



Central Ohio
Trauma System

An affiliate of the Columbus Medical Association

Central Ohio Trauma System

An EMS Resource for the Identification and Care of Human Trafficking Victims

This Resource was developed with funding and partnership from the United Way of Delaware County, The Healthcare Foundation of Delaware County, The Delaware County Foundation, and Ruth Downing, MSN, RN, CNP, SANE-A, Director of Project Development, Forensic Nursing Network, Inc.

Central Ohio Trauma System

Human Trafficking Resource

I.	Introduction.....	2
II.	Federal and Ohio Laws	2
III.	Indicators of Trafficking.....	3
IV.	Barriers to Disclosure.....	4
V.	Interaction with Patient.....	5
VI.	Medical and Mental Health Needs.....	7
VII.	Documentation.....	7
VIII.	Referrals.....	7
	References.....	8
	Appendices	
I.	Ohio Mandatory Reporting Laws.....	9
II.	National Human Trafficking Resource Center: Health Indicators and Consequences of Human Trafficking	10
III.	Terminology	11

Central Ohio Trauma System
Human Trafficking Protocol

I. Introduction

In meeting the mission of improving patient outcomes related to trauma, the Central Ohio Trauma System (COTS) recognizes the requirement to provide safety and security measures to identify and provide care for potential human trafficking victims. Human trafficking requires specific protocols which extend beyond current measures provided for other victims of violence.

Human trafficking is a crime involving the exploitation of someone for the purposes of compelled labor or a commercial sex act through the use of force, fraud, or coercion. Victims can be anyone: men, women, or children, whether born in the United States or from another country.

The most common age in Ohio for victims of trafficking is 13 years old. The numbers of Ohio children who become victims of human trafficking each year could fill a large high school. Many of these victims remain in a trafficking situation for years. Therefore, when an adult victim is identified, consider that they may have been trafficked since their early teens.

Studies have shown that the healthcare system is one of the most frequently accessed services by human trafficking victims. In one study, 88% of survivors of sex trafficking accessed healthcare services while being trafficked and 68% of these survivors were seen in an emergency department (Lederer & Wetzel, 2014). Healthcare professionals have a critical opportunity to identify potential victims while they are being trafficked and connect them to services.

EMS professionals are on the front line of healthcare in our communities, are some of the most trusted individuals and know the community in which they live. As a result, they are in a unique position to identify potential victims and offer referrals to healthcare and local human trafficking coalitions. This resource is a starting point and can be adapted for prehospital providers or Emergency Departments (ED).

II. Federal and Ohio Laws

Federal Law: As defined in the Trafficking Victims Protection Act of 2000, the legal definition of “severe forms of trafficking in persons” is:

- a) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or 22 USC § 7102 (9)(A)
- b) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. 22 USC § 7102 (9)(B)

<http://www.polarisproject.org>

Ohio Law: As defined by the Ohio Revised Code Section 2905.32, Ohio’s legal definition of human trafficking is:

“(A) No person shall knowingly recruit, lure, entice, isolate, harbor, transport, provide, obtain, or maintain...another person knowing that the person will be subjected to involuntary servitude or be compelled to engage in sexual activity...”.

“...For a prosecution under division (A)(1) of this section, the element "compelled" does not require that the compulsion be openly displayed or physically exerted. The element "compelled" has been established if the state proves that the victim's will was overcome by force, fear, duress, or intimidation, or fraud.”

Ohio has a tiered definition of sex trafficking:

- For minors under the age of 16, law enforcement officials do not need to prove that the minor was compelled to engage in commercial sexual activity. ORC 2905.32 (A)(2)
- For 16-17 year olds, law enforcement officials do not need to prove that the minor was compelled to engage in commercial sexual activity if the trafficker is in a “position of authority” over the victim (as defined in section 2907.03 of the ORC, which includes parents or persons acting in loco parentis, teachers, coaches, and others). ORC 2905.32 (A)(3)
- For people with developmental disabilities, law enforcement officials do not need to prove that the person was compelled to engage in commercial sexual activity. ORC 2905.32 (A)(2) <http://www.publicsafety.ohio.gov>

For more information on Ohio’s mandatory reporting laws, see **APPENDIX I**.

