they declined additional assistance or that they were transferred to a community resource assuming care (more about data collection can be found in the Data Collection and Reporting section of this toolkit).

- Badge buddies and staff posters to emphasize the importance of HT awareness and as a ready guide on how to activate the HT protocol.

An HT screening tool for adults and children is an essential component of an effective HT protocol. However, it should be noted there are a limited number of screening tools that have been validated for use in the health care setting. As more is learned about best practices around effective human trafficking response, it is suggested that tools and associated protocols be updated to incorporate this new knowledge. A link to a validated screening tool created by The Vera Institute has been provided in Appendix 1.

Lessons Learned

Not all ED associates will conduct HT assessments which require specialized training, commitment, and readiness. However, all associates should have the tools they need to recognize red flags so they can alert pertinent staff who are equipped to respond with a trauma-informed approach to potential trafficked persons.

The development of custom HT protocol can create robust conversation, ideas, problem solving and shared agreement on identifying, assessing, treating, and referring victims of HT in every health system.

Templates and Tools

- Adult HT Assessment
- Pediatric HT Assessment
- HT screening tool
- HT Response Algorithm
- Confidential HT data tracking form
- HT protocol reminders such as HT posters

"It wasn't so much that nobody noticed. It was that they didn't know what to look for or what to call it." **– Survivor advocate**

Data Collection and Reporting

Overview

HT data has not historically been collected in health systems because it has gone unrecognized, and therefore unreported. Health systems can develop a data collection system, ideally through the electronic medical record. If that's not possible, HT-specific data collection systems may be created to gather, analyze, and report data, which then can be used to inform service delivery, improve education, apply for funding, and measure outcomes.

Key Elements

- Data Collection.
- Determining a Reporting Plan.

Data Collection

There are several ways to collect data. Your organization should explore which method works best for you. However, when determining how you will collect data, your first priority must be patient confidentiality and safety.

1. An anonymous HT tracking form (used by the source hospital system) is one way to protect patient confidentiality. These forms:

   o Indicate services provided by the hospital, and if the patient was referred to a partner agency.

   o Are collected, analyzed, and reviewed (in de-identified format) at MDT meetings to support quality improvement and service coordination.

   o Are stored as a separate file, apart from the patient medical record, to protect patient confidentiality from a trafficker who could force a victim to request their medical record.

2. When using ICD-10 codes to collect HT data, a set of guidelines approved by the American Hospital Association can provide insights. The guidelines "aim to educate health care providers about how to work with trafficked/exploited/abused patients when making decisions about use of ICD codes and documentation of sensitive information in the electronic health record (EHR)."[9]

3. Additionally, local victim service organizations often have expertise in privacy issues related to victims and can be a resource as you plan for data collection using methods that maintain safety and confidentiality.

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9 International Centre for Missing and Exploited Children, "Guidelines Documenting ICD-10 Codes and Other Sensitive Information in Electronic Health Record," January, 2021. https://www.aha.org/system/files/media/file/2021/03/documenting-icd-10-codes-other-sensitive-information-in-electronic-health-record.pdf.

Determining a Reporting Plan

At the beginning of your initiative, a process for reporting HT cases can be developed and included in training. When documenting interactions with trafficked persons, it's important to remain cognizant of patient safety and confidentiality, staff safety, and how your Electronic Health Record (EHR) functions to maintain data confidentiality. Information about HT should never be stored in an EHR as traffickers could potentially gain access through a patient portal or by requesting medical records.

For all positive identifications of HT, your organization should decide if and how this information will be counted. Your organization may decide to only track this data internally or may direct staff to make a call to the National Human Trafficking Hotline and report the encounter in a de-identified manner for data collection purposes. Until there is a better way to collect and share information, the number of calls to the Hotline may be the best resource for current data to document the incidence of HT. An anonymous web form can be used to file reports at the Hotline's website (URL: http://bit.ly/3TzgdfR).

