

Draft Protocol for  
Emergency Response and Linkage to Medical Care  
For Survivors of Human Trafficking

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## **Purpose**

This protocol template was developed in August 2010 to provide Ohio communities with a template for responding to the needs of human trafficking survivors. Because Ohio communities are diverse in their existing capacity to serve human trafficking survivors, this protocol was designed to be customized to fit the unique needs of each community. This protocol outlines a progression of services from the time a survivor leaves the trafficking situation until they reach self sufficiency.

## **Human Trafficking HealthCare Protocol**

In February 2011, Ruth Downing, MSN RN CNP SANE-A, Founder and President of Forensic Healthcare Consulting, organized a planning group to develop healthcare response protocols for serving victims of trafficking in Ohio. Noting that the majority of trafficking victims have been identified by coalitions, trained providers and Good Samaritans in Ohio, this group recognized the importance of creating strong linkages between anti-human trafficking coalitions and health care responders. This document expands on the protocol developed by the Ohio Trafficking in Persons Study Commission Victim Services Committee in August 2010 to enhance the collaboration between health care providers and coalitions.

## **Human Trafficking in Ohio**

According to the *Ohio Trafficking in Persons Study Commission Research and Analysis Sub-Committee Report on the Prevalence of Human Trafficking in Ohio* (Williamson et al., 2010), Ohio is a destination state for international victims of sex and labor trafficking and an origin state for domestic victims of sex and labor trafficking. This study estimates that at least 3,437 foreign born persons are at risk of labor and/or sex trafficking in Ohio, 783 of whom are believed to be trafficked today. Additionally, the study estimates that 2,879 youth are at risk of domestic minor sex trafficking, and 1,078 have been victimized by sex trafficking over the past year. Thus, it is anticipated that Ohio communities may encounter American youth and adults who have been trafficked in the sex trade and foreign born youth and adults who have been trafficked in sex and/or labor settings. Because of the diversity of potential trafficking situations, communities should take steps to prepare to meet a wide range of needs presented by survivors.

## **Confidentiality**

Maintaining strict confidentiality about survivors and trafficking situations is critical to the safety and wellbeing of trafficking survivors and their advocates. Communities engaging in anti-trafficking emergency response and long-term care for survivors should take steps to ensure that providers understand and practice confidentiality.

## **Preparation for Serving Trafficking Survivors**

Having immediate services available for trafficking survivors is critical. Because of the nature of human trafficking, the need for services may arise with short notice. Throughout Ohio, few systems of service delivery exist that are designated specifically for trafficking survivors. In communities where no designated services are present, existing service providers can be trained to understand the unique dynamics of human trafficking. One approach to mobilizing existing services is to develop a service matrix of existing providers in key areas, such as emergency response, case management, housing, basic needs assistance, interpretation/translation, medical care, counseling/mental health treatment, legal advocacy, residential treatment and spiritual care. Through advance preparation, communities ensure that providers are trained and prepared to respond when a trafficking case is identified.

An anti-trafficking coalition is an effective vehicle for developing such a matrix. New coalitions should begin developing a system or package of services and a resource reference manual that can be readily used, especially in an emergency, to avoid resorting to ad hoc service provision when a victim is identified on short notice. In communities where a large coalition is not feasible, a smaller group of organizations and individuals can work together to develop a plan for Emergency Response. For the purposes of this protocol template, the term

coalition will be used to refer to the body that has assumed responsibility for developing an Emergency Response System for trafficking victims. The Coalition should assign a Point Person to serve as the first point of contact for responding to trafficking emergencies. Having a single point of contact simplifies the process for those seeking assistance.