III. Indicators of Trafficking

Victims of human trafficking in the healthcare setting may appear as any of the following:

- Sexual assault
- Domestic violence
- Drug/alcohol abuse
- Mental health disorder
- Homelessness

Consider these **Red Flags**:

- Someone else is speaking for the patient
- Patient is not aware of his/her location, the current date, or time
- Patient exhibits fear, anxiety, PTSD, submission, or tension
- Patient shows signs of physical/sexual abuse, medical neglect, or torture
- Patient is reluctant to explain his/her injury
- Scripted or inconsistent history
- Sexual assault and/or abuse
- Drug and/or alcohol abuse

More **Red Flags**/Indicators:

- Branding tattoos indicating “daddy”, “property of”, or trafficker’s street name
- Unusual infections such as Tuberculosis or other immunizable diseases
- Lack of dental care

Central Ohio Trauma System
Resource for the Identification and Care of Human Trafficking Victims

- Multiple sexually transmitted infections
- Multiple pregnancies or abortions
- Somatic symptoms arising from stress may include but are not limited to nausea, fatigue, anxiety, insomnia, chronic pain in the back, neck, and/or abdomen.
- Malnutrition
- Unusual occupational injuries
- Lack of or false identification
- Language barriers
- Frequent texts or phone calls
- Resistance to assistance or demonstrates hostile behavior
- Not in control of own money
- Not being paid or wages are withheld
- Runaways
- Patient under the age of 18 and is involved in the commercial sex industry
- Reports an unusually high number of sexual partners
- Does not have appropriate clothing for the weather or venue
- Uses language common in the commercial sex industry
- Labor trafficking
 - Has been abused at work or threatened with harm by an employer or supervisor
 - Is not allowed to take adequate breaks, or have access to food or water while at work
 - Is not provided with adequate personal protective equipment for hazardous work
 - Was recruited for different work than he/she is currently doing
 - Is required to live in housing provided by employer
 - Has a debt to employer or recruiter that he/she cannot pay-off

Refer to **APPENDIX II for Terminology Victims and Survivors May Use**

IV. Barriers to Disclosure

A person being exploited for sex or labor trafficking may not disclose to a healthcare professional for a variety of reasons. The risk to disclosing may be severe enough that the person will not disclose until he/she feels safe to do so. The person has learned to distrust authority figures, including those in health care. Gaining trust in the healthcare system may take time, including multiple interactions before a person is willing and able to disclose and seek help. Thus, it is imperative to provide resources and/or the hotline number when you suspect exploitation, whether or not the person discloses.

The trafficker may have threatened the person or family members if they disclose, or the person may fear that the healthcare professional is working for the trafficker. Therefore, the healthcare provider must gain the person's trust, by being patient, non-judgmental, and trauma-informed in order to provide care and resources.

Consider that drugs of abuse are frequently used by the trafficker as a means to control a victim and prevent the victim from seeking help. Withdrawal symptoms may prevent a potential victim from waiting an extended period of time for a case manager or forensic Sexual Assault Nurse Examiner (SANE)

to respond on site. In this case, it may be appropriate to consult with the ED physician concerning treatment of withdrawal symptoms. A non-judgmental approach may provide an opportunity for a victim to disclose and seek assistance.

V. Interaction with patient

Isolate the patient: keep in mind, the person accompanying the patient may not be the father/husband/relative with whom the patient identifies. This person may be the trafficker.

If you suspect human trafficking and you or the patient are in **immediate danger call law enforcement.**

Whenever possible, make an effort to partner with the patient in the decision to contact law enforcement.

- Consider danger to patient or yourself:
 - Is the trafficker present?
 - What will happen if the patient does not return to the trafficker?
 - Does the patient believe he/she or a family member are in danger?
 - Are personnel in danger?
 - Have a plan in place should you need to protect the patient or yourself during a potential human trafficking situation. Follow protocol. It may be safer to remove the patient from the area into a secure space.