To address the lack of data on HT in Michigan, the Michigan Attorney General's Human Trafficking Commission is working with prosecutors and victim service providers to collect and analyze data and develop a standardized reporting framework for the state. Annual reports about their progress are shared at the Michigan Attorney General's website (URL: http://bit.ly/3yUgP6f).

Lessons Learned

When developing a reporting plan, patient confidentiality is of utmost importance. Traditional reporting methods that deliver information to patient portals should be avoided.

It is important to create an HT reporting system that can be used to document cases, inform the work of hospital staff and the MDT, and to establish the need to procure grants and other resources.

Templates and Tools

- Anonymous HT tracking form

"As a community, we must be informed and aware. There are many resources to get information, report this crime or seek help, and you don't always have to give your name. With just one call, you can make a difference and set an example for others." – Survivor

Sustainability

Overview

Once the HT protocol is established, ongoing coordination and evaluation are recommended to sustain the program. Hospital MDTs can meet regularly to review cases, coordinate service partners, and ensure ongoing education of ED staff. A hospital representative can be appointed to attend community HT task force meetings.

Key Elements

- Ongoing Education.
- Evaluation.
- Budgeting/Obtaining Grant Funding.

Ongoing Education

Once initial associate education occurs, ongoing education is essential to keep the HT protocol top-of-mind. Consistent training can occur in a variety of ways including:

- Required annual review of HT learning modules in the hospital education platform.
- HT education for new staff as they onboard.
- Ongoing awareness to maintain associates' HT mindfulness.
- Small education opportunities such as Lunch and Learns and huddles to enhance knowledge in specific content areas (clinical, legal, human services).
- Participation in conferences and other community education offerings.
- HT posters placed in staff-only locations such as break rooms, offices, and locker rooms.

Evaluation

A deliberate project evaluation can help you determine your program's overall impact, and what components are working or need improvement. As you develop an HT protocol, it's important to clearly define desired outcomes. Once project goals are clear, consider what types of data you will need to collect in order to measure effectiveness. **When HT tools have been implemented, the impact of the protocol is measurable for both ED staff and trafficked persons.**

For staff, this includes:

- Knowledge and skills gained through education.
- Rate of HT tool use.
- Capacity to problem-solve.
- Internal and external collaboration outcomes.
- Knowledge of self-care strategies used to address secondary trauma.

For victims, this includes:

- Receipt of patient-centered resources.
- Appropriate referrals to other community providers.
- Provision of a safe, trauma-informed environment.

Examples of HT evaluations can be found via the Office of Justice Programs (URL: https://bit.ly/3FFJPCH) **and** RTI International (URL: http://bit.ly/406puyv).

Budgeting/Obtaining Grant Funding

HT protocol can be developed by building upon existing hospital resources and onboarding training for new associates and contracted clinicians. For example, HT SME training can be added into the existing education schedule/budget; administrative oversight and coordination also can be integrated into aligned positions within clinical professional education and community health. The health system analyzed for this toolkit added eight hours per month to an existing ED nurse position to maintain overall program coordination and continuity. The hospital foundation also secured a donor gift to support nurse HT education hours.

If you choose to seek grant funding, consider private foundations, and local, state, and federal funding sources. Most non-profit hospitals have a foundation/grant officer who can work with you to identify and apply for grant and donor funding or can contract professional grant writing services. You also can register to be notified of federal funding opportunities through the Office of Victim Services (URL: http://bit.ly/3JUkZl6) and the State of Michigan Electronic Grants Administration and Management System (URL: http://bit.ly/3JUkFCU). A list of national foundations invested in HT is available through the Support the Survivors organization (URL: http://bit.ly/3TwD0Jc). Additionally, a workshop series created by the Michigan Human Trafficking Commission and the Michigan Abolitionist Project (URL: bit.ly/40av571) may be helpful when seeking a grant for HT work.

In addition to the two initial grants received, the source hospital system was awarded Federal Victims of Crime Act funding through the MDHHS to support HT response efforts. **This grant:**

- Built upon initial foundational programming.

