

NORTHERN KENTUCKY

RIGHTS

Response Initiative to Guide Human Trafficking Services

HUMAN TRAFFICKING PROTOCOL AND RESOURCE MANUAL

Human Trafficking Protocol and Resource Manual

RIGHTS is a taskforce designed to optimize community response to victim-survivors of human trafficking by utilizing and maintaining an inter-professional approach. RIGHTS is a collaboration between St. Elizabeth Healthcare, Northern Kentucky University, the Offices of the Commonwealth Attorney in Campbell, Kenton, and Boone Counties, Local Law Enforcement Agencies, Catholic Charities Bakhita Empowerment Program, and The Salvation Army of Greater Cincinnati—End Slavery Cincinnati, Women’s Crisis Center, Xavier University, and other community partners.

This protocol is a “living document.” As such, the protocol reflects current best practices in responding to human trafficking in the Northern Kentucky area. We invite readers to contact the RIGHTS Task Force to recommend and share information on emerging best practices that will contribute to the continued development of this protocol.

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Local Case-Management and Victim-Survivor Services	
24-Hour Greater Cincinnati Human Trafficking Hotline:	(513) 800-1863
Women’s Crisis Center 24-Hour Crisis Hotline:	(800) 928-3335
Other Notifications	
National Human Trafficking Hotline:	(888) 373-7888
Hamilton County (Ohio) Job and Family Services:	(513) 241-KIDS
Northern Kentucky Children’s Advocacy Center:	(859) 442-4200
Commonwealth Attorney’s Offices	
Boone County	
Business Hours:	(859) 586-1723
Campbell County	
Business Hours:	(859) 292-6490
Kenton County	
Business Hours:	(859) 292-6580
U.S. Attorney’s Office
Covington:	(859) 655-3200
Eastern District of Kentucky:	(859) 233-2661
Victim-Survivor Assistance:	(859) 685-4906
Federal Agencies	
Department of Homeland Security Investigations	
National:	(866) 347-2423
Local/Northern Kentucky:	(859) 578-4600
Louisville:	(502) 625-6202

FBI – Federal Bureau of Investigations

Local/Northern Kentucky: (859) 341-3901

Louisville: (502) 625-6202

Victim-Survivor Specialists

Local/Northern Kentucky: (859) 246-4703

Cincinnati: (513) 979-8326

State Agencies

Kentucky Attorney General's Office

Investigations and Advocacy [main switchboard]: (502) 696-5300

Director, Office of Child Abuse and Human Trafficking and Prevention,
Office of the Attorney General [Allyson Taylor]

Department of Criminal Investigations: (866) 524-3672

Office of Victim Advocacy: (800) 372-2551 / (502) 696-5300

Kentucky State Police Post 6: (859) 428-1212 (24-hours)

Kentucky Labor Cabinet: (502) 564-3070 (business hours)

Kentucky Cabinet for Health and Family Services

Business: (859) 292-6550 / (800) 752-6200

Child-Protection Hotline: (877) 597-2331 / (877) KYSAFE1

Healthcare Referral and Evidence-Collection

Main Number: (859) 301-2000

Local Emergency Departments—St. Elizabeth Hospitals

Florence: (859) 212-5441

Edgewood: (859) 301-2250

Fort Thomas: (859) 572-3618

Covington: (859) 655-4353

Grant County: (859) 824-8134

St. Elizabeth Forensic Nursing Department: (859) 212-4254 (business hours)

LEGAL RESPONSE 20

State Law: KRS, Chapter 529. 20

www.lrc.ky.gov

Attorney CLE Manual Reference 20

www.kasap.org/pdf/AttyCLEprogram-trainingmanual-web.pdf

CHANGE Court (Hamilton County, Ohio) 20

(513) 768-6906 / (513) 702-2897

The Health Information Privacy and Portability Act
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Northern Kentucky Addiction Helpline:.....	(859) 415-9280
Greater Cincinnati Addiction Helpline:.....	(513) 281-7880
St. Elizabeth Falmouth Addiction Treatment Program:.....	(859) 572-3596
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RIGHTS Statement of Commitment to Trauma-Informed Human Trafficking Response

The integration of trauma-informed care standards is a core component of RIGHTS. Trauma-informed care centers on the voice, choice and dignity of the individual being served, and seeks to understand what “has happened to” – as opposed to what “is wrong with” – the individual. Trauma-informed care assumes a strengths-based, victim-survivor centered approach that emphasizes safety, dignity and empowerment. Any experience of trauma – including, but not limited to, human trafficking – may overwhelm the individual’s ability to cope, and is often marked by imminent fear of death, annihilation, mutilation, psychosis, or other grave physical or emotional harm. The immediacy and often long-term aftermath of trauma is characterized by feelings of emotional, cognitive and physical overwhelm.