If no immediate danger:

- Follow policies for reporting to law enforcement.
- Do not allow the family member to interpret for the patient. Use a professional interpreter.
- Confidentiality is most important.
- Call the **National Human Trafficking Resource Center Hotline 888-373-7888** to:
 - Report a suspected human trafficking situation.
 - Speak with a human trafficking social worker or advocate.
 - For advice on reporting or concerning signs for trafficking.
 - If the patient would like to speak with an advocate concerning safety or resources.
 - For assistance in conducting an assessment and determining next steps if you have not already developed a protocol to respond to victims of human trafficking.

Limit the number of people interacting with the patient. Patient interview should be performed by a trauma-informed social worker or SANE.

Link to Ohio human trafficking coalitions: <http://www.publicsafety.ohio.gov/ht/coalitions.html>

In Central Ohio, a Salvation Army case manager can be contacted through the **National Human Trafficking Resource Center Hotline** where there is a 24-hour response.

Refer to existing institutional protocols for victims of abuse and/or sexual abuse. Care by a SANE is recommended because this nurse has expertise in identification and evaluation of potential human trafficking victims and can provide a link to law enforcement and community resources.

Central Ohio Trauma System
Resource for the Identification and Care of Human Trafficking Victims

Note: Every human trafficking situation is unique. It is important to use a victim-centered response. Not all victims will be comfortable disclosing their situation. Many will not be ready to seek assistance from service providers, law enforcement, or even healthcare providers. However, healthcare providers have a unique opportunity to provide a potential trafficking victim with information and options, while respecting their decision whether to disclose. If the potential victim does request services, provide support through the process of connecting with advocates or service providers. The potential victim **must feel safe**, and know that we are concerned for his/her health and safety. Do not make promises you cannot keep.

Sample questions to ask:

- Most important question: **Are you ok? / What concerned you today?**
- What type of work do you do? What are your work hours?
- Can you find another job if you want? What would happen if you left your job?
- Can you come and go as you please?
- Have you or your family been threatened if you try to leave?
- Where do you eat and sleep?
- Are you being paid for your work?
- Have you ever had to exchange sex for a place to stay, food, money or drugs?
- Have you ever been forced to have sex against your will?
- Has anyone hurt you?

If a “yes” response is received or if you suspect the patient may be a victim:

- I’m very sorry that this has happened to you
- We are here to help you
- Your safety is our first priority
- We can find you a safe place to stay
- Can I have someone talk to you about how to keep you safe?

National Human Trafficking Resource Center Hotline: 888-373-7888

If you suspect that the patient is a victim of human trafficking but he/she declines services:

- Provide the **National Human Trafficking Resource Center Hotline: 888-373-7888**.
- Ask the patient to memorize the number or put the number on an appointment card or nondescript paper, and let the patient know to call this number when ready for help.
- Gaining trust in the healthcare system may be a process. Disclosing may not be safe for the victim right now, but he/she may return or call the hotline when it is safe.
- Consult with the SANE to determine whether mandatory reporting is required.

VI. Medical and Mental Health Needs

The forms of abuse that trafficking victims experience include:

- Physical, sexual, and psychological abuse
- Forced or coerced use of drugs and alcohol
- Abusive working and living conditions

Central Ohio Trauma System
Resource for the Identification and Care of Human Trafficking Victims

- Limited access to health and other support services. Therefore, survivors may have multiple chronic health concerns that have never been addressed and may be life threatening by the time they are able to access health care.

For more information, refer to the **“Health Indicators and Consequences of Human Trafficking” in the Appendix II.**

VII. Documentation

- For optimal patient care, document any oral disclosure and physical findings in the medical record. This is invaluable should the patient seek assistance from the legal system.
- Use quotes and document your observations in an unbiased manner.
- Document any physical findings and, with the patient’s consent, photograph any injuries.
- As for any victim of violence, the Sexual Assault Nurse Examiner is the best resource for evaluation and documentation of injuries.

