Human Trafficking Response Program

Shared Learnings Manual

May 2017

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PART I: INTRODUCTION

I. Purpose of Shared Learnings Manual

The Dignity Health Human Trafficking Response (HTR) Program has been developed to ensure that trafficked persons are identified in the health care setting and are assisted with victim-centered, trauma-informed care and services. The purpose of this manual is to share HTR Program learnings with Dignity Health associates and with other health care systems seeking to implement a similar program.

II. Background of Human Trafficking Response Program

The Problem

Human trafficking is a global issue, and anyone can become a victim, including men, women, and children. Every country is affected, including the United States.[1] In 2016, there were over 7,500 tips of human trafficking reported to the U.S. National Human Trafficking Hotline, more than 2,000 of which involved children and youth under the age of 18.[2]

Worse still, trafficked persons often go unnoticed. A 2014 study published in the *Annals of Health Law* found that nearly 88% of sex trafficking survivors reported some kind of contact with health care *while being exploited*.[3] A 2017 survey report from the Coalition to Abolish Slavery & Trafficking (CAST) found that over half of labor and sex trafficking survivors surveyed had accessed health care at least once while being trafficked. Nearly 97% indicated they had never been provided with information or resources about human trafficking while visiting the health care provider.[4] These studies underscore the reality that medical care providers are too often unprepared to identify and appropriately respond to trafficked persons.

Dignity Health Takes a Stand

In the fall of 2014, Dignity Health Senior Vice President (SVP) of Patient Care Services and System Chief Nurse Executive, Page West, and former Executive Vice President (EVP) for Sponsorship, Mission Integration & Philanthropy, Bernita McTernan, in partnership with Dignity Health Foundation, launched a program to ensure that trafficked persons are identified in the health care setting and that they are assisted with victim-centered, trauma-informed care and services.

The program, Dignity Health Human Trafficking Response (HTR) Program, aligns with Dignity Health's core mission and values to

- Deliver compassionate, high-quality, affordable health services
- Serve and advocate for our sisters and brothers who are poor and disenfranchised
- Partner with others in the community to improve the quality of life

The launch began with a milestone conference in San Francisco that included nationally known subject matter experts Carissa Phelps, author of *Runaway Girl: Escaping Life on the Streets*,[5] and David Batstone, Founder and President of the anti-trafficking organization Not For Sale.[6]

Dignity Health Human Trafficking Response (HTR) Program **Executive Sponsors** are Page West, SVP of Patient Care Services and System Chief Nurse Executive, and Elizabeth Keith, EVP for Sponsorship and Mission Integration.

Survivor-Led and Survivor-Informed Program

Executive Leadership recognized that guidance from a trafficking survivor is critical to successfully meeting the goals of the HTR Program. Therefore, in June 2015, Dignity Health welcomed Holly Austin Gibbs, a survivor of child sex trafficking and nationally known expert, as HTR Program Director. Holly has appeared on the Dr. Oz show and her story has been featured on multiple media outlets. In 2011, Holly submitted joint testimony to Congress with labor trafficking survivor, Ima Matul, in support of reauthorization of the Trafficking Victims Protection Act (TVPA). Holly also testified before the U.S. Congressional Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations on the connection between sporting events and sex trafficking. In 2015, Holly testified before the U.S. Senate Judiciary Committee on behalf of two bills: the Justice for Victims of Trafficking Act and Stop Exploitation Through Trafficking Act.

Holly has a Bachelor of Arts in Biology and formerly worked as a Senior Microscopist for an environmental microbiology laboratory. Holly has consulted for numerous organizations, including the U.S. Department of Health & Human Services, Office for Victims of Crime (a component of the Office of Justice Programs), and the private nonprofit National Center for Missing & Exploited Children. Holly has been featured as a plenary or keynote speaker at events around the world, including the 2012 Department of Justice Trafficking in Persons Symposium in Salt Lake City, Utah; 2013 Next Generation Leadership Exchange Forum in Paris, France; 2014 Immigration and Customs Enforcement event for World Day Against Child Labor in Washington, DC; and 2014 United Nations Office on Drugs and Crime event for World Day Against Trafficking in Persons in Cali, Colombia.

Holly receives regular requests to provide testimony and input to others in the anti-trafficking field. In 2014, Holly published an academic book titled *Walking Prey: How America's Youth are Vulnerable to Sex Slavery*,[7] and she publishes anti-trafficking articles on her Huffington Post blog.[8] As Director of the Dignity Health HTR Program, Holly applies not only her own experience and knowledge to improving health care for trafficked persons, but she also consults regularly with other anti-trafficking experts, including and especially others survivors of labor and sex trafficking.

Victim-Centered Approach and Trauma-Informed Care

At Dignity Health, we believe that a victim-centered (aka patient-centered) approach and trauma-informed care should be practiced in all health care encounters, including and especially with persons who have experienced a crime like human trafficking. As such, Dignity Health has established internal educational modules and victim response procedures that emphasize the importance of victim-centered, trauma-informed care. See Part II for recommended steps to establish a similar HTR Program in your health care facility.

PART II: ESTABLISHING A HUMAN TRAFFICKING RESPONSE PROGRAM

I. Program Goals

The goals of the Dignity Health Human Trafficking Response (HTR) Program are to ensure that trafficked persons are identified in the health care setting and that they are appropriately assisted with victim-centered, trauma-informed care and services. As such, it was decided that education and victim response procedures would be implemented first in Dignity Health emergency departments, followed by labor & delivery and postpartum departments. **NOTE**: Education and procedures are now being implemented house-wide in each acute care facility, to be followed by implementation in clinic settings, including community centers and outreach sites.

Education and Support for Staff

In order to ensure health care professionals are truly equipped to identify trafficked persons, we recognized that education must go further than simply giving the staff a list of signs or symptoms of human trafficking. Trafficking in persons is a complex issue with many misconceptions often perpetuated by the media. For many Americans, the term *human trafficking* is associated strictly with images of exploitation overseas. Even among those who do recognize that this crime occurs domestically, the term often conjures an image of people being smuggled into the country or girls being chained to beds. If this is a health care professional's understanding of what human trafficking looks like in the United States, then that professional has likely missed, and will continue to miss, opportunities to intervene in human trafficking cases.[9]

At Dignity Health, we developed three courses to educate employees and associates on identifying and assisting trafficked persons in the health care setting:

- *Human Trafficking 101: Dispelling the Myths*[10]
- *Human Trafficking 102: Recognizing & Responding to Victims*[11]
- *Human Trafficking 103: Case Scenarios* [12]

Currently, these modules are only available internally or through an on-site consulting contract. In this manual, we share basic concepts to assist other organization in planning their own education program. For information regarding on-site education and consultation services, please contact Holly Austin Gibbs, Program Director, at holly.gibbs@dignityhealth.org.

Dignity Health's internal educational module *Human Trafficking 101: Dispelling the Myths* is designed to provide basic education for all staff, physicians, volunteers, and contract employees. It is critical to educate all staff on the realities of human trafficking, including security officers, patient registration personnel, and other support staff who may observe red flags in the facility's hallways, waiting areas, and/or parking lots. See Part III for a two-page summary of *Human Trafficking 101: Dispelling the Myths.* This summary is offered to staff as a resource following completion of the in-depth basic education.

It is also critical to educate staff on the importance of a victim-centered approach and trauma-informed care. A victim-centered approach includes seeking and maximizing input from patients in all decisions regarding care, including if and when to contact law enforcement or other community resources. Keep in mind: A victim may be fearful of authorities for many reasons, including fear of incarceration or retaliation by traffickers against the victim or victim's family.

In order to provide victim-centered care, a health care professional must understand mandatory reporting requirements and limits to confidentiality. For this reason, Dignity Health's internal educational module *Human Trafficking 102: Recognizing & Responding to Victims* includes a description of victim-centered care and legally mandated requirements to report suspected crimes to authorities, including state and county agencies like child/adult protective services and law enforcement. Dignity Health staff, physicians, volunteers, and contract employees are advised to follow federal and state mandatory reporting laws at all times. If a person presents in such a way that requires mandatory reporting, the key to offering a victim-centered approach is to continue to advocate on behalf of that person's needs and concerns with authorities.[13] **PLEASE NOTE**: For competent adults, a suspicion of human trafficking (without evidence of a wound or physical injury) may **not** be sufficient to require a report to law enforcement against the person's wishes.

Human Trafficking 102: Recognizing & Responding to Victims also includes a description of trauma-informed care. A trauma-informed approach to care means the caregiver understands the many effects of trauma and is able to recognize and appropriately respond to signs of trauma. For example, trafficked persons may appear to be submissive, fearful, hypervigilant, or even uncooperative. Recognizing that a person's behavior and choices may be influenced by prior trauma enables a health care professional to better understand and provide compassionate care and services to that person.

A trauma-informed practice also includes observing all persons—*including staff, physicians, volunteers, and contract employees*—for signs of trauma triggers and vicarious trauma. Signs of a trauma trigger or vicarious trauma can include someone having a sudden negative response to an encounter (e.g., a patient or staff member becoming upset). If such signs or symptoms are observed, then staff, physicians, volunteers, and contract employees are advised to notify a Supervisor and seek emotional or spiritual support from a Social Worker, Chaplain, or other resource. **NOTE**: See Part IV: Definitions for further information about triggers, vicarious trauma, and other terms in this manual.

For additional information about education essentials, read "Sex Trafficked and Missed" the second chapter of *Human Trafficking Is a Public Health Issue: A Paradigm Expansion in the United States*.[14] This chapter was co-authored by HTR Program Director, Holly Austin Gibbs, and sex trafficking survivor and author, Wendy Barnes. It presents a survivor's perspective on missed opportunities for health care professionals to identify and appropriately respond to a trafficked person. It also describes key elements to basic and extended education for all health care staff, including a victim-centered approach and trauma-informed care.

Education and Support for the Community

In order to ensure health care professionals are truly equipped to assist trafficked persons, we quickly recognized that our efforts must reach beyond our facilities' walls. The communities served by Dignity Health must also be educated and equipped to support trafficked persons with victim services and opportunities for survivor empowerment. Therefore, the Dignity Health HTR Program also assesses communities for gaps and needs and, whenever possible, seeks ways to bolster local efforts to prevent victimization, protect victims, and empower survivors.

This includes efforts to ensure law enforcement and other crisis responders are educated on human trafficking, as well as on a victim-centered approach and trauma-informed care. It also includes efforts to ensure victim services are available 24/7. Ideally, victim services will include options for residential care and/or outreach support. We also seek ways to ensure that services and empowerment opportunities are available for a victim/survivor of any type of trafficking (i.e., labor and/or sex); any age (e.g., youth and adults of all ages); any gender identity or sexual orientation; and any race, ethnicity, or religion. We also seek ways to support services for trafficked persons with children and other family members, including pets.

As you establish goals for your own program, we encourage you to consider ways to impact both your facility and your community. Listed below are some initial strategies and objectives used at Dignity Health to accomplish HTR Program goals.

Impact the Facility

- Develop and implement evidence-based, trauma-informed, and victim/patient-centered procedures to equip staff, physicians, volunteers, and contract employees with the tools and guidance needed to assess vulnerable populations for concerns and to determine the appropriate response to persons identified as suspected or known victims of human trafficking.
- Develop and implement basic and extended education for staff, physicians, volunteers, and contract employees. Basic education includes definitions and misconceptions associated with human trafficking, prevalence of the crime, and common red flags in the health care setting. Extended education includes victim/patient-centered care, trauma/survivor-informed care, recommended practices for engaging persons suspected or known to be victims, and information regarding approved internal procedures.
- Develop and implement strategies for ongoing education, including group discussions of case scenarios, sharing feedback and best practices, and engaging survivor speakers.

Impact the Community

- Implement strategies in the enterprise and community to prevent and raise awareness about human trafficking, including efforts to vet supply chains and other services.
- Educate and collaborate with other first responders in the community, including, wherever necessary, helping to drive collaboration within the community to build strong multi-agency resource networks that include survivor engagement whenever possible.
- Address underlying issues that contribute to vulnerability, which includes identifying and supporting vetted programs, advocates, and/or service providers in the community that help support victims/survivors and other vulnerable populations.

- Support Dignity Health social justice policy and advocacy priorities, particularly those related to human trafficking.

Impact the Health Care Field

- Develop and share evidence-based, patient/victim-centered, and trauma/survivor-informed best practices to other health care organizations, agencies, nonprofits, and practitioners.

II. Program Structure and Leadership

Dignity Health is one of the largest health care systems in the nation, and the largest hospital provider in California. As such, implementing the HTR Program across such a large system required a strategic and well-informed approach (described below). As you implement your own program, you may want to consider a similar strategy according to the size of your system and scope of your goals. **NOTE**: Seeking executive sponsors to champion your program is essential.