- Expanded and enhanced HT education and programming.

- Spanned multiple hospital sites.

- Provided systemic support to identify additional community-based resources including housing, substance use recovery services, transportation, and legal and mental health services, as well as individual counseling, group support, and emergency intervention services to support HT survivors.

Lessons Learned

Leveraged resources across many organizations and professional disciplines – monetary, technical, and educational – are key to comprehensive program development and sustainability.

Ongoing education is critical, and it can be time-consuming. It requires dedicated internal health system coordination to schedule training across three shifts and clinical and non-clinical disciplines. Providing resources and infrastructure for ongoing education is a key element of sustainability planning.

Templates and Tools

- HT poster – hospital specific

"Financial discussions always bring up the ED budget being spent on our SMEs, but because of our hospital system's commitment to helping victims, the budget for our HT activities has been safe."
– ED Nurse Manager

Summary

Health care providers play a critical role in the fight against human trafficking. An HT protocol can equip workers with the knowledge and skills needed to effectively respond to the needs of trafficked individuals.

As you develop your protocol, keep the following in mind:

- Build on your hospital's existing knowledge and structures.
- Connect with your community.
- Be informed by the voices of survivors.
- Empower your staff with knowledge.
- Develop and execute a clear plan.
- Track your success.
- Keep the program rolling.

Hospitals are uniquely positioned to address the issue of human trafficking. They are a trusted resource available to all community members, 24-hours a day. Trafficked persons are usually isolated, and emergency medical care is one of the few services their traffickers may allow them to receive, making the ED a primary point of intervention. A HT protocol is critical to ensure that when victims of HT present for care, they receive the right service, at the right time, in the right place.

Each staff member plays a role:

- Physicians provide HT-informed medical care, identify cases, and educate residents.
- Nurses and SMEs trained in trauma-informed interviewing and HT assessment are trusted individuals who provide support for trafficked persons and for co-workers; and make vital community connections for supportive services.
- Hospital administrators and multidisciplinary teams create a network of services and community resources that can help respond to the needs of a trafficked person.

Implementation of an HT protocol can transform a hospital into an HT resource hub providing responsive services when they are needed most and making a significant impact in the fight against human trafficking.

For additional information or resources, please contact: MDHHS-HTHAB@michigan.gov.

Appendix 1. Tools

Human Trafficking Response Plan Implementation Plan Checklist

Criteria for pilot implementation

Task	In Process	Complete
HT multi-disciplinary team identified		
HT policy adopted		
Custom hospital response protocol in place		
Access to emergency housing		
Access to substance use treatment within 72 hours		
Collaboration with prepared law enforcement		
Collaboration strategy with community providers		
Role of internal professional responders identified		
HT multi-disciplinary team completes HT education		
Required participants to ensure sufficient coverage identified for education		

Pilot Implementation Phase

Task	In Process	Complete
HT assessment tool with local protocol available		
Prepared to respond to victims of HT utilizing local response protocol		
Resources of collaboration in place to see victims of HT through the continuum of care		
Required participants for education begin training		
Collaboration with education department to register participants for online learning		

Hospital Implementation Phase "go live"

Task	In Process	Complete
Required participants for education have completed training		
24/7 coverage for victims available		
Project coordinator is prepared to spread education throughout staff		
Continuing education for human trafficking used throughout the year		
New associates trained for HT awareness and identification throughout the year		
Quarterly human trafficking report submitted		