Trauma’s psychological effects are most severe when the trauma is human-caused, repeated, unpredictable, sadistic, multifaceted, perpetuated by a caregiver, or experience in childhood. By definition, any human trafficking related trauma encompasses at least one of these characteristics. The likelihood of pronounced and prolonged impacts from trafficking-related traumatization is startlingly high; thus, trauma-informed responses from professionals, and first-responders remain a crucial resiliency factor in affected individuals.

While 70% of U.S. adults have experienced a traumatic event at least once in their lives, trauma history often goes undetected by professionals. Trauma is not yet universally recognized as impacting the daily experiences and long-term physical, emotional, and psychosocial outcomes of individuals who have experienced it. Traumatic stress is associated with lasting changes in multiple areas of the human brain namely, the amygdala, the hippocampus, and the prefrontal cortex as well as increased levels of cortisol and norepinephrine. The tendency of psychological, emotional, and psychosocial impacts of trauma is to linger and in the absence of protective factors, to proliferate long after physical injuries have healed. Frequently, the long-term impact of trauma resonates across the lifespan, commonly manifesting as post-traumatic stress disorder (PTSD) and related symptom arrays.

Professionals who interface with individuals in crisis and within environs of extreme duress and heightened fear response must not only maintain awareness of the sensitivity to the initial impact of trauma, but also remediate factors that lend themselves to re-traumatization. Thus, a trauma-informed response is vital to responding efficiently, effectively, and emphatically to victim-survivors of trafficking. For participants in the RIGHTS initiative, true trauma-informed response to victim-survivors of human trafficking requires increased mindfulness and sensitivity and the pursuit of specific implementation steps reasonably achievable and appropriate for each discipline.

All entities engaged with the RIGHTS initiative should adhere to the highest standards of integrity and quality, while remaining keenly vigilant of opportunities to curtail future personal and societal impacts of all forms of trauma both individual-collective, and primary-secondary stemming from human trafficking. The following principles and implementation steps will assist allied professionals in implementing trauma-informed responses to victim-survivors of human trafficking.

RIGHTS Goals, Mission, and Statement of Purpose

Goals

- Development of a human trafficking response team that includes healthcare providers, forensic nurses, law enforcement, case managers, the justice system, and community resources.
- Identification of processes to support healing and promote resilience for victim-survivors of human trafficking.
- Support for the prosecution of human traffickers.
- Increasing human trafficking identification and community awareness.

Mission

- To optimize community response to victim-survivors of human trafficking by utilizing and maintaining an inter-professional approach.

Statement of Purpose

- The purpose of this document is to provide individuals and agencies in the Northern Kentucky Region with comprehensive resources and guidelines for responding to victim-survivors of human trafficking.
- The use of the protocol and resource manual will not only ensure safety for victim-survivors of human trafficking but also create awareness of the issue of human trafficking and promote positive systemic changes through a collaborative and transparent process.

Best-Practice for the Treatment of Victim-Survivors of Human Trafficking

Victim-Survivors of Human Trafficking Should Be

1. Identified
2. Believed
3. Treated with dignity, sensitivity, and respect for their privacy
4. Protected from the accused
5. Informed about the options they can pursue (civil vs. criminal, to report or not)
6. Given accurate and timely information about their cases
7. Afforded equal treatment and protection by law enforcement
8. Assisted in finding trauma-informed medical and social services to help in their healing
9. Provided with support services that consider the victim-survivor's cultural and linguistic needs
10. Provided with access to the criminal justice system and appropriate legal referrals
11. Provided with information about their victim-survivor rights and how to exercise those rights
12. Provided with information about local, state, and federal programs offering specialized resources for victim-survivors of human trafficking, such as legal services, immigration relief, and advocacy

Trauma-Informed Basics for Human-Trafficking Victim-Survivor Interaction (APPENDIX II)