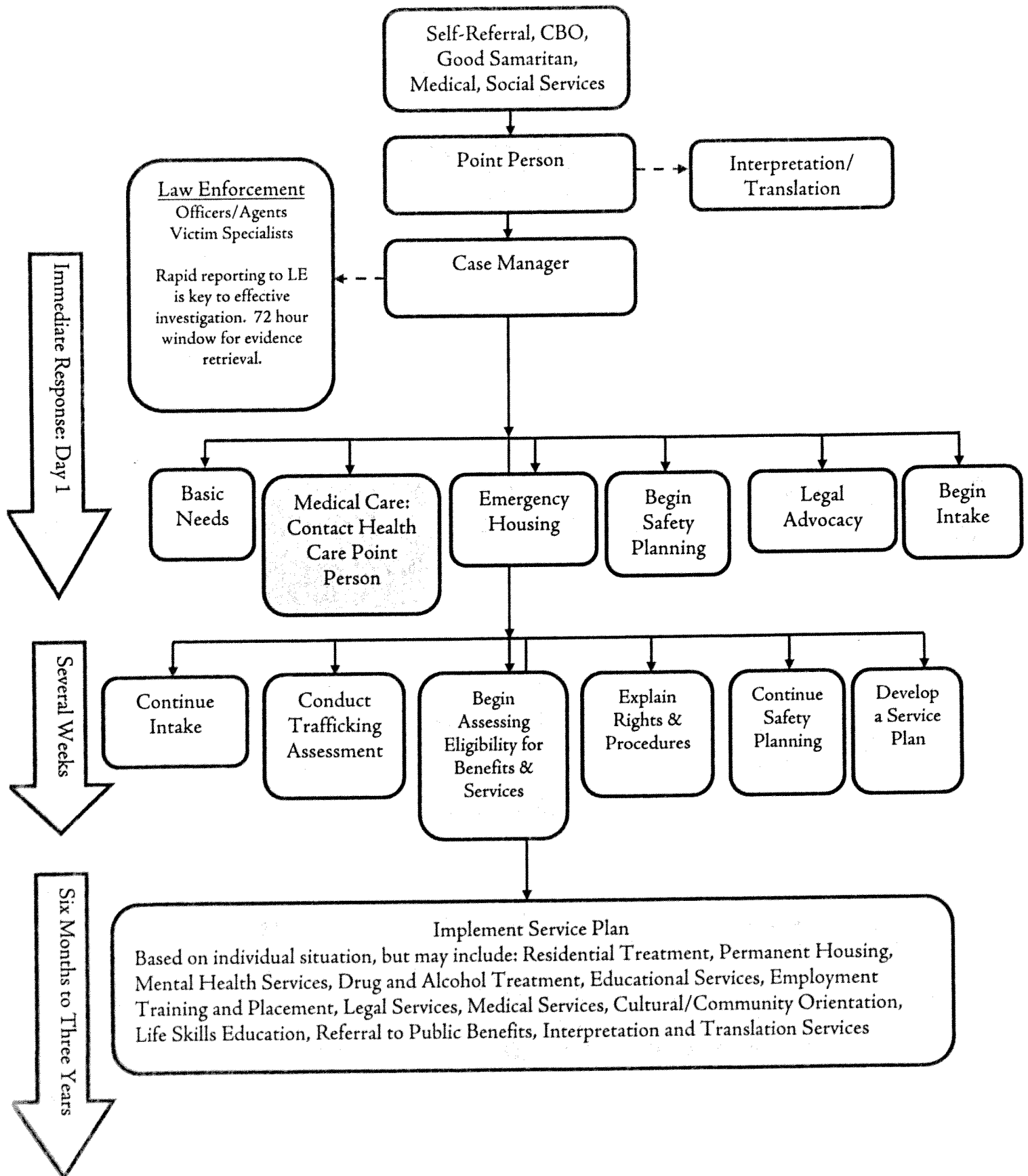
A sample service matrix is provided below, noting the types of service needs typically encountered by trafficking survivors.

<b>Sample Service Matrix</b>						
<b>Service Category</b>	<b>Provider</b>	<b>Contact Person</b>	<b>Contact Person Phone</b>	<b>Contact Person Email</b>	<b>Provider Address</b>	<b>Comments</b>
<b>24 Hour Emergency Response</b>						
<b>Case Management</b>						
<b>Basic Needs</b>						
<b>Residential Treatment</b>						
<b>Survivor Peer Support</b>						
<b>Short Term Housing</b>						
<b>Permanent Housing</b>						
<b>Interpretation</b>						
<b>Medical Care</b>						
<b>Trauma-Specific Counseling</b>						
<b>AOD Treatment</b>						
<b>Legal Advocacy</b>						
<b>Spiritual Care</b>						