Anti-Human Trafficking Task Force
Meeting Agenda

Date: _____

Time: _____

Location: _____

Conference Call Line: _____

Phone Number: _____

Access Code: _____

I. **Welcome and Introduction**

    A. **Mission and Purpose of the task force**

    B. **Introduction of Members**

II. **Overview of Local Human Trafficking Consortium Efforts**

    A. **Hospital**

    B. **Emergency shelter**

III. **Workgroup Overview**

    A. **Mission and Purpose of the Workgroups**

    B. **Workgroup Membership**

        i. Interested task force Members

        ii. Other Individuals Not on the task force

IV. **Next Steps**

    A. **Schedule of Upcoming Meetings**

    B. **Meeting Locations**

V. **Public Comment**

Agency Questionnaire

1. Can you give me an overview of your services?

2. What type of clients do you see? (DV, HT, Homeless, LGBTQ).

3. Are children allowed? What ages?

4. What type of security do you have in place for client safety?

5. How do you protect the privacy of your clients?

6. What is the criteria for referral?

7. Do you have a referral process?

8. Do you accept clients who live outside your county?.

9. Do you offer temporary or long-term housing? If so, for how long?

10. If temporary housing is not available, do you network with any other shelters or agencies to find immediate housing?

11. Do you accept animals at your facility?

12. Do you have case workers available to help with other needed resources?

13. Are tours available to the public and/or outside agencies?

14. Are visitors allowed to visit residents?

15. Are residents allowed to come and go during the day?

16. Are there any other restrictions?

17. Hours of operation?

18. What is the timeframe for services provided?

19. Do you assist with legal matters?

20. Do you provide transportation/or travel assistance?

Human Trafficking Subject Matter Expert Roles and Responsibilities

Description:

Select hospital associates receive enhanced training to serve as Human Trafficking (HT) Subject Matter Experts (SMEs), internal HT content experts who conduct trauma-informed interviews to screen potential victims for trafficking. SMEs also support other health system professionals who identify potential victims of HT and provide technical assistance for associates to participate in education. SME will be provided with instruction on additional HT resources.

Education:

- Comprehensive overview of types of HT, local state and national data, and community resource providers.
- Red flags and control indicators of HT.
- Hospital HT protocol for adult and pediatric patients.
- Trauma-informed care.
- Forensic interviewing.
- Provision of car for acute injuries, STE, and access to prophylaxis.
- Identification of need for forensic medical examination.

Qualifications:

- Nurse, manager, social worker, case manager, physician, or advanced practice practitioner.
- Role as a Sexual Assault Nurse Examiner (SANE) or Forensic Nurse Examiner is helpful, but not required.
- Should have a desire to work with an extremely vulnerable population.
- Must be willing to communicate with and facilitate the transfer of patients to community partners as needed.
- Must indicate readiness to work with patients who may not want or decline assistance.
- Must acknowledge working with this population may cause vicarious trauma or be a trigger for past personal traumatic experiences.

Sexual Assault Nurse Examiners are nurses who have completed specialized education and clinical preparation in medical forensic care. SANE nurses have received detailed instruction on the use of safe, ethical, trauma-informed care interviewing techniques, medical and psychological treatment of victims, and referrals for continued medical care and appropriate community resources including law enforcement, housing, and drug and alcohol treatment.

Human Trafficking Subject Matter Expert Readiness
Self-Assessment

Taking on the role of Human Trafficking (HT) Subject Matter Expert (SME) requires specialized training and emotional readiness to equitably and effectively respond to the trauma that these individuals are experiencing when they present for care at a hospital or clinic (please see HT SME Roles & Responsibilities attached).

It is important to know that based on your own personal experiences, caring for victims of HT can be stressful and even cause vicarious trauma and secondary victimization.

Please complete the readiness self-assessment below to assist you in determining if this role is a good fit for you and the patients you will serve with the understanding that you will receive training and support in this role.

Availability

After initial training, your overall commitment is estimated to be approximately four hours per month or less. (Under approval from leadership). I am available to train for four hours outside of regular hours. (These hours will be reimbursed)

	Yes	No	Comments
Once trained in the HT response protocol, I am available to identify victims of HT during my work hours.			
Once trained, I will be willing to have trauma-informed conversations with survivors of HT to clarify treatment recommendations and connect patients with community resources if desired.			
I am willing to support further HT response education on the units.			