VIII. Referrals

- Know the availability of potential providers
- Prepare a list of contact information for:
 - Local human trafficking coalition
 - Human trafficking case managers and advocates
 - Local shelters for human trafficking survivors
 - Social services
 - Drug and alcohol services offering acute detoxification
 - Law enforcement including local Human Trafficking Task Force
- Establish a working relationship with the local multidisciplinary team in order to have agreements on information sharing should a trafficked person need a referral

Approved by COTS Board of Trustees February 28, 2017

References

Lederer, L. J. & Wetzel, C. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals of Health Law*, 23(1), 61-91. Retrieved from <https://traffickingresourcecenter.org/resources/health-consequences-sex-trafficking-and-their-implications-identifying-victims-healthcare>

Polaris Project:

<http://www.polarisproject.org/resources/resources-by-topic/anti-trafficking-efforts>

Ohio Human Trafficking Task Force:

<http://www.publicsafety.ohio.gov/ht/index.html>

National Human Trafficking Resource Center:

<https://traffickingresourcecenter.org/resources>

<https://traffickingresourcecenter.org/resources/recognizing-and-responding-human-trafficking-healthcare-context>

<https://traffickingresourcecenter.org/resources/what-look-healthcare-setting>

<https://traffickingresourcecenter.org/resources/framework-human-trafficking-protocol-healthcare-settings>

U.S. Department of Health & Human Services, Office on Trafficking in Persons:

<http://www.acf.hhs.gov/endtrafficking/initiatives/soar>

Via Christi Health:

<https://www.viachristi.org/about-via-christi/mission/human-trafficking-initiative>

https://www.viachristi.org/sites/default/files/pdf/about_us/2015-0625%20Human%20trafficking%20assessment_web.pdf

Ohio Human Trafficking Task Force:

<http://humantrafficking.ohio.gov/OhioHumanTraffickingTaskForceReport-July2015.pdf>

Other Resources

Stanford School of Medicine:

<http://humantraffickingmed.stanford.edu/>

http://humantraffickingmed.stanford.edu/documents/HT_summary.pdf

American College of Emergency Physicians:

<https://www.acep.org/Clinical---Practice-Management/Human-Trafficking/>

Academy on Violence & Abuse:

<http://www.nsvrc.org/sites/default/files/CoreCompetenciesRevApril2011.pdf>

Appendix I

Ohio Mandatory Reporting Laws

Brief Summaries of Ohio Law. Refer to the laws at <http://codes.ohio.gov/oac>

Ohio Revised Code 2151.421

- Health care providers are required to report allegations of child abuse or neglect
- Includes children under the age of 18

Ohio Revised Code 5123.61

- Health care providers are required to report abuse and neglect of individuals with disabilities

Ohio Revised Code 5101.61

- Health care providers are required to report elder abuse for persons 60 years of age and older if they have the following:
 - If they are handicapped by the infirmities of aging
 - **OR** If they have physical or mental impairment preventing them from providing their own care or protection
 - **And** reside in independent living
 -

Ohio Revised Code 2921.22

- Requires health care providers to report the treatment of persons who are victims of fire or gunshots
- Requires health care providers to note reports of domestic violence in the medical records
- Does not require reporting domestic violence unless there is the threat of loss of life (felony)

Ohio Revised Code 3727.08

- Hospitals are to adopt protocols for interviewing a patient if the health care professional has reasonable cause to believe that the patient has been the victim of domestic violence, and for creating whenever possible a photographic record of the patient's injuries.