### **Responding to Trafficking in Persons**

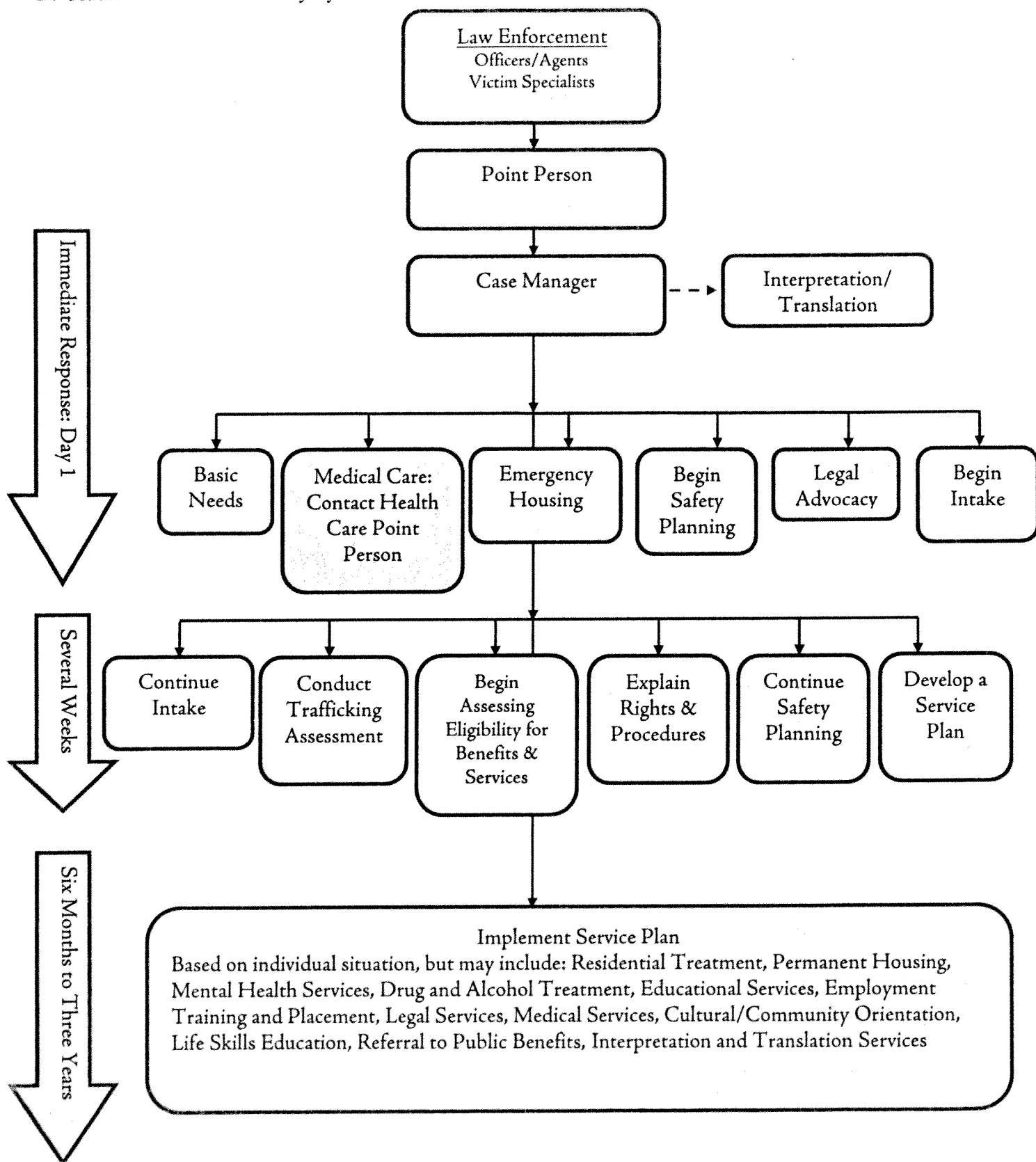
The Point Person may become aware of a trafficking situation requiring service for survivors in a variety of ways. In some cases, coalitions may be contacted directly by trafficking survivors seeking help. In other cases, community based organizations, Good Samaritans or medical providers may contact the coalition about a survivor needing services. In other cases, law enforcement may identify a trafficking situation and contact the coalition about providing services for a survivor. Guidelines for responding to each situation are outlined below. The steps and partners identified in the flow chart represent the ideal working partnerships to best serve survivors. Depending on a community's unique situation, the steps may be modified.

