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Policy and Procedure:  
**Clinical Management of Human  
Trafficking Patients and/or  
Those at Risk for Exploitation**

SEPTEMBER 2021

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**DAVE YOST**

OHIO ATTORNEY GENERAL

**POLICY:** This institution will give service and support to human trafficking victims, including information regarding immediate safety, medical and psychiatric services, and follow-up care.

**DEFINITION:** Human Trafficking: Human trafficking is a public health concern that many hospitals and health systems battle every day. Human trafficking occurs when a trafficker uses force, fraud or coercion to compel another to perform labor or commercial sex acts.

**PROCEDURE:**

- 1) Any medical provider (including residents and fellows), nurse, social worker or other caregiver at this facility who knows or has reasonable cause to believe that a patient has been the victim of human trafficking shall refer to the hospital's Human Trafficking Protocol for clinical management. If abuse and or maltreatment is suspected and the patient is a minor under the age of 18, developmentally delayed or elderly (60+), the care provider will immediately refer to any applicable pre-existing hospital policy (including mandated reporting to Children Services, Board of Developmental Disabilities, Adult Protective Services, etc.).
- 2) Any urgent medical conditions or injuries will be attended to first according to current triage protocols or care standards. If sexual assault or physical assault/strangulation is suspected or disclosed, as these may overlap with both labor and sex trafficking concerns, refer to any applicable pre-existing hospital policy/procedure for those complaints. This may include referral to an emergency department or consultation with forensic nurses, and or Sexual Assault Nurse Examiners (SANE). If there are safety concerns for the patient or staff, notify appropriate and available resources (e.g., hospital security). Contact the appropriate law enforcement agency if the patient or staff is in immediate danger.
- 3) Hospital personnel will be aware of potential red flags for human trafficking, while also acknowledging that the presence of these red flags does not establish any patient as a victim of human trafficking. If these red flags are identified, hospital personnel must report these concerns to the medical provider/staff and/or assigned nurse responsible for care of the patient.
- 4) Healthcare providers need to be aware of the following:
  - A. Potential red flags for human trafficking include, but are not limited to:
    - 1) Patient avoids eye contact.
    - 2) Patient is unable to verify the address of where he/she/they are staying or has lack of knowledge of whereabouts.
    - 3) Patient is not allowed or able to speak for themselves.

- 4) Patient is accompanied by an individual who does not let the patient speak for themselves, refuses to let the patient have privacy, or who interprets for them.
- 5) Patient has lack of control over identification and/or personal belongings.
- 6) Patient has an older partner/significant other or is accompanied by a suspicious person.
- 7) Patient has numerous or inconsistent stories.
- 8) Patient appears fearful, anxious, depressed, submissive, tense or paranoid.
- 9) Patient has a history of drug abuse/addiction or mental illness.
- 10) Patient has a lack of support systems/family structure.
- 11) Patient has excessive amounts of cash or material goods on person.
- 12) Patient exhibits signs of poor health care, physical/sexual abuse, strangulation, torture, neglect, malnourishment or branding.

B. Patient has suspicious injuries, including but not limited to:

- 1) Injuries that do not fit the mechanism described by the patient.
- 2) Injuries to multiple areas and/or injuries/bruises in various stages of healing.
- 3) Multiple sexually transmitted diseases/unwanted pregnancy/history of multiple abortions/or frequent urinary tract infections.
- 4) Mid-arm (defensive) injuries.
- 5) Strangulation or report of being “choked.”
- 6) Serious dental complaints/problems (tooth loss).
- 7) Weapon injuries or marks.
- 8) Bites, scalds or cigarette burns.
- 9) History of accident-prone patient. Multiple visits for injuries.
- 10) Facial injuries such as black eyes, dental injuries, etc.
- 11) Malnutrition and dehydration.
- 12) Pesticide or chemical exposure.
- 13) Sanitation related illness.
- 14) Sleep deprivation.

C. Patient, or someone with the patient, exhibits high-risk behaviors:

- 1) Patient is evasive.
- 2) Patient denies abuse too strongly — is unwilling or hesitant to answer questions about the injury or illness.