Content

	Yes	No	Comments
When trained, I am comfortable having difficult conversations to respond to victims of human trafficking.			
I understand that I may be exposed to strong language, graphic situations and aggressive behavior.			
I understand that not all victims are able to accept help offered even though they need it.			

Experience Although helpful, previous experience is not required

	Yes	No	Comments
I have experience working with survivors of human trafficking or other vulnerable populations such as SUD/OUD, domestic violence, sexual assault, child abuse, etc.			
I have a basic understanding of HT and am mindful of the stigma that survivors of HT may experience.			
I have specialized training/experience with trauma-informed Care (TIC).			
I have specialized training/experience with de-escalation techniques.			

Commitment (Under approval from leadership)

	Yes	No	Comments
I am willing to interview virtually with the HT Project Team for this role.			

HT Assessment
Adult

**Physical indicators
(if present, proceed to step one):**

- Signs of physical trauma.

- Branding tattoos indicating "daddy", property of", trafficker's street name, or a barcode.

- Unusual infections such as TB or immunizable diseases.

- Multiple sexually transmitted infections.

- Several somatic symptoms arising from stress.

- Malnutrition, dehydration.

- Multiple pregnancies or abortions.

- Unusual occupational injuries.

**Red flags
(if present, proceed to step one):**

- Inconsistent or scripted history.

- Discrepancy between the history and clinical presentation.

- Unable to give address.

- Doesn't know current city.

- Minor trading sex for something of value (food, shelter, drugs or money).

- Unusually high number of sexual partners.

- Late presentation.

- Carrying large amount of cash.

- Appearance younger than stated age.

**Control indicators
(if present, proceed to step one):**

- Accompanied by a controlling person.

- Controlling person doesn't allow patient to answer.

- Person interrupts or corrects the patient.

- Patient exhibits fear, nervousness, and/or avoids eye contact.

- Patient not in control of passport (if a foreign national).

- Patient frequently receives texts or phone calls during the exam.

- Patient exhibits hypervigilance or subordinate demeanor.

1

Step one:

Follow child abuse or domestic violence protocols, depending on patient's age:

- Attend to patient's medical needs and treatment.

- Separate patient from the controlling person, including family members.

- If controlling person refuses to leave, take patient to the bathroom, X-ray or another location.

- If necessary, consider calling Security for assistance.

- Provide patient a comfortable, accommodating, and safe area.

- Notify charge nurse of potential HT issue.

- Patient interview should be performed by a trauma-informed social worker, trauma-informed nurse, forensic nurse, or other designated professional.

- Assessor builds rapport and assures patient of confidentiality.

Important: chart that charge nurse was notified and why.

2

Step two:

Patient interview questions:

For US citizens:

- Have you ever exchanged sex for food, shelter, drugs, or money?

- Have you ever been forced to have sex against your will?

- Have you ever been asked to have sex with multiple partners?

- Do you have to meet a quota of money before you can go home?

For foreign nationals:

- Does anyone hold your identity documents for you? Why?

- Have physical abuse or threats from your employer made you fearful of leaving your job?

- Has anyone lied to you about the work you would be doing?

- Were you ever threatened with deportation or jail if you tried to leave your situation?

- Have you or a family member been threatened in any way?

- Has anyone forced you or asked you to do something sexually against your will?

3

Step three: (under 18)

Answers yes to any of the assessment questions:

- Follow the child abuse protocol and comply with mandatory reporting statutes. Assessor will update Security or local law enforcement regarding security needs.

- If the minor is with a parent or guardian suspected of being a trafficker—and the minor does not want to be removed from their custody—the charge nurse should comply with mandatory reporting.

Step three: (18 and over)

Answers yes to any of the questions:

- Assessor obtains patient's consent to notify law enforcement.

- Assessor updates Security on the situation and assists patient in calling 911.

- If patient is a foreign national, local law enforcement notifies FBI.