A. Adult Survivor: Discovery by Self-Referral, Community Based Organization, Good Samaritan, Medical Providers, Social Services



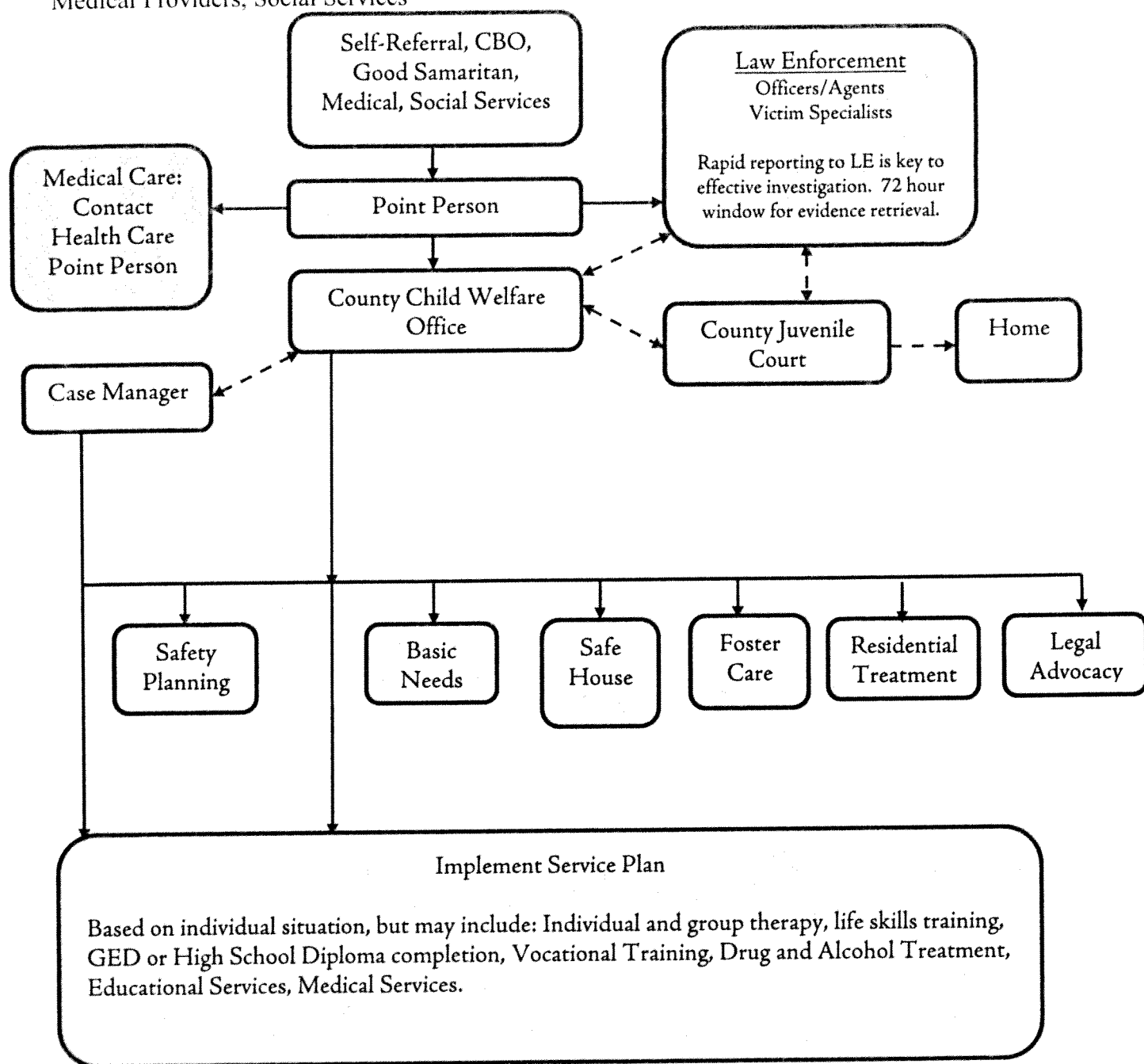
1. Once a case is identified, the Point Person should follow the steps outlined below to help the adult survivor from the point of rescue through long term rehabilitation.
2. In some systems, the Point Person will also serve as the case manager, working with the survivor from the point of rescue through long term care. In other systems, the Point Person will contact/assign the most appropriate case manager to provide long term care. Ideally, the person responding at the time of rescue would continue working with the survivor in a case management role, to facilitate trust building and reduce the potential for retraumatization.
3. Once the Point Person/Case Manager is established, he or she will:
  - a. Arrange safe shelter for the survivor.
  - b. Assess and meet the survivor's basic and immediate needs.
  - c. Contact the Human Trafficking Healthcare Provider Point Person within the Coalition.
    - i. Healthcare Provider arranges for and/or provides screening.
  - d. Arrange for interpretation and translation if necessary.
  - e. Locate a legal advocate.
  - f. Conduct intake (may take place over several visits)
    - i. The person doing intake should be from a social services agency or a legal services organization. S/he must understand the confidentiality issue involved with receiving intake. A Standardized Intake Form should be utilized by all service providers on the Coalition and only limited/basic information should be included.
    - ii. Case/client details will not be shared with the Coalition; however, members of the Coalition may be contacted for resources needed for a particular case/client.
    - iii. It is important to assess the survivor's initial willingness to report the crime to law enforcement. Rapid reporting is critical to effective investigations. Law enforcement typically has a 72 hour window in which to collect biological and other evidence that will assist in prosecuting the trafficker(s).
4. Next Steps: Over Next Few Days, Case Manager will:
  - a. Begin to assess eligibility for social services and other benefits
  - b. Explain rights, procedures and rules the survivor will need to follow
  - c. Develop a safety plan
  - d. Develop a service plan.
5. The Case Manager will provide comprehensive, long term case management with the survivor to meet goals identified on the service plan, such as:
  - a. Residential Treatment
  - b. Permanent Housing
  - c. Counseling/Mental Health Services
  - d. Employment Training and Placement
  - e. Educational Services
  - f. Legal Services
  - g. Medical Services
  - h. Cultural/Community Orientation
  - i. Life Skills Education
  - j. Referral to Public Benefits
  - k. Interpretation and Translation Services
6. For cases under investigation by law enforcement, the Case Manager may facilitate a Team Meeting of key people involved with supporting the recovery of the survivor and investigating the crime. Participants may include the Case Manager, Law Enforcement, residential program staff, the survivor's therapist and others. The purpose is to promote effective communication, coordinate services and best prepare the survivor to serve as a credible witness.