The current Executive Sponsors of the Dignity Health HTR Program are Page West, SVP of Patient Care Services and System Chief Nurse Executive, and Elizabeth Keith, EVP for Sponsorship and Mission Integration. Oversight of the HTR Program falls under Patient Care Services, in close collaboration with Mission Integration. With support and guidance from a multidisciplinary Steering Committee, System Program Leadership works closely with internal Task Forces to ensure program goals are met in each Service Area, region, facility, and department or discipline.

See Figure 1 for an organizational chart of Dignity Health HTR Program structure and leadership.

Steering Committee

Steering Committee members provide vision, insight, and guidance to System Program Leadership on all aspects of the HTR Program. The group's objectives are to provide discipline-specific expertise and insight on obstacles and ideas within represented Service Areas. As stewards of Dignity Health, the Steering Committee ensures a standardized strategic approach to program design and execution that is 1) evidence-based, victim/patient-centered, and trauma-informed, and 2) consistent with the mission, vision, and values of Dignity Health.

Steering Committee members represent a cross section of key stakeholder groups and disciplines/functions within the Dignity Health enterprise. Individuals (from varying levels of management, including physicians and frontline staff) are invited to participate on the Steering Committee based on expertise, location, personal passion, creativity, and commitment to the cause, along with willingness and capacity to serve. Dignity Health leadership appoint at least one representative from each Service Area to serve as an expert from a key discipline, including clinical areas (e.g., emergency department), care coordination (e.g., social work), chaplaincy, community health, security, patient registration, public policy, philanthropy, communications, legal, etc.

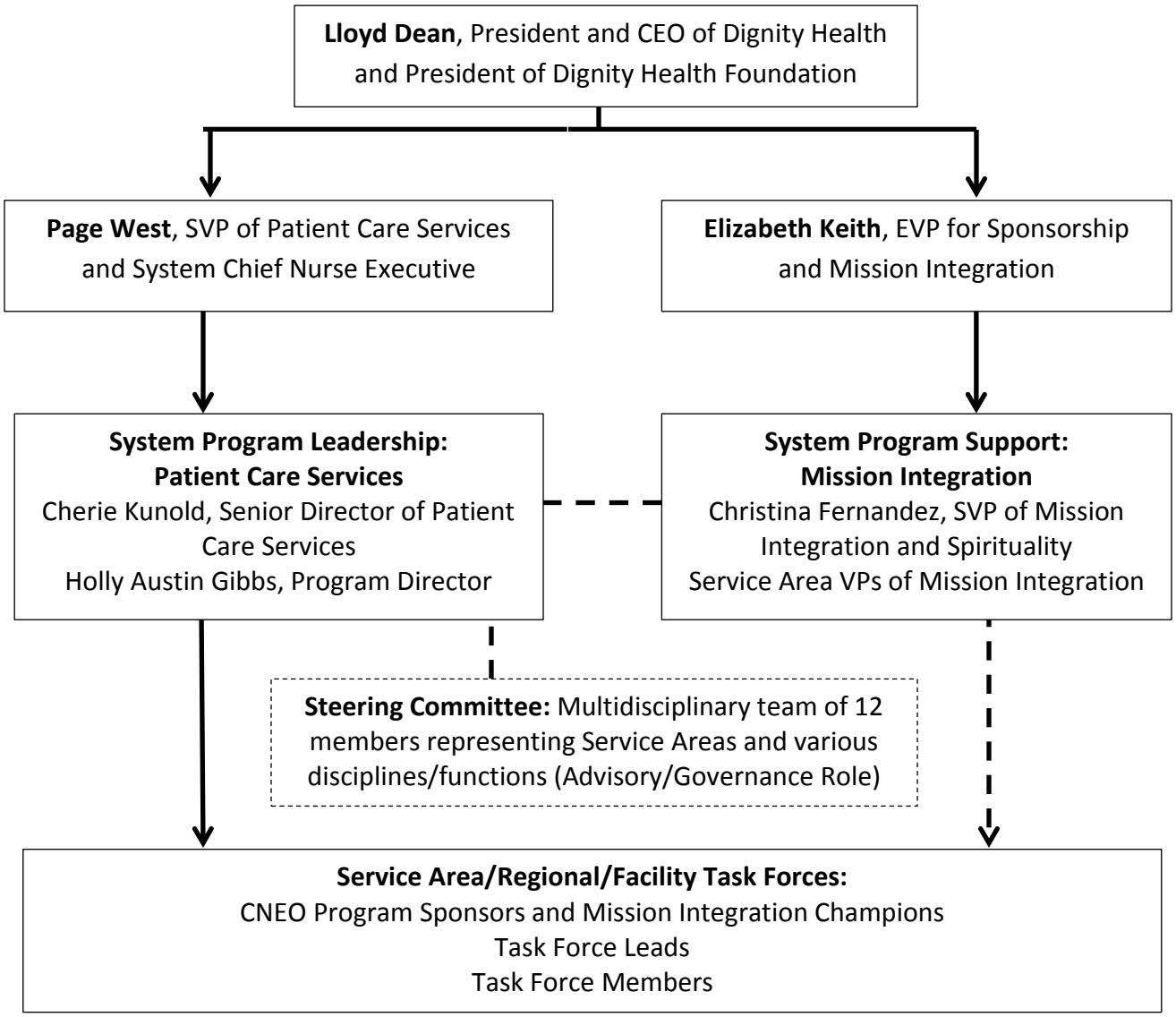


Figure 1. Organizational chart for Dignity Health's Human Trafficking Response Program.

Service Area/Regional/Facility Task Force

With input from the Steering Committee, System Program Leadership decided that the HTR Program would be implemented first in Dignity Health emergency departments, followed by labor & delivery and postpartum departments. As such, the HTR Program was rolled out first to acute care facilities. Each facility's Chief Nursing Executive Officer (CNEO) serves as the Program Sponsor with support from a Mission Integration Champion (e.g., VP/Director of Mission Integration).

At each facility, the CNEO Program Sponsor and Mission Integration Champion established an internal multidisciplinary HTR Task Force. Each Task Force has members representing disciplines similar to those represented on the Steering Committee. For each discipline represented, at least one representative has capacity to represent and authority to make decisions

on behalf of that department. The purpose of the Task Force is to ensure that HTR Program goals are met in the facility and community, with support and guidance from System Program Leadership.

Each CNEO Program Sponsor and Mission Integration Champion may choose a Task Force Lead to champion on his or her behalf. When assigning Task Force Leads, CNEO Program Sponsors and Mission Integration Champions are encouraged to consider individuals with personal passion and commitment to the cause, as well as ability and capacity to serve. Expected duties include, but are not limited to the following: 1) assigning and replacing Task Force members as needed, 2) prioritizing and assigning action items and keeping track of progress, 3) scheduling Task Force meetings, and 4) communicating obstacles and ideas to Steering Committee members.

NOTE: With approval from each facility's CNEO Program Sponsor and Mission Integration Champion, each Task Force may include more than one facility in each region and be regionally or Service Area-based. As the program extends to include other Dignity Health facilities (e.g., clinics, physicians' offices), additional members may be added or Task Forces created.

III. Program Materials

Before implementing a similar HTR Program, it is important to first establish materials for staff education; victim response procedures; and other resources, including information on local victim advocates and service providers. Before the Dignity Health HTR Program launched, System Program Leadership worked with the Steering Committee to establish education and a victim response procedure. The steps in the procedure were based on available best practices addressing human trafficking response efforts in health care, and the advice from subject matter experts including Wendy Macias-Konstantopoulos, MD, MPH.

We recommend that you also research best practices and network with other medical professionals and subject matter experts who are addressing human trafficking response efforts in the health care field. A good place to start is with Health, Education, Advocacy & Linkage (HEAL) Trafficking at healtrafficking.org. For additional information regarding resources, consulting, and networking opportunities, please contact HTR Program Director, Holly Austin Gibbs, at holly.gibbs@dignityhealth.org. Or visit dignityhealth.org/human-trafficking-response.

The following HTR Program materials are implemented at Dignity Health and align with the scope of Dignity Health's policy to screen all patients for signs of abuse, neglect, and violence.

PLEASE NOTE: Dignity Health continually refines HTR Program goals, strategies, and materials. Therefore, this manual may not contain the most current or complete information associated with the Dignity Health HTR Program. Many of the resources provided in this manual have been shortened or simplified. Dignity Health staff, physicians, volunteers, and contract employees are advised to contact System Program Leadership for up-to-date and complete HTR Program information, including internal procedures and tools. Other health care organizations may contact HTR Program Director, Holly Austin Gibbs, at holly.gibbs@dignityhealth.org.

Human Trafficking Victim Response Procedures

The Human Trafficking Victim Response Procedure for Acute Care Facilities began as a two-page algorithm. Today, it is a thirteen-page procedure that includes background information, definitions, references, and a one-page algorithm listing key steps for patient care staff. Each new step is based on learnings from actual cases identified within Dignity Health. In Fiscal Year 2016 alone, at least 31 persons were identified with high or moderate indicators of human trafficking victimization. This number continues to rise in the new fiscal year. As such, the procedure is continually refined and becomes increasingly evidence-based with each new case.

As you establish education and procedures, it is important to incorporate a system in which staff members are able to debrief and provide input on the procedure and community response. At Dignity Health, a Human Trafficking Case Record is completed for every case and a debriefing is held. Learnings from the debriefing influence numerous action items, including refinement of the victim response procedure and provision of feedback and/or support to community resources.

See Part III of this manual for shortened examples of victim response procedures used in Dignity Health acute care facilities and residency clinics. **PLEASE NOTE:** Additional procedures are being finalized for use in physicians' offices, outpatient clinics, urgent care centers, community centers, outreach sites, and treatment centers, including a sexual assault treatment center.

Human Trafficking Victims Community Resource Algorithm

An important part of victim response is community resource connections. At Dignity Health, the HTR Program established an algorithm that captures mandatory reporting language and information about community resources, including law enforcement; agencies to protect children, youth, and adults; and service providers/advocates that provide services to trafficked persons. As you establish similar resources, please note that many service providers restrict services to specific populations according to age, gender, type of victimization, presence of children, and ages of children. Therefore, in addition to contact information, we recommend including detailed descriptions of services provided by the agencies, as well as populations served. Whenever possible, include local, regional, state, and national resources.

A Human Trafficking Victims Community Resource Algorithm was established for each Dignity Health acute care facility or region, and each facility's HTR Task Force is expected to update and maintain this document. Each algorithm is also made available to all HTR Task Forces and staff across the system through an internal site. For a shortened example of a Dignity Health Human Trafficking Victims Community Resource Algorithm, please see Part III of this manual.

Human Trafficking Case Record

The Human Trafficking Case Record was established by the Dignity Health HTR Program to

- Keep track of the numbers of suspected and known cases of human trafficking identified within the facility and across the system.
- Collect information on each case that will allow Task Force members to debrief and discuss the efficacy of the established procedure, reference tools, and education in place.
- Inform stakeholders of the numbers and/or characteristics of cases seen [i.e., within boundaries of the Health Insurance Portability and Accountability Act (HIPAA)].

The Human Trafficking Case Record currently includes questions designed to vet efficacy of the victim response procedure and capture the outcome of a patient's case. After a formal debriefing with staff, each HTR Task Force provides recommendations and learnings to System Program Leadership. The procedure and related tools and resources are refined and shared accordingly. See Part III for simplified examples of Human Trafficking Case Records used by Dignity Health.

NOTE: The Human Trafficking Case Record is not meant to be part of the medical record. Staff are advised to keep the document confidential and for internal use only. Access to the Human Trafficking Case Record is restricted to designated HTR Task Force Leads, members, and staff. Any information emailed about a patient (with or without attachment of a Case Record) is sent securely. Printing of hard copies is limited and any copies are shredded following discussion. Electronic copies are stored only within the Dignity Health system. Staff are advised to consult the Dignity Health Administrative Policy on Safeguarding Protected Health Information (PHI) and Sensitive Information for additional instructions on storage, transportation, and/or use of protected health information.

National Human Trafficking Hotline Cards

Staff members are equipped with National Human Trafficking Hotline "shoe cards." These cards can be offered to patients, particularly any person who is suspected to be a victim but declines assistance. The "shoe card" is a small plastic card that can be broken down into three smaller sizes, each of which has the national hotline printed on it (see Figure 2). The hotline is 1-888-373-7888 or text 233733 (BeFree). These cards are available in different languages from the Blue Campaign, a resource center created by the Department of Homeland Security (DHS).[15]

Figure 2. National Human Trafficking Hotline "Shoe Card" (image larger than actual size)

The National Hotline is available 24/7 to respond to trafficked persons; support front-line professionals (like health care staff); and provide information on local, regional, and national resources. Hotline Specialists speak both English and Spanish and can communicate with callers in 200+ additional languages using a 24-hour tele-interpreting service. **NOTE**: It may be unsafe for patients to accept this resource. If a patient refuses to take the card, please advise staff not to slip it into the patient's shoe or other belongings. Option: Help the patient memorize the number.