4

Step four:

Your next steps:

- Notify _____ when physical indicators, red flags, and/or control indicators are present.

- Activate the HT Protocol.

- Contact a Subject Matter Expert (SME) to conduct trauma-informed assessment of patient using the interview worksheet with questions similar to those on this card.

- SME will refer to law enforcement, housing, detox, and social services as indicated by the protocol and victim's wishes.

- National Human Trafficking Hotline: **888-3737-888**

- For more information visit polarisproject.org

Important: chart and fill out proper template.

HT Assessment
Pediatric

Physical indicators
(if present, proceed to step one):

- Pelvic/abdominal pain.
- Possible inflicted injuries.
- Unusual infections such as TB or immunizable diseases.
- Sexually transmitted infections.
- Recurrent somatic signs/symptoms.
- Malnutrition, dehydration.
- Pregnancies or abortions.
- Unusual injuries.
- Branding tattoos indicating "daddy", property of", trafficker's street name, or a barcode.
- Evidence of work/labor-related injuries.

Red flags
(if present, proceed to step one):

- History of running away from home.
- Frequently absent from school.
- Inconsistent or scripted history.
- Discrepancy between the history and clinical presentation.
- Unable to give address.
- Doesn't know current city.
- Late presentation.
- Exhibits inappropriate sexual behavior.
- Accompanied by a person who seems anxious to leave.
- Patient has a much older boyfriend/girlfriend.

Control indicators
(if present, proceed to step one):

- Accompanied by a controlling person.
- Controlling person doesn't allow patient to answer.
- Person interrupts or corrects the patient.
- Patient exhibits fear, nervousness and/or avoids eye contact.
- Patient exhibits hypervigilance, or subordinate demeanor.
- Patient frequently receives texts or phone calls during the exam (patient may be controlled by outside factors).

1

Step one:

Follow child abuse or domestic violence protocols:

- Attend to patient's medical needs and treatment.
- Separate patient from all accompanying persons, including family members when possible/safe.
- If accompanying person refuses to leave, take patient out of the area to X-ray or another location.
- If necessary, consider calling Security for assistance.
- Provide patient a comfortable, accommodating, and safe area.
- Notify charge nurse of potential HT issue.
- Patient should be interviewed by a trauma-informed social worker, trauma-informed nurse, forensic nurse, or other designated professional.
- Assessor builds rapport and trust, reviews limits of confidentiality, and assures patient that answering questions is optional.

Important: chart that charge nurse was notified and why.

2

Step two:

Patient interview questions (interview child alone):

- What do you like least about living at your house? Is there something you would like to change?
- Have you ever had to run away from home? Have you ever felt like it? What made you so unhappy?
- Are you afraid of anyone?
- Has anyone touched you in a way you did not like?
- Has anyone told you that they would hurt you if you didn't do something they wanted you to?
- Has anyone told you they would hurt you if you didn't keep a secret?
- Has anyone told they will hurt your family or pets?
- Has anyone tried to get you to touch someone else in a way you did not want to?
- Have you ever had to do something you didn't want to get something you needed (food, drink, etc.?)
- Has anyone taken photos of you that made you feel uncomfortable?
- Have you or anyone else posted photos of you online that made you feel uncomfortable?

Additional questions for foreign nationals:

- Has anyone told you that you or your family will have to leave the country or go to jail if you do not do something they want you to do?
- Has anyone lied about the work you or your family would be doing here in the United States?

3

Step three:

Answers yes to any of the assessment questions:

- Follow the child abuse protocol and comply with mandatory reporting statutes. Assessor will update Security or local law enforcement regarding security needs.
- If the minor is with a parent or guardian suspected of being a trafficker—and the minor does not want to be removed from their custody—the health care professional must still comply with mandatory reporting laws and follow the child abuse protocol.