## B. Adult Survivor: Discovery by Law Enforcement



- A. When feasible, law enforcement will call a meeting with the Point Person to give notice prior to a raid. In order to prepare the appropriate services, law enforcement will detail the needs of the possible victims. The basic information given should include:
  - a. When to expect the survivors.
  - b. How many survivors to expect.
  - c. Languages spoken.
  - d. Any potential health issues/concerns.
- B. During the initial referral process between law enforcement and the Point Person, survivors may need temporary housing (e.g., shelter). The Point Person will work with local shelters to secure emergency housing.
- C. Because of the sensitive nature of these investigations, early notice is not always possible. In order to ensure that the needs of possible survivors are best met under the circumstances, the Point Person and services providers will provide the best up-to-date information to law enforcement about resources that are available on a regular basis so that law enforcement can take into account the support available following a raid.
- D. The Coalition Point Person will follow steps two through six of the discovery by CBO/Good Samaritan (see page 4) in responding to a raid.

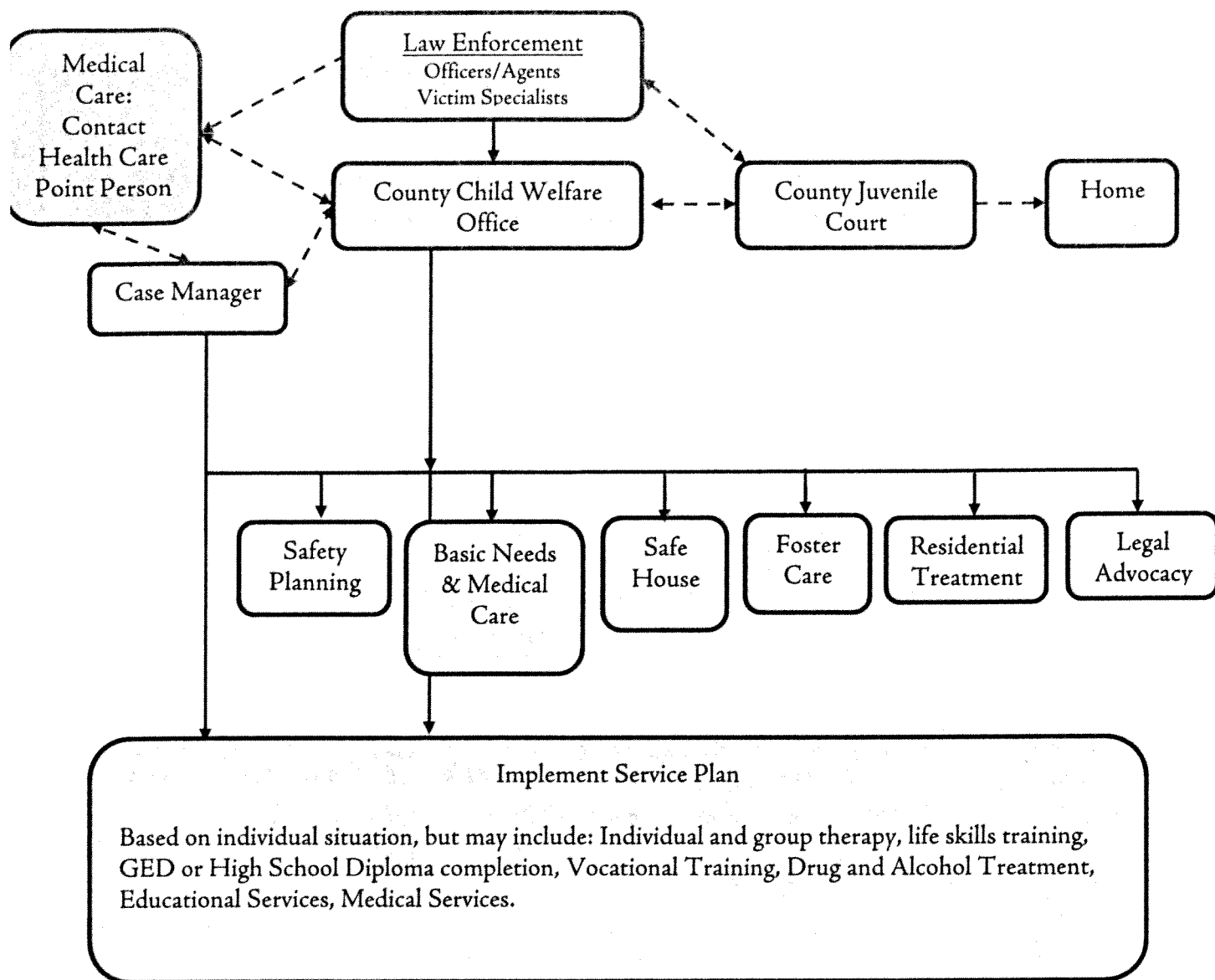
C. Domestic Minor Survivor: Discovery by Self-Report, Community Based Organization, Good Samaritan, Medical Providers, Social Services