Educational Modules

System Program Leadership developed a three-module course, including several tools, for internal education. *Human Trafficking 101: Dispelling the Myths* covers misconceptions and

definitions associated with human trafficking, prevalence of the crime, common red flags in the health care setting, and instructions on what to do if red flags are observed. This module is available internally in an online learning platform, as well as PDF format, and includes a two-page summary (a shortened version of which is available in Part III of this manual).

Human Trafficking 101 also includes the Dignity Health Assessment Tool "Assessing Vulnerable Persons for Human Trafficking Concerns," which offers strategies and questions for patient and client care staff to help determine human trafficking-related concerns in vulnerable persons. If the staff identifies concerns, they are advised to refer to their facility's internal Human Trafficking Victim Response Procedure. A shortened version of the Dignity Health assessment tool is provided in Part III of this manual.

Human Trafficking 102: Recognizing & Responding to Victims covers victim-centered care, trauma-informed care, recommended practices for engaging trafficked persons, and information about established internal procedures. This module is also available internally in an online learning platform, as well as PDF format. *Human Trafficking 103: Case Scenarios* includes ten cases based on health care experiences shared by labor and sex trafficking survivors. This module is available to Dignity Health educators for class presentation and group discussion.

Whenever possible, education is also provided in person with a survivor speaker – this is the most effective way to deliver education on this topic. Continuing education credits are offered to staff and physicians, and workshops are scheduled to accommodate staff and physicians in different shifts. For information regarding on-site education and consultation services, please contact Holly Austin Gibbs, Program Director, at holly.gibbs@dignityhealth.org.

NOTE: The National Human Trafficking Resource Center also offers a resource titled, *Identifying Victims of Human Trafficking: What to Look for in a Healthcare Setting*.[16] This useful tool describes red flags, general indicators, and health indicators of human trafficking, as well as other tips for victim identification and response to trafficked persons in the health care setting.

IV. Program Implementation

Due to the size of the Dignity Health enterprise, responsibility of HTR Program implementation was initially delegated to the HTR Task Forces with support and guidance from System Program Leadership. A kick-off meeting with each HTR Task Force helped to launch the program at each site; whenever possible, the meeting included a survivor speaker. The HTR Program Director provided a checklist to HTR Task Forces to help with step-by-step action items for HTR Program implementation. See Part III of this manual for a shortened version of the checklist.

PART III: DIGNITY HEALTH HUMAN TRAFFICKING RESPONSE PROGRAM MATERIALS

NOTE: Dignity Health continually refines HTR Program goals, strategies, and materials. Therefore, this manual may not contain the most current or complete information associated with the Dignity Health HTR Program. Many of the resources provided in this manual have been shortened or simplified. Dignity Health staff, physicians, volunteers, and contract employees are advised to contact System Program Leadership for up-to-date and complete HTR Program information, including internal procedures and tools. Other health care organizations may contact HTR Program Director, Holly Austin Gibbs, at holly.gibbs@dignityhealth.org.

NOTE: You may see unfamiliar terms in the documents provided in Part III, e.g., MyJourney, SharePoint, and Policy Manager. MyJourney is an internal online resource used to provide education and other resources, SharePoint is an online platform used to store and maintain certain documents, and Policy Manager is used to store and maintain policies and procedures.

Summary of *Human Trafficking 101: Dispelling the Myths*[17]

Human trafficking is a global issue, and **anyone can become a victim,** including men, women, and children. Worldwide forms of human trafficking include child soldiers, child brides, and organ trafficking. Following are **10 myths/misconceptions** associated with human trafficking.

Myth #1: Human trafficking only happens overseas.
Truth: Every country is affected by human trafficking, including the United States. The USA passed federal legislation **to outlaw two common forms of human trafficking:** sex trafficking and labor trafficking. According to federal law, human trafficking means **forcing or coercing a person to perform commercial sex or labor/services**. Commercial sex is any sex act in which money or something of value is exchanged. Under federal law, anyone under age 18 involved in commercial sex is automatically a victim of human trafficking – no force or coercion is required.

Myth #2: Only foreign nationals/immigrants are trafficked in the United States.
Truth: In 2016, over 7,500 tips of human trafficking were reported **and at least 2,075 of these tips involved U.S. citizens or lawful permanent residents.**

Myth #3: Human trafficking and human smuggling are the same crime.
Truth: Human trafficking is **NOT** the same crime as human smuggling. Human trafficking is a violation of someone's human rights. Human smuggling is a violation of a country's immigration laws. A person can consent to being smuggled into the country; however, if that person is forced or coerced into commercial sex or labor/services, then s/he may be a victim of human trafficking.

Myth #4: Sex trafficking could never occur in a legal setting like a strip club.
Truth: Sex trafficking has been discovered in legal business settings (e.g., strip clubs, pornography, escort services). **Regardless of the location or legality**, any person induced to perform commercial sex or labor through force or coercion is a victim of human trafficking.

Myth #5: Everyone engaging in prostitution is doing so by choice.
Truth: Oftentimes adults are "choosing" to perform commercial sex work due to **a lack of options** as opposed to an actual choice. We must refrain from passing judgment and we must offer compassion and resources to persons in need of help.

Myth #6: Victims of human trafficking will reach out for help.
Truth: Oftentimes victims of sex trafficking, especially youth, do not self-identify as victims. Due to prior abuse, victims may not realize they are being manipulated or exploited. Sex traffickers often target abused/vulnerable youth. Victims of sex or labor trafficking may blame themselves, may fear authorities, or may fear retaliation by traffickers. Foreign national victims may not speak English and may not know their rights in America.

Myth #7: Only women and girls are victims of sex trafficking.
Truth: Men and boys are also victims of sex trafficking. Traffickers often target young men and boys living on the streets, many of whom identify as LGBTQ.

Myth #8: Child sex trafficking could never occur in my community.
Truth: Child sex trafficking has occurred **in every region served by Dignity Health**.

Myth #9: All sex traffickers are stereotypical pimps.
Truth: The term *pimp* is often associated with a stereotypical pimp (e.g., flashy hat and clothes). These pimps are no longer the norm. *Pimping* has become so normalized and even glamorized in the media that many young men and boys, especially gang members, *want* to become pimps. Gangs consider it easier to sell a person for sex than to sell drugs or guns. **Drugs and guns can be sold only once. A person, however, can be sold for sex over and over.** Anyone can be a trafficker, including family members, friends, and neighbors. This crime is not exclusive to known pimps and gang members. One mother sold her 7- and 14-year-old daughters for sex.

Myth #10: Human trafficking refers only to sex trafficking.
Truth: Human trafficking is an umbrella term that includes both sex and labor trafficking. Unfortunately, labor trafficking often does not get as much exposure in the media as does sex trafficking. Labor trafficking has been identified in industries like agriculture, hospitality, domestic work (e.g., live-in maid), and traveling sales crews. Red flags include the following:

- Victims may be charged a fee that is impossible to pay off (i.e., debt bondage).
- Victims may be forced to work 12+ hours per day, 7 days per week.
- Victims may not be allowed to leave the work premises and may be forced to sleep on the floor or on a cot in the back of the business.
- Victims of domestic servitude may be forced to sleep in the home. Victims working in traveling sales crews may be forced to sleep in a van.

As defined by the Trafficking Victims Protection Act (TVPA), **there are three victim populations** of criminal human trafficking:

1. Anyone under age 18 induced to perform commercial sex **under any circumstance**
2. Any adult induced to perform commercial sex through **force, fraud, or coercion**
3. Anyone, **of any age**, induced to perform labor/services through force, fraud, or coercion.

Red Flags in the health care setting include (but are not limited to) patients with controlling companions (e.g., a companion who insists on holding a patient's passport or work visa, a companion who insists on interpreting for a patient, a companion who refuses to leave the patient's side); patients not speaking for themselves; patients with signs of medical/physical neglect; and patients who are submissive, fearful, hypervigilant, and/or uncooperative.

What to do if you see red flags: Inform your Supervisor and refer to your facility's Human Trafficking Victim Response Procedure for additional instructions. If the victim is not a patient, notify Security (if available) and/or the National Human Trafficking Hotline at 1-888-373-7888.

The **National Human Trafficking Hotline** is available 24/7 to report suspicious activity, to inquire about local resources, and to seek support if you or someone you know is a victim of human trafficking: **1-888-373-7888**. For additional information, see the Dignity Health module, *Human Trafficking 101: Dispelling the Myths*, available in MyJourney and/or PDF format.

Dignity Health Assessment Tool
Assessing Vulnerable Persons for Human Trafficking Concerns

I. Purpose

The purpose of this tool is to provide guidance to patient and client care staff on assessing vulnerable persons for concerns of human trafficking victimization. **NOTE**: The purpose of this tool is **not** to determine if a person is a victim of human trafficking – the purpose is to determine if there are **concerns** of human trafficking**.** If you observe or determine red flags or concerns, refer to your facility's Dignity Health Human Trafficking Victim Response Procedure.

II. Background

All persons using this tool are expected to complete the following Dignity Health educational modules (available with competency test in MyJourney and/or PDF format): *Human Trafficking 101: Dispelling the Myths* and *Human Trafficking 102: Recognizing & Responding to Victims.* This includes Dignity Health staff, physicians, volunteers, and contract employees.

Human Trafficking 101: Dispelling the Myths covers misconceptions and definitions associated with human trafficking, prevalence of the crime, common red flags in the health care setting, and instructions on what to do if red flags of human trafficking are observed or determined. *Human Trafficking 102: Recognizing & Responding to Victims* covers **victim-centered care, trauma-informed care**, recommended practices for engaging vulnerable and trafficked persons, and information regarding established internal victim response procedures.

A **victim-centered, trauma-informed approach** should be practiced at all times when using this tool. A victim-centered approach includes seeking and maximizing input from persons in all decisions regarding care or services, including if and when to contact law enforcement and other resources. Keep in mind: A trafficked person may be fearful of authorities for many reasons including fear of incarceration or retaliation by traffickers against the victim or victim's family.

Mandatory reporting must be followed as required by federal and state laws throughout use of this tool. Mandatory reporting refers to the legal requirement to report to authorities, including state and county agencies like child/adult protective services and law enforcement. If a person presents in such a way that requires mandatory reporting, the key to offering a victim-centered approach is to advocate on behalf of that person's needs and concerns with authorities.[18] NOTE: For competent adults, a suspicion of human trafficking (without evidence of a wound or physical injury) may **not** be sufficient to require a report to law enforcement without the person's consent. For additional information, see *Human Trafficking 102: Recognizing & Responding to Victims*.

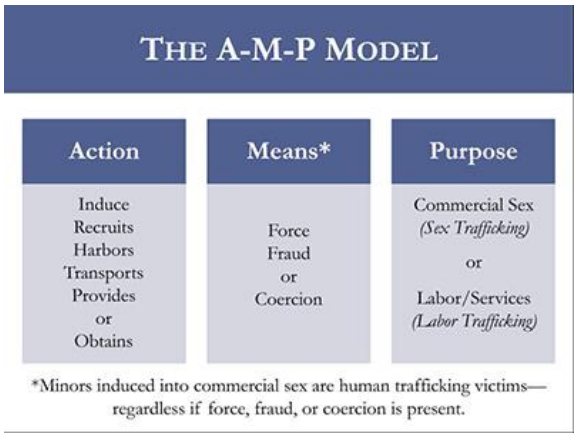
A trauma-informed approach includes understanding the many effects of trauma and recognizing and appropriately responding to signs of trauma. For example, victims of human trafficking may appear to be submissive, fearful, hypervigilant, or even uncooperative. Recognizing that a person's behavior and choices may be influenced by prior trauma enables a health care professional to better understand and provide compassionate care and services to that person.

A trauma-informed practice also includes observing all persons *including staff, physicians, volunteers, and contract employees* for signs of trauma triggers and vicarious trauma. Signs of a trauma trigger or vicarious trauma can include someone having a sudden negative response to an encounter (e.g., a client or staff member becoming upset). If such signs or symptoms are observed, then staff, physicians, volunteers, and contract employees are to notify a Supervisor and seek emotional or spiritual support from a Social Worker, Chaplain, or other resource

III. Assessment Tool

Patient and client care staff should assess all **vulnerable persons**, for human trafficking concerns. Vulnerable persons include: children and youth; commercial sex workers; undocumented immigrants; persons struggling with homelessness, addiction, and behavioral health concerns; and persons lacking in family or community support, especially young mothers, foreign nationals, and persons with learning disabilities. For children and youth, the following risk factors could place an underage person at greater risk of sex trafficking victimization:[19]

- History of abuse or neglect
- Poverty
- History of running away
- Family members/friends already involved in commercial sex
- Bullying
- Difficulty in school
- Lack of supervision (including lack of supervision on the Internet)
- History of foster care
- Behavioral health concerns
- LGBTQ[20] or other minority status
- Missing or absent parent
- Substance abuse



When assessing vulnerable persons for human trafficking concerns, patient and client care staff are encouraged to refer to the "A-M-P Model".[21] As defined by the Federal Trafficking Victims Protection Act (TVPA), *human trafficking* can generally be broken down into three parts: an **A**ction, a **M**eans, and a **P**urpose. The Action is to induce, recruit, harbor, transport, provide, and/or obtain a person. The Purpose is for commercial sex and/or labor (or other services), and the Means is through use of force, fraud, and/or coercion.