4

Step four:

Your next steps:

- Notify _____ when physical indicators, red flags, and/or control indicators are present.
- Activate the HT Protocol.
- Contact a Subject Matter Expert (SME) to conduct trauma-informed assessment of patient using the interview worksheet with questions similar to those on this card.
- SME will refer to law enforcement, housing, detox, and social services as indicated by the protocol and victim's wishes.
- National Human Trafficking Hotline: **888-3737-888**
- For more information visit polarisproject.org

Important: chart and fill out proper template.

Patient presents to ED
This may be via EMS, Walk-in, or Law Enforcement

Are there red flags present as indicated by the HT assessment tool? → **No** → Continue visit as usual

Yes

Contact: _____

*SME contacted for trauma-informed Interview → Screen negative for HT

Screen Positive for HT

What is the age of the patient?

> Age 18

Wants Assistance

Notify hospital security, 911, or other law enforcement as needed.

Contact:
Substance Use
_____

Emergency Housing
_____

Transportation
_____

Advocacy Services
_____

Legal services
_____

Doesn't Want Assistance

Offer resources in a discreet manner, especially if trafficker present.

National Human Trafficking Hotline: 888-373-7888

(Call with demographic information only for data reporting.)

Patient Admitted

Hospital Admission:

If the patient cannot be discharged for medical reasons, patient should be admitted to the most appropriate secure and/or safe place within the hospital.

Call National Human Trafficking Hotline: 888-373-7888

Intake the patient either "no information" or a "Doe" patient.

Once the patient is cleared for discharge, follow the process flow.

Patient cleared for discharge.

< Age 18

Mandatory reporting to **MDHHS Central Intake 855-444-3911**

Call Security

Call 911

MDHHS and Law Enforcement will make arrangements for safe housing.

HT Tracking Form

To be filled out be either Nurse, Case Manager, Social Worker
This form is not part of the Medical Record

DOS: _____

(MRN on back of this form for reference)

Gender: ☐ M   ☐ F

HT Type: ☐ Labor ☐ Sex ☐ Confirmed ☐ Suspected

Chief Complaint: _____

☐ New Patient   ☐ Return Patient (if known)

How identified:
- ☐ With outside agency (i.e. law enforcement, collaborative partners)
- ☐ Identified by ED/IP staff
- ☐ Self-identified

How did we Help?
- ☐ Followed HT Protocol
- ☐ Resources only
- ☐ Admitted to hospital/hand off at discharge:
- ☐ Polaris Case # (if called)
- ☐ National HT Hotline/Polaris: 888-373-7888 or humantraffickinghotline.org/report-trafficking
- ☐ Hand off to Partner Agency:
- ☐ Declined Assistance:

Suspected trafficker was (if known):
- ☐ Not present
- ☐ Present in person
- ☐ Present over the phone
- ☐ Waiting outside of Hospital
- ☐ Other:

Send this to: _____

Location: _____

Department: _____

Human Trafficking Categories
(Please check all that applicable descriptions)

- ☐ Adult forced sexual exploitation, confirmed
- ☐ Child forced sexual exploitation, confirmed
- ☐ Adult forced labor exploitation, confirmed
- ☐ Child forced labor exploitation, confirmed
- ☐ Adult forced sexual exploitation, suspected
- ☐ Child forced sexual exploitation, suspected
- ☐ Adult forced labor exploitation, suspected
- ☐ Child forced labor exploitation, suspected
- ☐ Multiple perpetrators of maltreatment and neglect
- ☐ Encounter for examination and observation of victim following forced sexual exploitation
- ☐ Personal history of forced labor or sexual exploitation in childhood
- ☐ Personal history of forced labor or sexual exploitation

CARE
CAN STOP
HUMAN
TRAFFICKING

BE AWARE
HUMAN TRAFFICKING IS A GROWING PROBLEM

It's our responsibility
to keep an eye out for victims of human trafficking.