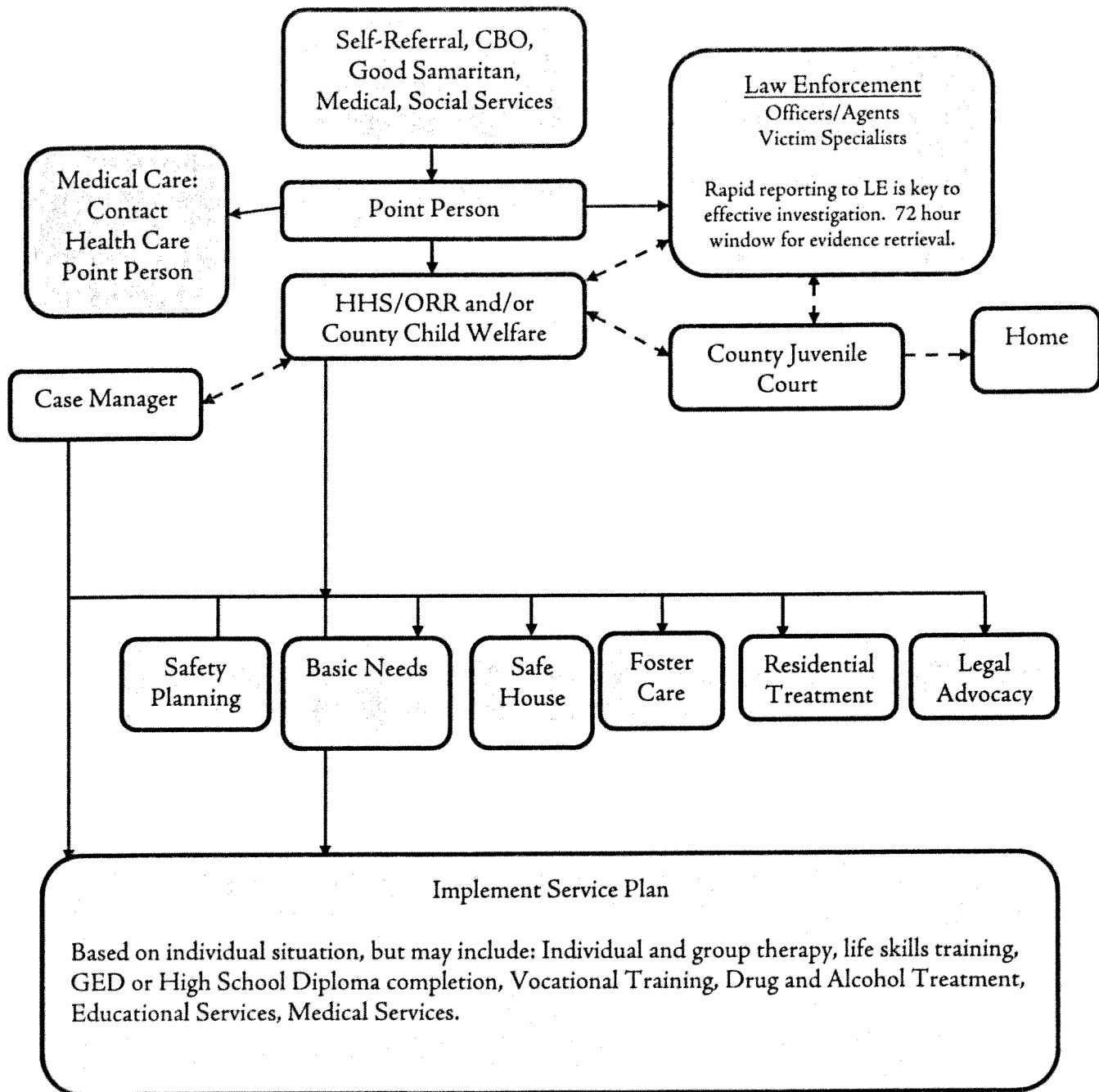
1. When a domestic minor trafficking survivor is discovered and reported to the Point Person, the Point Person will immediately involve the county Child Welfare agency as they are the only legal entity with the authority to take temporary custody of a minor.
2. The Point Person should contact Law Enforcement immediately after Child Welfare to facilitate the opening of an investigation.
3. Working with Law Enforcement and Child Welfare, the Point Person should advocate for an immediate healthcare screening. The Point Person should contact the Contact the Human Trafficking Healthcare Provider Point Person within the Coalition. The Healthcare Provider arranges for and/or provides screening.
4. The Child Welfare Agency and/or Law Enforcement will make contact with the county Juvenile Court. The Juvenile Judge or Magistrate will decide whether the minor is sent back home or made a ward of the state.
5. If the child is made a ward of the state, then the Child Welfare agency will determine the final placement of the child.
6. In the case of kidnapped minors or other unusual circumstances, Juvenile Court may decide to send the child back home.
7. The Child Welfare agency may choose to enlist the support of a case manager from the local anti-trafficking coalition to provide trafficking specific services for the youth. If a case manager is engaged, he or she will assist with meeting the child's immediate needs, safety planning, linking them with legal assistance and coordinating a safe, therapeutic placement for the child, in foster care, residential treatment or a safe house.
8. Once the child is in a safe, therapeutic setting, the case manager in conjunction with treatment providers will coordinate the services the child needs to begin rebuilding his or life, such as individual and group therapy, life skills training, GED or High School Diploma completion, vocational training, drug and alcohol treatment, educational services and medical services.
9. For cases under investigation by law enforcement, the Case Manager may facilitate a Team Meeting of key people involved with supporting the recovery of the survivor and investigating the crime. Participants may include the Case Manager, Children Services Worker, Law Enforcement, residential program staff, the survivor's therapist and others. The purpose is to promote effective communication, coordinate services and best prepare the survivor to serve as a credible witness.