Force can involve the use of physical restraint or serious physical harm like rape, beatings, and physical confinement. Fraud can involve false promises regarding employment, wages, and working conditions. Coercion can involve threats of harm against any person (e.g., the victim or the victim's family or friends) or the abuse or threatened abuse of the legal process (e.g., threatening to call law enforcement to have the victim arrested).[22] Patient and client care staff are encouraged to assess for signs of and to ask questions **in private** that will help to determine or rule out elements of Action, Means, and/or Purpose in a person's situation or history.

REMINDER: There is no requirement to determine a Means of force, fraud, or coercion for underage persons induced to perform commercial sex acts. If you know or suspect an underage

person is involved in commercial sex *under any circumstance*, notify your county child welfare agency and refer to your facility's Human Trafficking Victim Response Procedure.

It may be helpful to focus first on Purpose by determining if a person is providing commercial sex or other labor/services, either legally or illegally. Commercial sex includes prostitution, pornography, and escort services. Labor and other services can include restaurant work, agriculture work, and domestic work like house cleaning, as well as unconventional or illegal forms of work like peddling, panhandling, or drug dealing. If a vulnerable person is determined *not* to be working or earning an income in any capacity, then that person is unlikely to be a victim of human trafficking. However, keep in mind, trafficked persons may not be forthcoming in their answers for many reasons, including fear of incarceration or retaliation by traffickers.

If you determine or suspect a vulnerable person is working or has a means of income, then ask questions to determine elements of Action or Means under the A-M-P Model. Examples:[23,24,25]

- What are your work hours? Can you come and go as you please? How often do you see family, friends? Does anyone monitor your conversations?
- Are you being paid? Do you owe money to your employer, or to a recruiter, or anyone else? Were you charged a fee to come to America?
- Do you feel safe? Where do you eat and sleep? What are the conditions like? Do you sleep in a bed, a cot, or on the floor? Do you live at your place of employment?
- Do you have control over your identification? Your passport? Work documents?
- Is anyone hurting you or threatening you? Have you ever been deprived of food, water, sleep, or medical care? Did someone tell you what to say today?

These additional questions may be helpful when assessing for sex trafficking victimization:[26]

- Do you feel safe at home? At school? With your boyfriend, spouse? With your peers?
- Is anyone hurting you, threatening you, or pressuring you to do anything you don't want to do? Is anyone hurting or threatening your family, your children, or friends?
- Is anyone forcing you to have sex with others or to perform sex acts for money? Or for food, clothes, drugs, a place to sleep? Has this ever happened to you?
- Has your boyfriend (or anyone else; e.g., friends or family) ever forced or pressured you into working in prostitution, escort services, strip clubs?
- Has anyone ever tricked you into meeting them, or into a relationship, or into running away from home, and then asked or forced you to perform a sex act for money?
- Has anyone ever taken a photo of you that made you feel uncomfortable? Was it posted on a website for classified ads? Was this website related to massage or escort services?

TIP: For some persons, it may be best to ask open-ended questions and to listen for elements of Action, Means, and Purpose. Examples: *How did you meet your boyfriend? Tell me about your family/friends. How did you sustain this injury? How did you start working for your employer?*

REMINDER: You do not have to determine if a vulnerable person's situation includes all elements of Action, Means, and Purpose. These questions are meant to help you determine if

there is a **suspicion** of victimization. If you observe or determine red flags or concerns of human trafficking, refer to your facility's Human Trafficking Victim Response Procedure for next steps.

The 24-hour National Human Trafficking Hotline is available to screen persons by phone for victimization and connect callers with local, state, and national resources. Hotline Specialists speak both English and Spanish and can communicate with callers in 200+ additional languages using a 24-hour tele-interpreting service. The National Hotline number is **1-888-373-7888**.

Dignity Health
Human Trafficking Victim Response Procedure for Acute Care Facilities

I. Purpose

The purpose of this procedure is to outline steps to follow in the event a person is identified as showing signs of human trafficking victimization ("a potential victim" or "potential trafficked person") either in or on the premises of a Dignity Health acute care facility.

II. Background

All staff, physicians, volunteers, and contract employees working in a Dignity Health acute care facility are expected to complete *Human Trafficking 101: Dispelling the Myths.* This Dignity Health educational module includes a competency test and is available in MyJourney and/or PDF format. In addition, all members of patient care staff (at a minimum) are expected to complete a second Dignity Health educational module and competency test, *Human Trafficking 102: Recognizing & Responding to Victims* (also available in MyJourney and/or PDF format).

Human Trafficking 101: Dispelling the Myths covers misconceptions and definitions associated with human trafficking, prevalence of the crime, common red flags in the health care setting, and instructions on what to do if red flags are observed. *Human Trafficking 102: Recognizing & Responding to Victims* covers **victim-centered care, trauma-informed care,** recommended practices for engaging vulnerable and trafficked persons, and information regarding established internal procedures and tools. This includes the Dignity Health Assessment Tool "Assessing Vulnerable Persons for Human Trafficking Concerns", which offers strategies and questions for patient care staff to assess vulnerable persons for human trafficking-related concerns.

Victim-centered, trauma-informed care should be practiced at all times throughout this procedure. A victim-centered approach includes seeking and maximizing input from patients in all decisions regarding care, including if and when to contact law enforcement and/or other resources. Keep in mind: A trafficked person may be fearful of authorities for many reasons including fear of incarceration or retaliation by traffickers against the victim or victim's family.

Mandatory reporting must be followed as required by federal and state laws throughout this procedure. Mandatory reporting refers to the legal requirement to report to authorities, including state and county agencies like child/adult protective services and law enforcement. If a person presents in such a way that requires mandatory reporting, the key to offering victim-centered care is to advocate on behalf of that person's needs and concerns with authorities.[27]

NOTE: For competent adults, a suspicion of human trafficking (without evidence of a wound or physical injury) may **not** be sufficient to require a report to law enforcement without the person's consent. For additional information about mandatory reporting, see *Human Trafficking 102: Recognizing & Responding to Victims* (available in MyJourney and/or PDF format) and the Dignity Health Human Trafficking Victims Community Resource Algorithm for your county.

A trauma-informed approach means the caregiver understands the many effects of trauma and is able to recognize and appropriately respond to signs of trauma. For example, trafficked persons may appear to be submissive, fearful, hypervigilant, or even uncooperative. Recognizing that a person's behavior and choices may be influenced by prior trauma enables a health care professional to better understand and provide compassionate care and services to that person.

A trauma-informed practice also includes observing all persons *including staff, physicians, volunteers, and contract employees* for signs of trauma triggers and vicarious trauma. Signs of a trauma trigger or vicarious trauma can include someone having a sudden negative response to an encounter (e.g., a patient or staff member becoming upset). If such signs or symptoms are observed, then staff, physicians, volunteers, and contract employees should notify a Supervisor and seek emotional or spiritual support from a Social Worker, Chaplain, or other resource.

Many Chaplains are trained in Critical Incident Stress Management (CISM) and can provide individual or group defusing or debriefing:

- **Defusing:** basic intervention for staff within hours after an incident; invites individuals or a group to share initial thoughts and feelings about the incident.
- **Debriefing:** advanced intervention for staff within days after an incident; invites a group to find deeper meaning in the experience through a structured session with a facilitator.
- **Referring:** Chaplains or other support personnel will refer employees who show symptoms of clinical depression or advanced stress to the Employee Assistance Program.

These targeted interventions are intended to increase staff resilience and assist with managing stress following critical, traumatic patient care interventions. These are intended to provide a safe, non-investigatory context for all staff members to express their thoughts and feelings.

III. Procedure

Steps for All Staff, Physicians, Volunteers, and Contract Employees

1. Watch for red flags (i.e., signs or symptoms) of human trafficking at all times within (or on the grounds of) any Dignity Health acute care facility.
    a. **NOTE**: For common red flags, see *Human Trafficking 101: Dispelling the Myths*, an educational module provided by Dignity Health, and *Identifying Victims of Human Trafficking: What to Look for in a Healthcare Setting*, a resource tool provided by the National Human Trafficking Resource Center. [28]
2. If red flags are observed at any time, notify a Supervisor and/or:
    a. If the potential victim is a patient, notify the Nurse Shift Manager/Nurse Supervisor, Physician/Medical Provider, and/or Social Worker.
    b. If the potential victim is not a patient, notify Security (if available) and/or the National Human Trafficking Hotline at 1-888-373-7888.
3. Resume normal patient care unless otherwise instructed.
    a. **NOTE**: This includes contacting law enforcement for immediate safety concerns. (See Dignity Health's Administrative Policy on Workplace Violence.)

NOTE: Reporting of concerns or red flags with appropriate staff should be done discreetly (i.e., without the potential victim's knowledge and without the knowledge of any companions) unless the potential victim explicitly discloses human trafficking victimization and requests assistance. (**NOTE**: Limit any discussion of a potential victim with only those who need to know.)

Steps for Clinical/Patient Care Staff

Responsibilities for each staff member are identified below and are summarized in a figure at the end of this procedure.

Assess all patients, particularly **vulnerable persons**, for human trafficking concerns. Vulnerable persons include: "at-risk" children and youth (e.g., homeless and runaway youth); commercial sex workers; undocumented immigrants; persons struggling with homelessness, addiction, and behavioral health concerns; and persons lacking in family or community support, especially young mothers, foreign nationals, and persons with learning disabilities. See the Dignity Health Assessment Tool "Assessing Vulnerable Persons for Human Trafficking Concerns."

Triage/Emergency Department/Inpatient Unit Nurse

1. If red flags or concerns of human trafficking victimization are observed or determined during a patient's triage assessment, document the red flags/concerns accordingly.
    a. **NOTE**: Mark *Yes* in the *Activated Human Trafficking Protocol* window (if this window appears after documenting red flags in Cerner or other system).
    b. **NOTE**: For Triage Nurses in the Emergency Department, classify the patient as Emergency Severity Index (ESI) Level 3 (at a minimum).
2. Notify the Physician/Medical Provider, Nurse Shift Manager/Nurse Supervisor, and Social Worker* per Dignity Health's Victims of Abuse, Neglect, and Violence Policy.
    a. **NOTE**: Victims of human trafficking (particularly females) may feel more comfortable working with a female health care provider. Whenever appropriate, discreetly ask the patient if s/he prefers a particular provider (e.g., a provider of a particular gender); however, **do not delay** emergency medical treatment.

> *Per Dignity Health's Victims of Abuse, Neglect, and Violence Policy, a Physician/Medical Provider or Nurse will provide social service needs (as needed) in the absence of a Social Worker. Keep in mind: Sex trafficking victims may be required to return to a trafficker with a quota (i.e., an amount of money) by a certain time. Therefore, a trafficked person may not agree to wait in-house for a Social Worker to arrive as this may risk harm to themselves or others.
>
> **NOTE**: When appropriate, the Physician/Medical Provider or Nurse may recruit others (who have been trained to provide Social Work support). However, limit the number of persons involved and questioning the patient.

3. Relocate the patient to a private room and, whenever possible, ask all companions to wait in the waiting area (particularly if the Social Worker is ready for assessment).

   a. **NOTE**: Ideally, there will be private rooms designated for Social Work assessments of patients suspected to be victims of abuse, neglect, or violence.
   b. **NOTE**: If there are no private rooms available, relocate the patient to a setting that is as private as possible.
4. If Social Work is unavailable, move to the Social Worker section. If another designee agrees to take on this role and the responsibilities outlined in that section, move to Step 5.
5. Resume normal patient care unless otherwise instructed.
   a. **NOTE**: This includes contacting law enforcement or other authorities for mandatory reporting requirements (e.g., suspected child abuse/neglect, suspected abuse/neglect of elder/dependent adults, and certain suspicious injuries).
      i. See the Human Trafficking Victims Community Resource Algorithm for your facility or county for mandatory reporting guidance and key contacts identified within law enforcement or other agencies (e.g., specific officers or agents who specialize in human trafficking cases).
   b. NOTE: This includes evaluating the need to call a Chaplain or other personnel to provide emotional or spiritual support to the patient or those caring for the patient.

Nurse Shift Manager/Nurse Supervisor

1. If there are safety concerns or needs for the patient or staff, notify appropriate and available resources (e.g., Security/Law Enforcement, Assistant Nursing Supervisor).
2. Ensure that any mandated reporting requirements are completed (e.g., certain suspicious injuries require a report to law enforcement).
3. Support the Social Worker (or designee) as needed. **NOTE**: If Social Work is unavailable, assign an appropriate designee or move to the Social Worker section below.
4. Evaluate the need to call a Chaplain or other support personnel to provide formal emotional or spiritual support to the patient or those caring for the patient.