1 Know the red flags.

2 Follow the protocol.

3 If red flags are present, contact.

4 Make sure victims know how to get help:

National Trafficking Hotline 888-373-7888

Appendix 2. Other Resources

1. International and National Resources

- United Nations: An Introduction to Human Trafficking: Vulnerability, Impact and Action (URL: https://bit.ly/3BgqSE0)

- National Human Trafficking Hotline: National Referral Directory (to search for local resources) (URL: https://bit.ly/3I4Mebo)

- National Human Trafficking Hotline: Federal HT Law (URL: https://bit.ly/42pZJuc)

- National Human Trafficking Hotline: Federal Anti-Trafficking efforts (URL: https://bit.ly/41xPWku)

- Department of Homeland Security: Blue Campaign (URL: https://bit.ly/3LVMgDw)

2. Michigan-Specific Resources

- Michigan Human Trafficking Health Advisory Board (URL: https://bit.ly/3nTjMCh)

- Michigan Human Trafficking Commission/Michigan Abolitionist Project: Building Capacity and Applying for Funding (URL: https://bit.ly/40av571)

- Division of Victim Services (URL: https://bit.ly/3VV8ppX)

- Human Trafficking: Making the Invisible Visible (URL: https://bit.ly/3BgykiD)

- The State of Michigan's Human Trafficking Requirements for Health Professions (URL: https://bit.ly/3nSKoDv)

3. General Information on HT

- National Human Trafficking Hotline: Safety Planning Information (URL: https://bit.ly/3n3Mi3f)

- National Human Trafficking Hotline: Recognizing the Signs (URL: https://bit.ly/42tZPAX)

- National Human Trafficking Hotline: Myths and Facts (URL: https://bit.ly/3I4rd0e)

- Journal of Human Trafficking: Estimating Unidentified Sex Trafficking in the Child Welfare Population (URL: https://bit.ly/3I4VJXT)

- Hopkins Bloomberg Public Health: Health Care Providers Are Missing Chances to Help Victims of Sex Trafficking (URL: https://bit.ly/3nPWXQ1)

- HT Poster: Look Beneath the Surface Materials for Health Care and Social Service Providers | The Administration for Children and Families) (URL: https://bit.ly/42N5DW1)

4. Protocol Examples

- National Human Trafficking Training and Technical Assistance Center: Adult Human Trafficking Screening Tool and Guide (URL: https://bit.ly/41vS2kO)

- Genesee County Medical Society: Human Trafficking Victim Identification Toolkit (URL: https://bit.ly/3LOdvj6)

- Massachusetts Medical Society: Human Trafficking Guidebook (URL: https://bit.ly/3LOdvj6)

- PEARR Tool Trauma-Informed Approach to Victim Assistance in Health Care Settings (URL: https://bit.ly/41y5zZg)

- Protocol Examples for: UM Human Trafficking Collaborative- Policy Templates (URL: https://bit.ly/3nSYB3m)

5. Other guides – Developing HT Protocol

- HEAL Trafficking and Hope for Justice: Protocol Toolkit (URL: https://bit.ly/3Bnkb2Q)

- University of Michigan's Human Trafficking Collaborative: Creating Policies and Procedures (URL: https://bit.ly/3I2jlfR)

- Multidisciplinary Collaborative Model for Anti-Human Trafficking Task Forces: Development and Operations Roadmap (URL: https://bit.ly/3I1YDN8)

- Office for Victims of Crime Training and Technical Assistance Center: Human Trafficking Task Force E-guide (URL: https://bit.ly/3VVi0gu)

6. Sample Flowcharts/Tools

- National Library of Medicine/National Center for Biotechnology Association: Human Trafficking Identification and Service Provision in the Medical and Social Service Sectors (URL: https://bit.ly/3pp0hBU)

- Wisconsin Child Sex Trafficking and Exploitation Indicator and Response Guide (URL: https://bit.ly/42K6oPI)

7. Infographic links

- Department of Homeland Security: What is Human Trafficking? (URL: https://bit.ly/41sD1QW)

MDHHS | Division of
Victim Services

Michigan Department of Health & Human Services

MPHI®