D. Domestic Minor Survivor: Discovery by Law Enforcement.



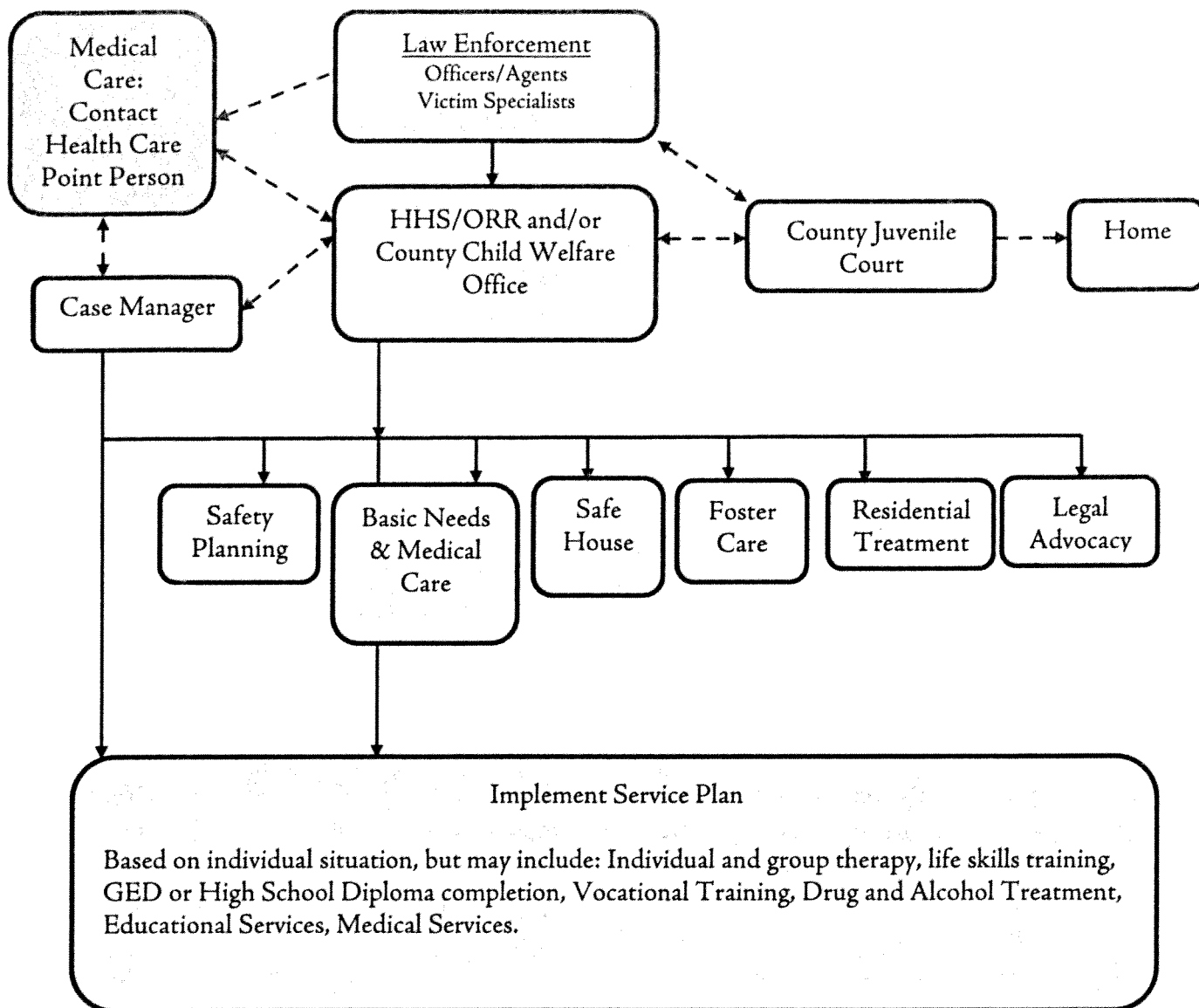
1. When a domestic minor trafficking survivor is discovered by law enforcement, the law enforcement agency will immediately involve the county Child Welfare agency as they are the only legal entity with the authority to take temporary custody of a minor. Law Enforcement should then contact the local Coalition's Healthcare Provider Team.
  - a. The Healthcare Provider arranges for and/or provides screening.
2. The Child Welfare Agency and/or Law Enforcement will then make contact with the county Juvenile Court. The Juvenile Judge or Magistrate will decide whether the minor is sent back home or made a ward of the state.
3. If the child is made a ward of the state, then the Child Welfare agency will determine the final placement of the child.
4. In the case of kidnapped minors or other unusual circumstances, Juvenile Court may decide to send the child back home.
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7. For cases under investigation by law enforcement, the Case Manager may facilitate a Team Meeting of key people involved with supporting the recovery of the survivor and investigating the crime. Participants may include the Case Manager, Children Services worker, Law Enforcement, residential program staff, the survivor's therapist and others. The purpose is to promote effective communication, coordinate services and best prepare the survivor to serve as a credible witness.

E. Foreign National Minor Survivor: Discovery by Self-Report, Community Based Organization, Good Samaritan, Medical Providers, Social Services



1. When a foreign national minor trafficking survivor is discovered and reported to the Point Person, the Point Person will immediately contact the Child Protection Specialist at Health and Human Services/Office of Refugee Resettlement. HHS/ORR can issue interim assistance and/or an eligibility letter that would allow an unaccompanied child victim of trafficking to access services/benefits, including the Unaccompanied Refugee Minor Program. Additional information can be accessed through the following link: [http://www.acf.hhs.gov/trafficking/about/ATIP\\_Request\\_Assistance\\_Child\\_Victims\\_Trafficking.pdf](http://www.acf.hhs.gov/trafficking/about/ATIP_Request_Assistance_Child_Victims_Trafficking.pdf).
2. In states such as Ohio where the Unaccompanied Refugee Minor Program is not present, HHS/ORR will work with the county Child Welfare agency as they are the only legal entity with the authority to take temporary custody of a minor.
3. The Point Person should contact Law Enforcement immediately after contacting HHS/ORR to facilitate the opening of an investigation. Law Enforcement will work with HHS/ORR and/or the Child Welfare Agency.
4. Working with Law Enforcement and Child Welfare, the Point Person should advocate for an immediate healthcare screening. The Point Person should contact the Contact the Human Trafficking Healthcare Provider Point Person within the Coalition. The Healthcare Provider arranges for and/or provides screening.
5. The Child Welfare Agency will then make contact with the county Juvenile Court. The Juvenile Judge or Magistrate will determine the child's legal status and whether the child will be made a ward of the state.
6. If the child is made a ward of the state, then the Child Welfare agency will determine the final placement of the child.
7. In the case of kidnapped minors or other unusual circumstances, Juvenile Court may decide to return the child to his or her parents.
8. The Child Welfare agency may choose to enlist the support of a case manager from the local anti-trafficking coalition to provide trafficking specific services for the youth. If a case manager is engaged, he or she will assist with meeting the child's immediate needs, linking them with legal assistance and coordinating a safe, therapeutic placement for the child, in foster care, residential treatment or a safe house.
9. Once the child is in a safe, therapeutic setting, the case manager in conjunction with treatment providers will coordinate the services the child needs to begin rebuilding his or life, such as individual and group therapy, life skills training, GED or High School Diploma completion, vocational training, drug and alcohol treatment, educational services and medical services.
10. For cases under investigation by law enforcement, the Case Manager may facilitate a Team Meeting of key people involved with supporting the recovery of the survivor and investigating the crime. Participants may include the Case Manager, HHS/ORR representative, Law Enforcement, residential program staff, the survivor's therapist and others. The purpose is to promote effective communication, coordinate services and best prepare the survivor to serve as a credible witness.