*Social Worker**

*Per Dignity Health's Victims of Abuse, Neglect, and Violence Policy, a Physician/Medical Provider or Nurse will provide social service needs (as needed) in the absence of a Social Worker. Keep in mind: Sex trafficking victims may be required to return to a trafficker with a quota (i.e., an amount of money) by a certain time. Therefore, a trafficked person may not agree to wait in-house for a Social Worker as this may risk harm to themselves or others.

NOTE: When appropriate, the Physician/Medical Provider or Nurse may recruit others (who have been trained to provide Social Work support). However, limit the number of persons involved and questioning the patient.

1. If red flags or concerns of human trafficking victimization are observed or determined during an assessment, document the red flags/concerns accordingly.
   a. **NOTE**: If there are immediate safety concerns for the patient or staff, notify appropriate and available resources (e.g., Security/Law Enforcement).
      i. Unless otherwise requested, Security will remain on alert/standby only.

   b. **NOTE**: If the patient presents with law enforcement or another agency (e.g., child protective services) and that agency oversees efforts to assist the patient, then complete a Dignity Health Human Trafficking Case Record and resume normal patient care.
2. Notify the Physician/Medical Provider and Nurse Shift Manager/Nurse Supervisor per Dignity Health's Victims of Abuse, Neglect, and Violence Policy.
3. Relocate the patient to a private room and/or request all companions to leave the private room before approaching the patient to assess for human trafficking victimization.
   a. **NOTE**: Ideally, there will be private rooms designated for Social Work assessments of patients suspected to be victims of abuse, neglect, or violence.
   b. **NOTE**: If there are no private rooms available, then provide a setting that is as private as possible.
   c. **NOTE**: Do not use companions as interpreters; use the Cyracom or other tele-interpreting service for interpreter needs.
   d. **NOTE**: If the patient's companion refuses to leave, it may be necessary to notify Security or law enforcement for support, particularly if the patient (or anyone else) is considered to be at risk of serious harm.**
4. Approach the patient in the private room to assess for victimization and safety needs. Please note privacy concern: Trafficker(s) may be listening in through the patient's cell phone or other electronics. The most ideal approach to offering assistance is as follows:
   a. Identify yourself and your role in the acute care facility.
   b. Build rapport with the patient.
   c. Request permission from your patient to ask questions about safety concerns.
      i. Examples:[29] *I ask all my patients questions about violence because we know that violence is common in our society. Is it safe to ask you some questions right now? I'm concerned about your safety, and I would like to ask you some personal questions. Is it OK to ask you these questions now?*
   d. Disclose your status as a mandated reporter and explain limits to confidentiality.
      i. **NOTE**: Do not discourage the patient from disclosing victimization.
   e. Express your concerns for the patient's safety and, when appropriate, educate the patient on what human trafficking means and call attention to red flags.
      i. **NOTE**: It may be helpful to share stories of survivors to help explain what human trafficking means and how victims can access help. See *Human Trafficking 101: Dispelling the Myths* for several recommendations of books/memoirs written by survivors of labor and sex trafficking.
   f. Educate the patient on his/her rights and on resources available in the community (see the Human Trafficking Victims Community Resource Algorithm for your facility or county).
   g. Offer assistance (e.g., offer to provide assistance with contacting local resources).

NOTE: As highlighted in the Dignity Health educational module, *Human Trafficking 102: Recognizing & Responding to Victims*, the goal should not be "rescuing" or gaining a disclosure from the patient. The goal should be creating a safe, nonjudgmental space to build rapport, educate this person on his/her rights and options, and offer assistance.

NOTE: If assessing the patient in the absence of Social Work support, it is recommended, at a minimum, to approach the patient in private, express concerns for the patient's safety, and offer the patient assistance according to his/her needs.

5. If the patient discloses victimization and/or accepts or requests assistance with social service needs or concerns, then follow the steps below. If the patient denies victimization or declines assistance at any time (even after the process of assistance has begun), then respect the patient's decision and move to Step 6.

    a. Offer the patient an opportunity to opt out of the hospital directory (particularly if the patient discloses current or recent victimization).
        i. NOTE: If the patient agrees, notify Registration/Admitting to gain the patient's signature on the appropriate paperwork and place the patient as confidential in the Admission, Discharge, and Transfer (ADT) system.
    b. Ask the patient discreetly if s/he prefers to work with a particular health care provider (e.g., a male or female provider), whenever possible.
    c. Notify Security (if available), particularly if the patient discloses current or recent victimization.
        i. NOTE: Unless otherwise requested, Security will remain on standby/alert only.
    d. Complete any mandatory reporting requirements.
        i. NOTE: See the Human Trafficking Victims Community Resource Algorithm for your facility or county for mandatory reporting guidance and any contacts identified within law enforcement or other agencies (e.g., specific officers or agents who specialize in human trafficking cases).
        ii. NOTE: If law enforcement or another agency (e.g., child protective services) oversees remaining efforts to assist the patient, then complete a Dignity Health Human Trafficking Case Record and resume normal patient care.
    e. Discuss advocacy and service provider options/resources available to the patient.
        i. NOTE: See the Human Trafficking Victims Community Resource Algorithm for your facility or county for local, state, and national resources.
    f. Assist the patient in contacting resources per his/her approval or request, particularly if the patient is in need of immediate/crisis assistance.

    NOTE: If time and resources are limited, it is recommended, at a minimum, to contact the National Human Trafficking Hotline at 1-888-373-7888 (or a local crisis response hotline).

    The National Human Trafficking Hotline is available 24/7 to screen patients over the phone for human trafficking victimization and to connect patients with local, state, and national resources. Hotline Specialists speak both English and Spanish and can communicate with callers in 200+ additional languages using a 24-hour tele-interpreting service.

   g. If the patient is discharged before completion of assistance with immediate/crisis needs, notify the Nurse Shift Manager/Nurse Supervisor for assistance in relocating the patient to a safe and private location in-house.
      i. **NOTE**: Notify Security (if available) of the patient's relocation. When necessary, request Security's presence for relocation of the patient.
   h. Oversee relocation of the patient and continue to work with community resource teams and the patient to secure immediate placement or services for the patient.
   i. Evaluate the need to call a Chaplain or other personnel for formal emotional or spiritual support to the patient or those caring for the patient.
   j. Complete a Dignity Health Human Trafficking Case Record and resume normal patient care.
      i. **NOTE**: This includes debriefing the case with Department Leadership immediately or as soon as possible (ideally within 72 hours).

6. If at any time the patient declines assistance (even after the process of assistance has begun), then respect the patient's decision and follow the steps below.
   a. In a compassionate manner, inform the patient that assistance is available if needed or requested at a later time and offer the National Human Trafficking Hotline card or other resource (e.g., hotline card for local crisis resource).
   b. Complete any mandatory reporting requirements.
      i. **NOTE**: See the Human Trafficking Victims Community Resource Algorithm for your facility or county for mandatory reporting guidance and any key contacts identified for law enforcement or other agencies (e.g., officers or agents who specialize in human trafficking cases).**
   c. Evaluate the need to call a Chaplain or other personnel to provide formal emotional or spiritual support to the patient or those caring for the patient.
   d. Complete a Dignity Health Human Trafficking Case Record and resume normal patient care.
      i. **NOTE**: This includes debriefing the case with Department Leadership immediately or as soon as possible (ideally within 72 hours).

**There are certain circumstances in which staff are permitted to share limited protected health information (PHI) with law enforcement even if mandatory reporting is not required. Per Code of Federal Regulations (CFR) Title 45 § 164.512, PHI may be shared (without the written authorization of the patient) if "in the exercise of professional judgment" it is believed that "the disclosure is necessary to prevent serious harm to the individual or other potential victims" *as instructed by statute or regulation*. Per Dignity Health policy 70.8.012, Discussing PHI as Required by Law Policy, staff must contact Dignity Health local legal counsel for guidance if there is a threat to the health or safety of an individual or individuals before sharing PHI with law enforcement (except in cases of imminent danger in the clinical setting). For additional information, see your Facility Compliance Professional (FCP) or local legal counsel.

Summary of Key Steps

Patient Care Staff: Assess all patients, particularly vulnerable persons, for HT red flags/concerns and document all red flags/concerns accordingly. See the Dignity Health Assessment Tool "Assessing Vulnerable Persons for Human Trafficking Concerns".

All Triage/Primary RNs: Notify Physician/Med Provider, Nurse Shift Mgr/Sup & Social Worker

ED Triage RNs: Also classify patient as ESI Level 3 (at minimum)

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Nurse Shift Mgr/Sup: If there are safety concerns/needs for patient or staff, notify appropriate and available resources for support (e.g., Security, ANS, Chaplain)

Unless otherwise requested, Security will remain on alert/standby only

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RN, Physician/Med Provider, or Social Worker: Provide private setting to assess and assist patient. NOTE: Contact law enforcement or other agency for support with immediate safety concerns (e.g., controlling companion refuses to leave) and/or mandatory reporting requirements (e.g., patient is 17 years of age or younger)

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Social Worker, RN, or Physician/Med Provider: Approach patient in private setting to assess/ offer assistance. If patient accepts, offer confidential status and assist patient in securing placement/services (See HT Victims Community Resource Algorithm). If patient declines, respect patient's decision and offer National HT Hotline card or other resource

NOTE: Always complete HT Case Record for ALL suspected/known HT cases

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When notified, Admitting/Registration promptly places patient as confidential in ADT system

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Nurse Shift Mgr/Sup: Continue to assist Social Worker (or appropriate designee) as needed. Example: If patient accepts assistance and is medically discharged, Nurse Shift Mgr/Sup will assist Social Worker in keeping patient in-house until assistance is complete. NOTE: Assess staff and patient for emotional or spiritual support needs and notify Chaplain or other resource

COLOR KEY:
Green – Triage/Primary RN
Red – Nurse Shift Mgr/Nurse Sup
Orange – Security
Blue – Social Worker or designee
Purple – Registration/Admitting

Abbreviations:
HT – Human Trafficking
RN – Registered Nurse
ESI – Emergency Severity Index
ANS – Assistant Nursing Supervisor
ADT – Admission, Discharge, & Transfer

Dignity Health
Human Trafficking Victim Response Procedure for Residency Clinics

I. Purpose

The purpose of this procedure is to outline steps to follow in the event a person is identified as showing signs of human trafficking victimization ("a potential victim" or "potential trafficked person") in or on the premises of a Dignity Health residency clinic.

II. Background

All persons working in a Dignity Health residency clinic are expected to complete (and/or be competent in all material covered in) the following Dignity Health educational modules (available with competency test in MyJourney and/or PDF format): *Human Trafficking 101: Dispelling the Myths* and *Human Trafficking 102: Recognizing & Responding to Victims.* This includes staff, physicians, volunteers, and contract employees.

Human Trafficking 101: Dispelling the Myths covers misconceptions and definitions associated with human trafficking, prevalence of the crime, common red flags in the health care setting, and instructions on what to do if red flags are observed. *Human Trafficking 102: Recognizing & Responding to Victims* covers **victim-centered care, trauma-informed care,** recommended practices for engaging vulnerable and trafficked persons, and information regarding established internal procedures and tools. This includes the Dignity Health Assessment Tool "Assessing Vulnerable Persons for Human Trafficking Concerns", which offers strategies and questions for patient care staff to assess vulnerable persons for human trafficking-related concerns.

Victim-centered, trauma-informed care should be practiced at all times throughout this procedure. A victim-centered approach includes seeking and maximizing input from patients in all decisions regarding care, including if and when to contact law enforcement and/or other resources. Keep in mind: A trafficked person may be fearful of authorities for many reasons including fear of incarceration or retaliation by traffickers against the victim or victim's family.

Mandatory reporting must be followed as required by federal and state laws throughout this procedure. Mandatory reporting refers to the legal requirement to report to authorities, including state and county agencies like child/adult protective services and law enforcement. If a person presents in such a way that requires mandatory reporting, the key to offering victim-centered care is to advocate on behalf of that person's needs and concerns with authorities.[30]

NOTE: For competent adults, a suspicion of human trafficking (without evidence of a wound or physical injury) may **not** be sufficient to require a report to law enforcement without the person's consent. For additional information about mandatory reporting, see *Human Trafficking 102: Recognizing & Responding to Victims* (available in MyJourney and/or PDF format) and the Dignity Health Human Trafficking Victims Community Resource Algorithm for your county.

A trauma-informed approach includes understanding the many effects of trauma and recognizing and appropriately responding to signs of trauma. For example, victims of human trafficking may

appear to be submissive, fearful, hypervigilant, or even uncooperative. Recognizing that a person's behavior and choices may be influenced by prior trauma enables a health care professional to better understand and provide compassionate care and services to that person.