- 3) Patient demonstrates inappropriate response.
  - 4) Patient exhibits fearful behavior with partner.
  - 5) An individual accompanying the patient is inappropriate and refuses to leave the patient alone.
- 5) If human trafficking is suspected or disclosed, the patient should be separated from anyone who is accompanying him/her/them. One designated provider should be assigned to establish trust with the patient. Attempts should then be made to gather additional information utilizing a trauma-informed approach. Once separated, the culture and gender of the patient should be considered. The nurse will provide appropriate interpreting services even if the patient claims the person accompanying can interpret for them; medical interpreters provided by the hospital must be used.
- 6) Using a non-judgmental, trauma-informed approach, the staff member will initiate the interview process starting with the least invasive questions first:
- 1) What can I do to make you feel more comfortable?
  - 2) Tell me about your living situation?
  - 3) Are you safe?
  - 4) Tell me about where you are from.
  - 5) Are you able to come and go as you please?
  - 6) Have you ever been lied to about the type of work you would be doing?
  - 7) Have you ever had to exchange acts of service for money, food or shelter?
  - 8) If you are undocumented, I am still able to help you.
  - 9) I am not law enforcement — you are safe. I am here to help.
  - 10) Does anyone hold your personal identification, license or passport?
  - 11) Have you ever been forced or asked to do something you did not want to do?
  - 12) Are you scared of the people you work with or for?
  - 13) Do you feel people are controlling you?
- 7) If the patient answers yes to one or more of these questions the staff member will ask:
- 1) Are you afraid to get help?
  - 2) Does something hold you back from getting help?
  - 3) Do you know how to get help when you need it?
  - 4) Are you aware of available resources?

- 8) If the patient answers yes to any of the questions, a safety assessment must be completed:
- 1) Is the patient a minor, developmentally delayed or elderly?
  - 2) Is the trafficker or someone sent by the trafficker present?
  - 3) Does the patient believe either they or someone else will be harmed if they do not return?
  - 4) If the trafficker is not present, when is the patient expected to return to the trafficker?

- 9) If the patient is a minor, developmentally disabled or elderly, follow hospital policy and protocol. Ensure mandated reporting guidelines are followed per hospital policy. If an adult patient is capable of consent and the safety assessment identifies concerns, ensure safety by notifying hospital security and obtaining consent to notify law enforcement. If imminent danger is suspected, notify law enforcement immediately.

If an adult patient is capable of consent and denies being trafficked or states that they are not ready for assistance, resources will be offered and explained to the patient which include, but are not limited to, law enforcement, local shelters and advocacy agencies. If the patient refuses, or if it is unsafe for the patient to take the resources in case they are discovered by the trafficker, provide the patient with a handwritten number for the National Human Trafficking Hotline (1-888-373-7888) or the BeFree Textline (233733). Ensure no human trafficking indicators or referrals are visible on discharge paperwork.

- 10) Whether a patient accepts or declines assistance, the National Human Trafficking Hotline must be contacted by healthcare personnel to ensure the suspected case is reported for national tracking purposes. This can be done in a HIPAA compliant manner according to hospital policy, protecting both the patient's privacy and rights at all times.

- 11) Patient will have appropriate follow-up referrals made:

- A. Medical: Follow-up medical care as indicated.
- B. Mental Health: Resources in the area or region as applicable.
- C. Legal:
  - 1) Local law enforcement agency for immediate intervention as needed.
  - 2) Legal aid referral service.
  - 3) Private attorney.
- D. Safety Plan:
  - 1) When a patient does not meet mandated reporting criteria (as per Ohio Revised Code §2151.421) and the patient declines assistance, patient autonomy must be respected. If the patient verbalizes that they feel safe at

this time and can identify or list safe alternatives, this should be documented in the chart upon discharge. Verbalized education should be included in the safety plan regarding resources provided. No identifying indicators should be included on the discharge paperwork to maintain patient safety. All referrals should be handwritten.

E. Potential Resources:

- 1) National Human Trafficking Hotline (1-888-373-7888) or the BeFree Textline (233733)
- 2) Victim advocacy services
- 3) Domestic violence shelter
- 4) Human trafficking shelter/safe house
- 5) Job and Family Services
- 6) Law enforcement agencies
- 7) Detox/rehabilitation center

**REFERENCES:**

Baldwin SB, Barrows J, Stoklosa H. Protocol Toolkit for Developing a Response to Victims of Human Trafficking. HEAL Trafficking and Hope for Justice; 2017.

Chisolm-Straker, M. (2018). Measured Steps: Evidence based Anti-trafficking efforts in the emergency department. *Academic Emergency Medicine*, 25(11), 1302-1305. doi:10.1111/ACEM.13552

Donahue, S., Schwien, M., & LaVallee, D. (2019). Educating emergency department staff on the identification and treatment of human trafficking victims. *Journal of Emergency Nursing*, 45(1), 16-23. doi:10.1016/j.jen.2018.03.021

Egyud, A., Stephens, K. Swanson-Bierman, B., DiCuccio, M., & Whiteman, K. (2017). Implementation of human trafficking education and treatment algorithm in the emergency department. *Journal of Emergency Nursing*, 43(6), 527-531. doi:10.1016/j.jen.2017.01.008

Polaris Project. (2020, March 15). Polaris myths, facts and statistics. <https://polarisproject.org/myths-facts-and-statistics/>

Tiller, J., & Reynolds, S. (2020). Human trafficking in the emergency department: Improving our response to a vulnerable population. *Western Journal of Emergency Medicine*, 21(3), 549-554. doi:10.5811/westjem.2020.1.41690

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