F. Foreign National Minor Survivor: Discovery by Law Enforcement.



1. When a foreign national minor trafficking survivor is discovered by Law Enforcement, Law Enforcement will immediately contact the Child Protection Specialist at Health and Human Services/Office of Refugee Resettlement. HHS/ORR can issue interim assistance and/or an eligibility letter that would allow an unaccompanied child victim of trafficking to access services/benefits, including the Unaccompanied Refugee Minor Program. Additional information can be accessed through the following link:  
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2. In states such as Ohio where the Unaccompanied Refugee Minor Program is not present, HHS/ORR will work with the county Child Welfare agency as they are the only legal entity with the authority to take temporary custody of a minor.
3. Law Enforcement should then contact the local Coalition's Healthcare Provider Team. The Healthcare Provider arranges for and/or provides screening.
4. The Child Welfare Agency and/or Law Enforcement will then make contact with the county Juvenile Court. The Juvenile Judge or Magistrate will determine the child's legal status and whether the child will be made a ward of the state.
5. If the child is made a ward of the state, then the Child Welfare agency will determine the final placement of the child.
6. In the case of kidnapped minors or other unusual circumstances, Juvenile Court may decide to send the child back home.
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# Ohio Human Trafficking Coalitions

- ⌘ Central Ohio Rescue and Restore Coalition
  - ⌘ Trisha Smouse, 614-358-2614, The Salvation Army
  - ⌘ [Trisha.smouse@use.salvationarmy.org](mailto:Trisha.smouse@use.salvationarmy.org)
  - ⌘ [www.centralohiorescueandrestore.org](http://www.centralohiorescueandrestore.org)
- ⌘ End Slavery Cincinnati
  - ⌘ Erin Meyer, 513-762-5658, The Salvation Army
  - ⌘ Hotline 513-800-1863
  - ⌘ [Erin.meyer@use.salvationarmy.org](mailto:Erin.meyer@use.salvationarmy.org)
- ⌘ Lucas County Human Trafficking Coalition, Toledo, Ohio
  - ⌘ Celia Williamson, PhD, 419-530-4084, University of Toledo
  - ⌘ [Cwillia4@UTNet.UToledo.edu](mailto:Cwillia4@UTNet.UToledo.edu)
- ⌘ The Northeast Ohio Coalition Against Human Trafficking
  - ⌘ Karen Walsh, 440-356-2254, Collaborative Initiative to End Human Trafficking
  - ⌘ [kwalsh@hmministry.org](mailto:kwalsh@hmministry.org)
- ⌘ Abolition Ohio The Rescue and Restore Coalition in the Miami Valley
  - ⌘ Anthony Talbott, 937-229-4326, University of Dayton
  - ⌘ [Abolition.Ohio@gmail.com](mailto:Abolition.Ohio@gmail.com)
  - ⌘ [AbolitionOhio.org](http://AbolitionOhio.org)
- ⌘ Human Trafficking Collaborative of Lorain County
  - ⌘ Mindi Kuebler RN,BSN,SANE-A, 440-204-9122, the Nord Center
  - ⌘ [mkuebler@nordcenter.org](mailto:mkuebler@nordcenter.org)
- ⌘ The Northwest Ohio Coalition Against Human Trafficking
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- ⌘ Mahoning Valley Organizing Collaborative
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- ⌘ Southeast Ohio Human Trafficking Coalition
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  - ⌘ Michelle Carpenter, 740-439-7233, [havenofhope@firewireinternet.com](mailto:havenofhope@firewireinternet.com), Haven of Hope



- Central Ohio Rescue and Restore Coalition
- End Slavery Cincinnati
- Abolition Ohio Miami Valley
- Northwest Ohio Coalition Against Human Trafficking
- Lucas County Human Trafficking Coalition
- Northeast Ohio Human Trafficking Coalition
- Human Trafficking Coalition of Lorain County
- Mahoning Valley Organizing Collaborative
- Southeast Ohio Human Trafficking Coalition

## References

South Bay Coalition to End Human Trafficking (2008). Responding to Trafficking in Persons: San Francisco South Bay. Retrieved from <http://www.sbcteht.com/>.

Williamson, C., Karandikar-Chheda, S., Barrows, J., Smouse, T., Kelly, G., Swartz, ... & Dieffenderfer, T. (2010). Ohio Trafficking in Persons Study Commission Research and Analysis Sub-Committee Report on the Prevalence of Human Trafficking in Ohio To Attorney General Richard Cordray.

This protocol was adapted from existing protocols developed and used by the following anti-human trafficking coalitions and organizations:

CA Central Coast Coalition To Stop Enslavement (CA-CCC-SE)  
<http://www.stopenslavement.org/index2.html>

Central Ohio Rescue and Restore Coalition  
[www.centralohiorescueandrestore.org](http://www.centralohiorescueandrestore.org)  
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937-210-1503

South Bay Coalition to End Human Trafficking  
<http://www.sbcteht.com/>

Additional contributions were made by the following:

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Amy Allen, Immigration and Customs Enforcement  
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Megan Crawford, Gracehaven House  
Theresa Flores, Gracehaven House  
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Deborah Ingemansen  
Pastor Jerry Miller, Columbus Metropolitan Area Church Board  
Anne Mullooly, US Conference of Catholic Bishops Anti-Human Trafficking/Per Capita Program  
Sarah Russell, State Refugee Coordinator, Ohio Department of Job and Family Services  
Trisha Smouse, The Salvation Army, Central Ohio Rescue and Restore Coalition