A trauma-informed practice also includes observing all persons *including staff, physicians, volunteers, and contract employees* for signs of trauma triggers and vicarious trauma. Signs of a trauma trigger or vicarious trauma can include someone having a sudden negative response to an encounter (e.g., a client or staff member becoming upset). If such signs or symptoms are observed, then staff, physicians, volunteers, and contract employees are to seek support from the Attending Physician and/or Office Manager. The Attending Physician and/or Office Manager will debrief with Physicians, staff, and volunteers and seek additional support as needed.

For additional information, please see the following Dignity Health educational modules: *Human Trafficking 101: Dispelling the Myths* and *Human Trafficking 102: Recognizing & Responding to Victims.* A third module, *Human Trafficking 103: Case Scenarios,* is also available for class presentation and group discussion. This presentation includes ten case scenarios based on health care experiences shared by labor and sex trafficking survivors. Contact Holly Austin Gibbs, Human Trafficking Response Program Director, for details at holly.gibbs@dignityhealth.org.

III. Procedure

Responsibilities for each staff member are identified below and are summarized in a figure at the end of this procedure.

Steps for All Staff, Physicians, Volunteers, and Contract Employees:

1. Watch for red flags of human trafficking at all times within (or on the grounds of) any Dignity Health residency clinic.
    a. **NOTE**: For common red flags, see *Human Trafficking 101: Dispelling the Myths,* an educational module provided by Dignity Health, and *Identifying Victims of Human Trafficking: What to Look for in a Healthcare Setting,* a resource tool provided by the National Human Trafficking Resource Center.[31]
2. If red flags are observed at any time, notify the Attending Physician/Medical Provider and/or Office Manager/Lead. **NOTE**: If the victim is not a patient, notify Security (if available) and/or the National Human Trafficking Hotline at 1-888-373-7888.
3. Resume normal patient care unless otherwise instructed.
    a. **NOTE**: This includes contacting law enforcement for immediate safety concerns. (See Dignity Health's Administrative Policy on Workplace Violence).

Steps for Patient Care Staff

1. Assess all patients, particularly **vulnerable persons**, for human trafficking concerns. **NOTE**: Vulnerable persons include: "at-risk" children and youth (e.g., runaway and homeless youth); commercial sex workers; undocumented immigrants; persons struggling with homelessness, addiction, behavioral health concerns; and anyone lacking in family or community support, especially young mothers, foreign nationals, and persons with

learning disabilities. See the Dignity Health Assessment Tool "Assessing Vulnerable Persons for Human Trafficking Concerns".

2. If red flags or concerns of human trafficking are observed/determined during a patient's assessment, notify the Attending Physician/Medical Provider and Office Manager/Lead.
    a. **NOTE**: Victims of human trafficking (particularly females) may feel more comfortable working with a female health care provider/staff member. Whenever appropriate, discreetly ask the patient if s/he prefers to work with a particular provider/staff member (e.g., a male or female provider); however, **do not delay** emergency medical treatment or services (if applicable).
3. If there are immediate safety concerns for the patient or staff, notify appropriate and available resources (e.g., Security/Law Enforcement).
    a. **NOTE**: Unless otherwise requested, Security is to remain on alert/standby only.
4. Before approaching the patient to assess for safety concerns, relocate the patient to a private room and/or request all companions to leave the private room.
    a. **NOTE**: If there are no private rooms available, then relocate the patient to a setting that is as private as possible.
    b. **NOTE**: Do not use companions as interpreters; use the Cyracom or other tele-interpreting service for interpreter needs.
    c. **NOTE**: If any companion refuses to leave, it may be necessary to notify Security or law enforcement for support, particularly if the patient (or anyone else) is considered to be at risk of serious harm (i.e., the patient is suspected to be a current or recent victim of human trafficking).*
5. Approach the patient in the private room to assess and offer assistance. **Please note privacy concern**: Trafficker(s) may be listening in through the patient's cell phone or other electronics. The most ideal approach to offering assistance is as follows:
    a. Identify yourself and your role in the residency clinic
    b. Build rapport with the patient
    c. Request permission from your patient to ask questions about safety concerns
        i. Examples:[32] *I ask all my patients questions about violence because we know that violence is common in our society. Is it safe to ask you some questions right now? I'm concerned about your safety, and I would like to ask you some personal questions. Is it OK to ask you these questions now?*
    d. Disclose your status as a mandated reporter and explain limits to confidentiality
        i. **NOTE**: Do not discourage the patient from disclosing victimization
    e. Express concerns for the patient's safety. If appropriate, educate the patient on what human trafficking means and call attention to red flags.
        i. Tip: It may be helpful to share stories of survivors to help explain what human trafficking means and how victims can access help. See *Human Trafficking 101: Dispelling the Myths* for several recommendations of books/memoirs written by survivors of labor and sex trafficking.
    f. Educate the patient on his/her rights and on resources available in the community. (see the Human Trafficking Victims Community Resource Algorithm for your facility or county)
    g. Offer assistance (e.g., offer to provide assistance with contacting local resources)

NOTE: As highlighted in *Human Trafficking 102: Recognizing & Responding to Victims*, the goal when assessing a potential victim should not be "rescuing" or gaining a disclosure. The goal should be creating a safe, nonjudgmental space to build rapport, educate this person on his/her rights and options, and offer assistance.

6. If the patient discloses victimization and/or accepts or requests assistance with safety concerns, then follow the steps below. If the patient denies victimization or declines assistance at any time (even after the process of assistance has begun), then respect the patient's decision and move to Step 7. **NOTE**: If the patient discloses past human trafficking victimization and the patient's safety is no longer at risk, then consider best practices for providing longitudinal care to survivors of labor and/or sex trafficking.

    a. Ask the patient discreetly if a particular health care provider/staff member is preferred (e.g., a male or female provider), whenever possible.
    b. Notify Security (if available), particularly if the patient is considered to be at risk of serious harm (e.g., s/he discloses current or recent victimization).
        i. **NOTE**: Unless otherwise requested, Security will remain on standby/alert only.
    c. Complete any mandatory reporting requirements.
        i. **NOTE**: See the Human Trafficking Victims Community Resource Algorithm for your facility or county for mandatory reporting guidance and any contacts identified within law enforcement or other agencies (e.g., specific officers or agents who specialize in human trafficking cases).
        ii. **NOTE**: If law enforcement or another agency (e.g., child protective services) oversees remaining efforts to assist the patient, complete a Dignity Health Human Trafficking Case Record and resume normal patient care.
    d. Discuss advocacy and service provider options/resources available to the patient.
        i. **NOTE**: See the Human Trafficking Victims Community Resource Algorithm for your facility or county for local, state, and national resources.
    e. When necessary, notify the Attending Physician/Medical Provider to assist the patient in contacting resources per the patient's needs and approval or request.
        i. **NOTE**: See the Human Trafficking Victims Community Resource Algorithm for your facility or county for local, state, and national resources.

> **NOTE**: If time and resources are limited, it is recommended, at a minimum, to contact the National Human Trafficking Hotline at 1-888-373-7888 (or a local crisis response hotline).
>
> The National Human Trafficking Hotline is available 24/7 to screen patients over the phone for human trafficking victimization and to connect callers with local, state, and national resources. Hotline Specialists speak both English and Spanish and can communicate with callers in 200+ additional languages using a 24-hour tele-interpreting service.

f. Schedule a follow-up appointment.
    i. **NOTE**: This will allow for continued building of rapport and assessment for safety concerns.
g. Complete a Dignity Health Human Trafficking Case Record and resume normal patient care.
    i. **NOTE**: This includes debriefing the case with the Attending Physician/Medical Provider and Office Manager/Lead immediately or as soon as possible (ideally within 72 hours).
    ii. **NOTE**: This also includes evaluating the need to call a Chaplain (if available) or other personnel to provide emotional or spiritual support to the patient or those caring for the patient

7. If at any time the patient denies victimization or declines assistance (even after the process of assistance has begun), then respect the patient's decision and follow the steps below.
    a. In a compassionate manner, inform the patient that assistance is available if needed or requested at a later time and offer the National Human Trafficking Hotline card or other resource (e.g., hotline card for local crisis resource).
    b. Schedule a follow-up appointment.
        i. **NOTE**: This will allow for continued building of rapport and assessment for safety concerns.
    c. Complete any mandatory reporting requirements.
        i. **NOTE**: See the Human Trafficking Victims Community Resource Algorithm for your facility or county for mandatory reporting guidance and any key contacts identified for law enforcement or other agencies (e.g., officers or agents who specialize in human trafficking cases).*
    d. Complete a Dignity Health Human Trafficking Case Record and resume normal patient care.
        i. **NOTE**: This includes debriefing the case with the Attending Physician/Medical Provider and Office Manager/Lead immediately or as soon as possible (ideally within 72 hours).
        ii. **NOTE**: This also includes evaluating the need to call a Chaplain (if available) or other personnel to provide emotional or spiritual support to the patient or those caring for the patient.

*There are certain circumstances in which limited protected health information (PHI) may be shared with law enforcement even if mandatory reporting is not required. Per Code of Federal Regulations (CFR) Title 45 § 164.512, PHI may be shared (without the written authorization of the patient) if "in the exercise of professional judgment" it is believed that "the disclosure is necessary to prevent serious harm to the individual or other potential victims" *as instructed by statute or regulation*. Per Dignity Health policy 70.8.012, Discussing PHI as Required by Law Policy, staff must contact Dignity Health local legal counsel for guidance if there is a threat to the health or safety of an individual or individuals before sharing PHI with law enforcement (except in cases of imminent danger in the clinical setting). For additional information, see your Facility Compliance Professional (FCP), local legal counsel, or Dignity Health Policy 70.8.012.

Summary of Key Steps

Assess all patients, particularly vulnerable persons, for HT red flags/concerns and document all red flags/concerns accordingly. See the Dignity Health Assessment Tool "Assessing Vulnerable Persons for Human Trafficking Concerns"

Patient Care Staff: Notify Attending Physician/Medical Provider and Office Manager/Lead

NOTE: If there are immediate safety concerns for patient or staff, notify appropriate and available resources for support (e.g., Security or Law Enforcement)

Unless otherwise requested, Security is to remain on alert/standby only

Provide private room to assess and assist patient. NOTE: Contact law enforcement or other agency for support with immediate safety concerns (e.g., patient is a suspected victim and companion refuses to leave) and/or mandatory reporting requirements (e.g., patient is 17 years of age or younger)

Approach patient to assess and offer assistance. When necessary, notify Attending Physician/Medical Provider to assist patient in securing immediate placement/services (See HT Victims Community Resource Algorithm). If patient declines assistance, then respect patient's decision and offer National HT Hotline card or other resource

NOTE: Always complete HT Case Record for ALL suspected/known HT cases

Attending Physician/Medical Provider and Office Manager: Assist Patient Care staff as needed. Example: If patient accepts/requests assistance with immediate safety needs, Physician/Medical Provider or Office Manager/Lead will assist Patient Care staff in keeping patient in-house until assistance is complete. NOTE: Assess staff and patient for emotional or spiritual support needs and notify Chaplain or other resources as available and as needed

COLOR KEY:
Green – Patient Care Staff
Red – Attending Physician/Medical Provider and Office Manager
Orange – Security (if available)

Abbreviations:
HT – Human Trafficking

Dignity Health
Human Trafficking Victims Community Resource Algorithm
Yolo County, California

I. Purpose

This algorithm is a tool meant to be used in conjunction with a Dignity Health Human Trafficking Victim Response Procedure. The purpose of this algorithm is to provide guidance to Dignity Health staff, physicians, volunteers, and contract employees on mandatory reporting and to provide contact information for community resources, including law enforcement; agencies to protect children, youth, and adults; and service providers/advocates that provide services to trafficked persons.

II. Background

All persons using this algorithm are expected to have completed the following Dignity Health educational modules (available with competency test in MyJourney and PDF format): *Human Trafficking 101: Dispelling the Myths* and *Human Trafficking 102: Recognizing & Responding to Victims.* This includes Dignity Health staff, physicians, volunteers, and contract employees.

Human Trafficking 101: Dispelling the Myths covers misconceptions and definitions associated with human trafficking, prevalence of the crime, common red flags in the health care setting, and instructions on what to do if red flags of human trafficking are observed or determined. *Human Trafficking 102: Recognizing & Responding to Victims* covers **victim-centered care and trauma-informed care**, recommended practices for engaging vulnerable and trafficked persons, and information regarding established internal victim response procedures.

A **victim-centered, trauma-informed approach** should be practiced at all times when using this algorithm. A victim-centered approach includes seeking and maximizing input from persons in all decisions regarding care, including if and when to contact law enforcement and other resources. Keep in mind: A trafficked person may be fearful of authorities for many reasons including fear of incarceration or retaliation by traffickers against the victim or victim's family.

Mandatory reporting must be followed as required by federal and state laws throughout use of this algorithm. Mandatory reporting refers to the legal requirement to report to authorities, including state and county agencies like child/adult protective services and law enforcement. If a person presents in such a way that requires mandatory reporting, the key to offering a victim-centered approach is to continue to advocate on behalf of that person's needs and concerns with authorities.[33] For more information about mandatory reporting, see *Human Trafficking 102: Recognizing & Responding to Victims* (available in MyJourney and/or PDF format).