APPENDIX II

Health Indicators and Consequences of Human Trafficking* ⁱ	
<p>Physical Health Indicators</p> <ul style="list-style-type: none"> ┌ Signs of physical abuse or unexplained injuries <ul style="list-style-type: none"> — Bruising — Burns — Cuts or wounds — Blunt force trauma — Fractures — Broken teeth — Signs of torture ┌ Neurological conditions <ul style="list-style-type: none"> — Traumatic brain injury — Headaches or migraines — Unexplained memory loss — Vertigo of unknown etiology — Insomnia — Difficulty concentrating ┌ Cardiovascularⁱⁱ/respiratoryⁱⁱⁱ conditions that appear to be caused or worsened by stress, such as: <ul style="list-style-type: none"> — Arrhythmia — High blood pressure — Acute Respiratory Distress ┌ Gastrointestinal conditions that appear to be caused or worsened by stress^{iv}, such as: <ul style="list-style-type: none"> — Constipation — Irritable bowel syndrome ┌ Dietary health issues <ul style="list-style-type: none"> — Severe weight loss — Malnutrition — Loss of appetite ┌ Reproductive issues <ul style="list-style-type: none"> — Sexually-transmitted infections — Genitourinary issues — Repeated unwanted pregnancies — Forced or pressured abortions — Genital trauma — Sexual dysfunction — Retained foreign body ┌ Substance use disorders ┌ Other health issues <ul style="list-style-type: none"> — Effects of prolonged exposure to extreme temperatures — Effects of prolonged exposure to industrial or agricultural chemicals — Somatic complaints 	<p>Mental Health Indicators</p> <ul style="list-style-type: none"> ┌ Depression ┌ Suicidal ideation ┌ Self-harming behaviors ┌ Anxiety ┌ Post-traumatic stress disorder ┌ Nightmares ┌ Flashbacks ┌ Lack of emotional responsiveness ┌ Feelings of shame or guilt ┌ Hyper-vigilance ┌ Hostility ┌ Attachment disorders^v <ul style="list-style-type: none"> — Lack of or difficulty in engaging in social interactions — Signs of withdrawal, fear, sadness, or irritability ┌ Depersonalization or de-realization^{vi} <ul style="list-style-type: none"> — Feeling like an outside observer of themselves, as if watching themselves in a movie — Emotional or physical numbness of senses — Feeling alienated from or unfamiliar with their surroundings — Distortions in perception of time ┌ Dissociation disorders^{vii} <ul style="list-style-type: none"> — Memory loss — A sense of being detached from themselves — A lack of a sense of self-identity, or switching between alternate identities — A perception of the people and things around them as distorted or unreal <p>Social or Developmental Indicators</p> <ul style="list-style-type: none"> ┌ Increased engagement in high risk behaviors, such as running away or early sexual initiation if a minor ┌ Trauma bonding with trafficker or other victims (e.g. Stockholm syndrome) ┌ Difficulty establishing or maintaining healthy relationships ┌ Delayed physical or cognitive development ┌ Impaired social skills

**This list of physical and mental health indicators of human trafficking is not exhaustive. Trafficking survivors may experience one or more of these indicators, none of these indicators, or health indicators not on this list. This list is intended to help you assess if a patient's condition may be a result of a trafficking-related trauma and should be considered in context.*

APPENDIX III
Terminology Victims and Survivors May Use

- **Date** - The time and place where a prostituted woman or girl is scheduled to meet a man, known as a “john.”
- **Trick** - Committing an act of prostitution (verb), or the person buying it (noun). A victim is said to be “turning a trick” or “with a trick.”
- **Dope boy** - A slang term for an individual who provides drugs to the victim
- **John** - A slang term for a man who pays for the services of a prostitute.
- **5-0** - A slang term for the police
- **Hoe-stroll** – an area of street known to be where one can find prostitutes.
- **Track** - An area of town known for prostitution activity. This can be the area around a group of strip clubs and pornography stores, or a particular stretch of street.
- **The life/ the game** - The subculture of prostitution, complete with rules, a hierarchy of authority, and language. Referring to the act of pimping as ‘the game’ gives the illusion that it can be a fun and easy way to make money, when the reality is much harsher. Women and girls will say they’ve been “in the life” if they’ve been involved in prostitution for a while.
- **Family** - The term used to describe the other individuals under the control of the same pimp. He plays the role of father (or “Daddy”) while the group fulfills the need for a “family.”
- **Stable** - A group of victims who are under the control of a single pimp.
- **Bottom girl** - A female appointed by the trafficker/pimp to supervise the others and report rule violations. Operating as his “right hand,” the Bottom may help instruct victims, collect money, book hotel rooms, post ads, or inflict punishments on other girls.
- **Daddy** -The term a pimp will often require his victim to call him.

Reference: <http://sharedhope.org/the-problem/trafficking-terms/>