A trauma-informed approach includes understanding the many effects of trauma and recognizing and appropriately responding to signs of trauma. For example, victims of human trafficking may appear to be submissive, fearful, hypervigilant, or even uncooperative. Recognizing that a person's behavior and choices may be influenced by prior trauma enables a health care professional to better understand and provide compassionate care and services to that person.

A trauma-informed practice also includes assessing all persons *including staff, physicians, volunteers, and contract employees* for signs of trauma triggers and vicarious trauma. Signs of a trauma trigger or vicarious trauma can include someone having a sudden negative response to an encounter (e.g. a client or staff member becoming upset). If such signs or symptoms are observed, then staff, physicians, volunteers, and contract employees are to notify a Supervisor and seek emotional or spiritual support from a Social Worker, Chaplain, or other resource.

III. Community Resource Algorithm

Use this algorithm to connect with community resources when working with any person who may be a victim of human trafficking. **NOTE**: This algorithm uses the term "patient" to describe any person suspected or known to be a trafficked person. Please review your facility's Dignity Health Human Trafficking Victim Response Procedure before using this tool.

Children/Youth (age 17 or under)

If the patient is age 17 or under, then call CPS and specify that human trafficking (HT) is suspected. If the patient is presenting with a wound or physical injury (and that wound or injury is suspected to have been caused by abuse or assault), then health care practitioners are also required to call law enforcement (per California Penal Code Section 1160).* Please specify that HT is suspected and provide the following information: Name of the injured person, if known; the injured person's whereabouts; the character and extent of the person's injuries; and the identity of any person the injured person alleges inflicted the wound or injury.

Please refer to your facility's Dignity Health Human Trafficking Victim Response Procedure for additional instructions. **Otherwise, if the patient is an adult, see Adults.**

Division of Child Protective Services (CPS)	
CPS Reporting Hotline	Call 24-Hour Child Abuse Hotline (530) 669-2345
Victim Advocates and Service Providers – Crisis Response	
National HT Hotline	Call 24-hour National Hotline for suspected **sex trafficking** or **labor trafficking**: **1-888-373-7888.** (**NOTE**: Patient may be required to speak on the phone; interpreters available)
Empower Yolo (formerly the Sexual Assault & Domestic Violence Center, SADVC)	Crisis intervention services to battered women and sexual assault victims with a 24-hour crisis hotline, individual counseling, and an emergency battered women's shelter. **Crisis Hotlines: 530-662-1133 or 916-371-1907** • **Business Line**: 530-661-6336
Children of the Night, Van Nuys, CA	**24-hour crisis hotline:** (800) 551-1300 Residential program for victims of **sex trafficking**, ages 11–17 • Based in Van Nuys, CA • Open to **male** and female youth • Free taxi/airline transportation to 24-bed facility • On-site school, life skills education

Adults (age 18 and over)

STEP #1: **If the adult patient presents with a wound or physical injury** (and that wound or injury is suspected to have been caused by abuse or assault), then health care practitioners are required to call law enforcement (per California Penal Code Section 1160).* Please specify that HT is suspected and provide the following information: Name of the injured person, if known; the injured person's whereabouts; the character and extent of the person's injuries; and the identity of any person the injured person alleges inflicted the wound or injury. **If the adult patient is vulnerable (e.g., dependent or elderly), see Step #2.**

Otherwise, refer to your facility's Dignity Health Human Trafficking Victim Response Procedure for additional instructions.

STEP #2: If the patient is a vulnerable adult (e.g., dependent or elderly), then call the appropriate county welfare agency (e.g., Adult Protective Services, Long-Term Care Ombudsman Program) and/or law enforcement as soon as possible and specify that HT is suspected. **Please refer** to your facility's Dignity Health Human Trafficking Victim Response Procedure for additional instructions. **NOTE**: An elderly adult is any person over the age of 65. A dependent adult is any individual (between the ages of 18 and 64) who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities.

Law Enforcement – For Mandated Reporting and/or Patient Requests	
Local Law Enforcement **NOTE**: If crime did not occur in local area, another agency's involvement may be required.	Emergency: Call 911 or (530) 666-6612 Non-emergency: Call Yolo County Sheriff's Department Deputy at **530-666-8282** or **530-666-8920**. Please specify that HT is suspected.
Federal Law Enforcement	Dept. of Homeland Security: 866-DHS-2-ICE Federal Bureau of Investigations: 916-481-9110
Adult Protective Services (APS)	
Yolo County APS	(916) 375-6239 or toll-free at (888) 675-1115
Long-Term Care Ombudsman Program	For patients living in a long-term care facility, contact the 24-hour State CRISISline for the Ombudsman at 800-231-4024. Complete and submit an SOC341 form. Long-term care facilities include nursing homes, residential care facilities, etc.
Victim Advocates and Service Providers – Crisis Response	
National HT Hotline	Call 24-hour National Hotline for suspected **sex trafficking** or **labor trafficking**: **1-888-373-7888.** (**NOTE**: Patient may be required to speak on the phone; interpreters available)
Empower Yolo (formerly the Sexual Assault & Domestic Violence Center, SADVC)	Crisis intervention services to battered women and sexual assault victims with a 24-hour crisis hotline, individual counseling, and an emergency battered women's shelter. **Crisis Hotlines: 530-662-1133 or 916-371-1907** • **Business Line**: 530-661-6336

*There are certain circumstances in which staff may be permitted to share limited protected health information (PHI) with law enforcement even if mandatory reporting does not apply. Per Code of Federal Regulations (CFR) Title 45 § 164.512, PHI may be shared (without written authorization from the patient) if "in the exercise of professional judgment" it is believed that "the disclosure is necessary to prevent serious harm to the individual or other potential victims" *per statute and regulation*. Per Dignity Health policy 70.8.012, *Discussing PHI as Required by Law Policy*, staff must consult with Dignity Health local legal counsel if there is a threat to the health or safety of an individual or individuals before sharing PHI with law enforcement. For additional information, see the Dignity Health Facility Compliance Professional (FCP).

Additional Resources

Additional Regional Resources for Victims of Human Trafficking	
WEAVE: Women Escaping a Violent Environment. • *Adult and Underage Victims*	HT victim response services in Sacramento: crisis intervention, emergency response, and counseling. Call 24-hour hotline: 916-920-2952
A Community For Peace *Emergency Services*	Emergency safe house for women and their children (including those who have experienced sex or labor trafficking) • 24-hour hotline: 916-728-7210 • Spanish speaker available
My Sister's House *Emergency Services*	Recommended for foreign national victims, especially Asian and Pacific Islander populations. Emergency housing for women and children, case management, multilingual. • 24-hour hotline: 916-428-3271 (**NOTE**: Leave message if no answer)
Department of Labor	Department of Labor may also be an important resource for adult victims of labor trafficking.

Additional Resources: Refer to the Dignity Health "Human Trafficking Victims Community Resource Algorithm for Sacramento County, California" and/or see the GraceCity™ application.

Dignity Health HT Case Record – Acute Care Facility

When were red flags seen? ☐ ED Triage ☐ ED Treatment

☐ Admitted Unit: _____ ☐ MCH ☐ Other: _____

What were red flags? ☐ Accompanied by controlling companion ☐ Not speaking for self

☐ Medical/Physical Neglect ☐ Submissive, fearful, hypervigilant, or uncooperative

☐ Other: _____

Was Nurse Shift Mgr/Sup notified? ☐ Yes ☐ No **If no, why?** _____

Was patient placed in a private room? ☐ Yes ☐ No **If yes, where?** _____

Was Social Worker notified? ☐ Yes ☐ No **If no, why?** _____

Was it necessary to contact other staff/resources? ☐ Yes ☐ No

If yes, why and was the response timely and appropriate? _____

Was patient questioned privately about safety concerns? ☐ Yes ☐ No

If yes, who questioned the patient? _____

Did any certain questions work well / not well? _____

Did patient disclose victimization or immediate safety needs? ☐ Yes ☐ No

Did patient accept/request assistance with safety needs? ☐ Yes ☐ No

If YES, did the patient accept/request confidential status? ☐ Yes ☐ No

If NO, was patient offered the hotline card or any other resources? ☐ Yes ☐ No

If so, did patient accept hotline card or other resources? ☐ Yes ☐ No

Which of the following community resources were contacted on behalf of this patient?

Law enforcement agency/department(s): _____

Child/Adult Protective Services: _____

Victim Services: ☐ National HT Hotline ☐ Children of the Night

☐ Other: _____ ☐ Other: _____

Final outcome/placement for patient and concerns with procedure: _____

_____

_____

_____

Dignity Health HT Case Record – Residency Clinic

What were red flags? ☐ Accompanied by controlling companion ☐ Not speaking for self
☐ Medical/Physical Neglect ☐ Submissive, fearful, hypervigilant, or uncooperative
☐ Other: _____

Was Physician/Manager notified? ☐ Yes ☐ No **If no, why?** _____

Was patient placed in a private room? ☐ Yes ☐ No **If yes, where?** _____

Was it necessary to contact other staff/resources? ☐ Yes ☐ No

If yes, why and was the response timely and appropriate? _____

Was patient questioned privately about safety concerns? ☐ Yes ☐ No

If yes, who questioned the patient? _____

Did any certain questions work well / not well? _____

Did patient disclose victimization or immediate safety needs? ☐ Yes ☐ No

Did patient accept/request assistance with safety needs? ☐ Yes ☐ No

If YES, did the patient accept/request confidential status? ☐ Yes ☐ No ☐ n/a

If NO, was patient offered the hotline card or any other resources? ☐ Yes ☐ No

If so, did patient accept hotline card or other resources? ☐ Yes ☐ No

Which of the following community resources were contacted on behalf of this patient?

Law enforcement agency/department(s): _____

Child/Adult Protective Services: _____

Victim Services: ☐ National Hotline ☐ Children of the Night ☐ Other: _____

☐ Other: _____ ☐ Other: _____

Final outcome/placement for patient: _____

_____

_____

_____

_____

Concerns with procedure: _____

_____

_____

_____

Dignity Health Acute Care Facility – HTR Task Force Checklist

I. Purpose

The purpose of this checklist is to provide guidance to Human Trafficking Response (HTR) Task Forces regarding implementation of the HTR Program.

II. Background

Due to the size of the Dignity Health enterprise, responsibility of HTR Program implementation was delegated to the HTR Task Forces with support and guidance from System Program Leadership. Contact HTR Program Director, Holly Austin Gibbs, for a detailed description of HTR Program structure and leadership at Dignity Health: holly.gibbs@dignityhealth.org.

III. Checklist

This checklist provides HTR Task Forces with step-by-step action items for HTR Program implementation. The checklist is organized into the following sections:

- Identify Members and Establish Task Force Meetings
- Review and Implement Education
- Implement Victim Response and Documentation Procedures
- Review Cases to Ensure Evidence-Based Best Practices
- Ensure Sustainability of the Program
- Strengthen the Community

The first section falls to the HTR Task Force Lead(s). The next three sections must be completed by all departments/disciplines represented on the Task Force. Responsibility of the final two sections falls on the Task Force as a whole, although Mission Integration, particularly Community Health, often takes the lead with action items in the final section. Task Force members should delegate tasks as needed; however, each member is ultimately responsible for completing tasks and ensuring sustainability in their represented department.

Identify Members and Establish Task Force Meetings
Task Force Lead(s) will identify Task Force members to represent stakeholder departments/ disciplines in the facility. **NOTE**: At least one representative for each department should have capacity to attend meetings and authority to make decisions on behalf of that department.
Task Force Lead(s) will design a schedule for ongoing (e.g., quarterly) Task Force meetings to ensure continued representation, accountability, and engagement with each department. Meeting goals: Discuss recent cases (or lack thereof), present any recent cases from the community, evaluate progress and needs for staff education/awareness, and provide updates on efforts, events, and accomplishments within the facility, community, and across the system.
Task Force Lead(s) will design a structure or schedule to communicate ideas and obstacles with Steering Committee members representing their Service Area.
IMPORTANT: If the facility is based in California and includes an emergency department or urgent care center, ensure that state-mandated posters have been posted in the appropriate languages in the emergency department or urgent care center lobby.[34] **NOTE**: Dignity Health-approved posters (that meet state-mandated requirements) are available on SharePoint.

Review and Implement Education
Each Task Force member will complete *Human Trafficking 101: Dispelling the Myths* and *Human Trafficking 102: Recognizing & Responding to Victims* in MyJourney.
Each Task Force member will ensure that *Human Trafficking 101* and *102* are assigned in MyJourney to all management and staff in their department/discipline accordingly.
Each Task Force member will work with the Education Department to ensure new staff hires/transfers are assigned/provided education accordingly. **NOTE**: It is recommended to have Education represented on the Task Force to assist in tasks related to education.
Each Task Force will ensure that hospital leadership is educated on the Program and is aware of victim response procedures and educational modules. **NOTE**: It is recommended to regularly update hospital leadership on the program's progress/activities.
Each Task Force will ensure representation on the Task Force for physicians, and this representative will help to ensure physicians are educated on the Human Trafficking Response Program, including victim response procedures and educational modules.

Implement Victim Response and Documentation Procedures
Each Task Force Member will review the Dignity Health Human Trafficking Victim Response Procedure for Acute Care Facilities. **NOTE**: A one-page algorithm is included for patient care staff to easily reference key steps in the procedure.
Each Task Force will finalize a Human Trafficking Victims Community Resource Algorithm for their facility or county. **NOTE**: Up-to-date versions of each algorithm should be stored as instructed by System Program Leadership to allow easy access for all (e.g., in SharePoint or Policy Manager).
Each Task Force will assign a Task Force member (or members) to update the Community Resource Algorithm as needed. It is recommended that Social Work and Community Health work together to maintain this document as resources often change (e.g., service providers open, close, and change in capacity due to funding). **NOTE**: This may be a good assignment for Community Health or another representative who can attend meetings/events in the community.
Each Task Force member will ensure that members of staff in their represented discipline/ department are educated on their role(s) in the victim response procedure. **NOTE**: The Dignity Health Human Trafficking Victim Response Procedure for Acute Care Facilities is available in MyJourney to be assigned to staff in order for staff to acknowledge having read and understood the procedure.
Each Task Force will ensure that patient care staff have knowledge of and access to resources like the National Human Trafficking Hotline cards in English, Spanish, and any other necessary languages. These cards will be offered to patients as a resource when appropriate.

Review Cases to Ensure Evidence-Based Best Practices
The Task Force will create a structure for "debriefing meetings" in which appropriate Task Force Members and staff will meet to discuss suspected and known cases of human trafficking as needed. These meetings will occur within a few days following each case and should include only those who were involved with the case and/or those who need to know details about the case. This should include clinical department representatives, social work representatives, and Task Force Leads, at a minimum. **NOTE**: Limit the parties present for this sensitive discussion. Meeting goals: Discuss what went right/wrong about the case and assess the efficacy of staff

education, the victim response procedure, and community resources. **IMPORTANT**: Provide feedback and an electronic copy of the Human Trafficking Case Record to the HTR Program Director. This will ensure learnings are shared within the Dignity Health system (and within the health care field). **NOTE**: Human Trafficking Case Records and any protected health information must be emailed *securely*. Type *#secure#* in the subject line of the email.

Each Task Force will consider ways to share evidence-based best practices with others in their local health care community. Example: Present at a local conference on human trafficking.

Ensure Sustainability of the Program

Each Task Force will design ongoing strategies to keep staff educated, engaged, and aware of the issue and the HTR Program goals to identify victims and strengthen the community. Examples:

1. Sequoia Hospital held a day-long awareness event on-site with information tables, art exhibits, and vetted videos playing on a loop.
2. St. Bernardine Medical Center and Community Hospital San Bernardino both had a survivor speaker present at a staff Lunch & Learn.
3. The East Valley Foundation in Arizona provided scholarships for several members of staff from Mercy Gilbert Medical Center and Chandler Regional Medical Center to attend a large local conference on sex trafficking.
4. Chaplaincy at Methodist Hospital in Sacramento provided a reflection in the GSSA newsletter on February 8th, International Day of Prayer and Awareness Against Human Trafficking. Other notable dates: January is National Slavery and HT Prevention Month; January 11th is National HT Awareness Day, June 12th is World Day Against Child Labor, and July 30th is World Day Against Trafficking in Persons.

Strengthen the Community

Each Task Force will design or support vetted strategies to raise awareness about human trafficking in the community. Events to raise awareness about human trafficking can be coupled with strategies to raise funds. These funds can be used to support vetted local service providers/advocates and/or ongoing goals of the Task Force/Program (e.g., funding toward additional training to staff). Please contact System Program Leadership for guidance and support.

Example: Mercy Medical Center Redding coordinated a film screening event in the community and raised funds for their local Dignity Health Foundation and the local shelter for victims.

Each Task Force will design or support vetted strategies in the community to prevent human trafficking. Please contact System Program Leadership for guidance and support as needed.

Examples: Educate youth in the community about human trafficking (or support programs that educate youth on this topic), create and/or support community programs that assist vulnerable populations, design awareness campaigns within the facility to educate patients and visitors about human trafficking, support efforts to eliminate human trafficking and other forms of exploitation from supply chains and other services within the facility or community, etc.

Each Task Force will engage with local first responders and other key stakeholders to assess education needs. Key stakeholders include mental health response teams, emergency medical technicians, child protective service agencies, law enforcement, etc. It is important to ensure local first responders are educated on human trafficking, as well as victim-centered care and trauma-informed practices. If and when necessary, offer to provide education using tools created

by System Program Leadership and/or in collaboration with vetted resources in the community. Example: St. Mary Medical Center in Long Beach organized a training for staff and frontline responders in collaboration with a local survivor leader and anti-trafficking organization. **NOTE**: A Task Force member in Education or Community Health should be identified to provide community education when needed. See the SharePoint Site for presentations created specifically for educating members of and stakeholders in the community.
Each Task Force will engage with current efforts in the community to bring stakeholders together. Example: Join vetted local task forces and coalitions on human trafficking, ensure regular representation by Dignity Health (e.g., by a Community Health Task Force member), and ensure regular feedback from that representative to Task Force Members. **NOTE**: If local efforts toward collaboration are lacking, then the Task Force will work to create a local collaborative network. Example: Sierra Nevada Memorial Hospital helped to create a coalition in which community partners/stakeholders meet regularly at the hospital for meetings.
Each Task Force will design strategies to engage employees and provide employees with updates and information about the Task Force and any local events/opportunities as appropriate. Suggestions: Invite a Communications representative to join the Task Force and write newsletter articles about the Task Force's accomplishments/opportunities and about local events.
Each Task Force will work with their appointed facility/Service Area-based Policy Advocacy Liaison (PAL) to support system-wide policy and advocacy priorities that address human trafficking, including but not limited to, responding to Dignity Health Advocacy Legislative Alerts; educating the community about Dignity Health's commitment to protect and provide care to vulnerable populations, including trafficked victims/survivors; and relaying information to PAL about policy and advocacy efforts that are occurring or of concern in the community.

PART IV: DEFINITIONS

Commercial Sex Act – As defined by the TVPA, a commercial sex act is any sex act on account of which anything of value is given or received by any person (e.g., money, drugs, and survival needs like food, transportation, and shelter).

Debt Bondage – As defined by the U.S. Department of State, debt bondage is a form of coercion with the use of a bond or debt. "Some workers inherit debt; for example, in South Asia it is estimated that there are millions of trafficking victims working to pay off their ancestors' debts. Others fall victim to traffickers or recruiters who unlawfully exploit an initial debt assumed, wittingly or unwittingly, as a term of employment. Debts taken on by migrant laborers in their countries of origin, often with the involvement of labor agencies and employers in the destination country, can also contribute to a situation of debt bondage. Such circumstances may occur in the context of employment-based temporary work programs in which a worker's legal status in the destination country is tied to the employer and workers fear seeking redress."[35]

Human Trafficking – Human trafficking, otherwise known as *trafficking in persons*, generally refers to the TVPA's definition of a "severe form of trafficking in persons" (especially when used in the legal sphere in the United States). A severe form of trafficking in persons refers to a form of human trafficking that is punishable by U.S. federal law and is defined as follows:

1. The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act in which that act is induced by force, fraud, or coercion; or in which the person induced to perform such act has not yet attained 18 years of age; or
2. 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

NOTE: Legal definitions of human trafficking may vary according to state legislation. For example, certain states may view a teenager (under the age of 18) who is induced to perform a commercial sex act *without* use of force, fraud, or coercion as a criminal, not a victim.

Involuntary servitude – As defined by the TVPA, involuntary servitude includes any condition of servitude induced by means of (1) any scheme, plan, or pattern intended to cause a person to believe that, if the person did not enter into or continue in such condition, that person or another person would suffer serious harm or physical restraint, and (2) the abuse or threatened abuse of the legal process.

Red Flags – A red flag associated with human trafficking is any observable sign that might indicate human trafficking. The Dignity Health triage screening currently includes the following red flags: (1) Accompanied by a controlling person, (2) Not speaking for self, (3) Medical and/or physical neglect, (4) Submissive, fearful, hypervigilant, and/or uncooperative, and (5) Other. The "other" category is important as there are numerous additional signs that could indicate human trafficking. **NOTE**: The National Human Trafficking Resource Center offers a resource titled, *Identifying Victims of Human Trafficking: What to Look for in a Healthcare Setting*.[36] This

useful tool describes red flags, general indicators, and health indicators of human trafficking, as well as other tips for victim identification and response to trafficked persons in the health care setting.

Trafficker – As defined by the TVPA, a trafficker is anyone who induces, recruits, harbors, transports, provides, or obtains another person with the use of force, fraud, or coercion for the purpose of commercial sex, labor, or other services (whether those services are legal or illegal), or anyone who induces an individual under the age of 18 to perform a commercial sex act.

Trafficking Victims Protection Act (TVPA) – The TVPA is federal legislation passed in 2000 to address human trafficking occurring within the Unites States.[37]

Trauma-Informed Care – Trauma-informed care is also referred to as a *trauma-informed approach.* Trauma-informed care is defined as "an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma-informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers…."[38] Trauma-informed care includes understanding the many effects of trauma and recognizing and appropriately responding to signs of trauma. For example, trafficked persons may appear to be submissive, fearful, hypervigilant, or uncooperative. Recognizing that a person's behavior and choices may be influenced by prior trauma enables a health care professional to better understand and provide compassionate care to that person.

A trauma-informed practice also includes assessing all persons *including staff, physicians, volunteers, and contract employees* for signs of trauma triggers and vicarious trauma. Signs of a trauma trigger or vicarious trauma can include someone having a sudden negative response to an encounter (e.g., a patient or staff member becoming upset). If such signs or symptoms are observed, then Dignity Health staff, physicians, volunteers, and contract employees are advised to notify a Supervisor and seek emotional or spiritual support from a Social Worker or Chaplain.

Trigger – As defined by GoodTherapy.org, a trigger is any experience that "'re-triggers' trauma in the form of flashbacks or overwhelming feelings of sadness, anxiety, or panic. The brain forms a connection between a trigger and the feelings with which it is associated, and some triggers are quite innocuous. For example, a person who smelled incense while being raped might have a panic attack when he or she smells incense in a store."[39]

Vicarious Trauma (aka secondary trauma, compassion fatigue) – As defined by GoodTherapy.org, vicarious trauma "can be described as indirect exposure to a traumatic event through first-hand account or narrative of that event… Therapists and other helpers often hear stories of traumatic experiences in the course of their work. At times, hearing these stories may overwhelm them and lead them to experience, to a lesser extent, the same feelings faced by the trauma survivors in their care. Vicarious trauma typically involves a shift in the world view of the helper. The helper's beliefs about the world may be altered and/or damaged by repeated exposure to traumatic material, for example."[40]

Victim-Centered Approach – A victim-centered approach is also referred to as *victim-centered care* and, in health care settings, as a *patient-centered approach* or *patient-centered care*. The

Office for Victims of Crime (OVC) defines a victim-centered approach as "the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner."[41] This includes seeking and maximizing input from persons in all decisions regarding care, including if and when to contact law enforcement and other resources. Keep in mind: A trafficked person may be fearful of authorities for many reasons including fear of incarceration or retaliation against the victim or victim's family.

Mandatory reporting must be followed as required by federal and state laws throughout this procedure. Mandatory reporting refers to the legal requirement to report to authorities, including state and county agencies like child/adult protective services and law enforcement. If a person presents in such a way that requires mandatory reporting, the key to offering victim-centered care is to advocate on behalf of that person's needs and concerns with authorities.[42]

NOTE: For competent adults, a suspicion of human trafficking (without evidence of a wound or physical injury) may **not** be sufficient to require a report to law enforcement without the person's consent. Mandatory reporting requirements should be included in any education or discussion regarding a victim- or patient-centered approach. Dignity Health staff, physicians, volunteers, and contract employees are advised to refer to the following Dignity Health educational module for additional information on mandatory reporting: *Human Trafficking 102: Recognizing & Responding to Victims* (available in MyJourney and/or PDF format).

Victim of Human Trafficking – As defined by the TVPA, there are three victim populations associated with criminal human trafficking:[43]

1. Anyone under age 18 induced to perform a commercial sex act **under any circumstance**
2. Any adult induced to perform a commercial sex act through **force, fraud, or coercion**
3. Anyone, **of any age**, induced to perform labor/services through the use of force, fraud, or coercion, including situations of involuntary servitude, debt bondage, and slavery

PART V: REFERENCES AND NOTES

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