Principle	Implementation Strategies
Person Centered Approach	<ul style="list-style-type: none"> • Be mindful of trauma responses (physiological and emotional) • Offer individual services and supports • Remain responsive and flexible • Affirm and validate feelings and experiences • Practice active and engaged listening • Convey empathy • Move at a speed comfortable for the individual
Empowerment	<ul style="list-style-type: none"> • Restore power, control and self-efficacy • Identify victim-survivor strengths, resources and skills • Allow the victim-survivor to “steer” or lead the conversation
Dignity and Respect	<ul style="list-style-type: none"> • Respect and uphold boundaries, allowing distance or time where requested • Convey worth and value of the victim-survivor • Remain professional and courteous • Be mindful of own language, word choice and non-verbal cues • Be attentive to basic needs (medical care, shelter, nourishment, sleep)
Safety and Security	<ul style="list-style-type: none"> • Maintain a non-threatening and comfortable environment • Ensure privacy • Clearly explain your role, intent, objective(s) and purpose • Ensure initial —and ongoing — affirmative consent • Employ non-threatening body-language and tone-of-voice • Allow individual “an out” and refrain from physically blocking exits • Offer comfort items such as blankets or bottled water
Voice and Choice	<ul style="list-style-type: none"> • Listen • Offer choices and options • Do not attempt to sway decision-making • Mirror terminology that the victim-survivor uses • Avoid possessive pronouns (“your trafficker”, “your situation” or “your assault”)
Humility	<ul style="list-style-type: none"> • Make no assumptions • Be approachable • Avoid professional jargon and acronyms • Be mindful of power and status differential(s)
Non-judgement	<ul style="list-style-type: none"> • Normalize • Avoid asking “why?” questions • Keep personal emotions in-check • Remain neutral
Collaboration and Mutuality	<ul style="list-style-type: none"> • Be transparent • Ask if the victim-survivor has questions • Ask how you can help • Align self with the victim-survivor’s stated goals • Acknowledge barriers and collaborate to remove them • Regard the victim-survivor as the “expert” on their own life • “chekin” with—or solicit feedback from—the victim-survivor throughout the process
Environmental Factors	<ul style="list-style-type: none"> • Address environmental concerns across the victim-survivor’s five senses • Reduce re-traumatization from environmental factors

Trauma-Informed Approach to Victim-Survivors of Human Trafficking

Law enforcement, as any other legal agency, should maintain a trauma-informed and victim-survivor centered approach. For more information, reference chart above.

Human-Trafficking Victim-Survivor Response Policy

It is the policy of the local police departments (hereinafter PD) to accurately report and aggressively investigate all reports of human trafficking. The PD's goals are to identify and assist victim-survivors of human trafficking and to effectively identify, apprehend and prosecute those engaged in human trafficking offenses, with the assistance of the state and/or federal government. The Human Trafficking Victim's Rights Act of 2013 states that all efforts should be made to provide suspected child victim-survivors of human trafficking and their families with appropriate services.

Pursuant to Kentucky Revised Statute (KRS) 431.063, if it is suspected that an adult is a victim-survivor of human trafficking, the victim-survivor should not be placed in a detention facility for an offense arising out of the human trafficking situation. The victim-survivor shall not be held in a detention center, jail or other secure facility pending trial for an offense arising from the human trafficking situation, except where the incarceration is found to be the least restrictive alternative to securing the appearance of that person before the court or the release of the person under any other reasonable condition would be a clear threat to public safety. KRS 431.063.

Definitions and Summary of Applicable Laws

- 529.010 Definitions
- 529.100 Human Trafficking
- 529.110 Promoting Human Trafficking
- 529.120 Treatment of Minor suspected of Prostitution Offense
- 529.130 Human Trafficking Victim-Survivors Service Fee
- 529.040 Human Trafficking Victim-Survivors Fund
- 529.170 Being victim-survivor of human trafficking is affirmative defense to violation of chapter
- 529.180 Ignorance of human trafficking minor victim-survivor's actual age not a defense

This protocol includes adopted portions from Wisconsin Human Trafficking Protocol and Resource Manual, Wisconsin Office of Justice Assistance Violence Against Program (2012) and Seeking Justice for Victims of Human Trafficking in Kentucky: A Practical Guide for Attorneys and Judges, Priya S. Koul and Gretchen Hunt, Kentucky Association of Sexual Assault Programs, May 2016. We wish to thank the authors of each publication for making great resources available to first responders.

529.010 Definitions.

The following definitions apply in this chapter unless the context otherwise requires:

- (1) "Advancing prostitution" -- A person "advances prostitution" when acting other than as a prostitute or as a patron thereof, he or she knowingly causes or aids a person to engage in prostitution, procures or solicits patrons for prostitution, provides persons

or premises for prostitution purposes, operates or assists in the operation of a house of prostitution or a prostitution enterprise, or engages in any conduct designed to institute, aid or facilitate an act or enterprise of prostitution;

- (2) “Commercial sexual activity” means prostitution, regardless of whether the trafficked person can be charged with prostitution, participation in the production of obscene material as set out in KRS Chapter 531, or engaging in a sexually explicit performance;
- (3) “Forced labor or services” means labor or services that are performed or provided by another person and that are obtained through force, fraud, or coercion;
- (4) “Force, fraud, or coercion” may only be accomplished by the same means and methods as a person may be restrained under KRS 509.010;
- (5) “Human trafficking” refers to criminal activity whereby one (1) or more persons are subjected to engaging in:
 - (a) Forced labor or services; or
 - (b) Commercial sexual activity through the use of force, fraud, or coercion, except that if the trafficked person is under the age of eighteen (18), the commercial sexual activity need not involve force, fraud, or coercion;
- (6) “Human trafficking victims fund” is the fund created in KRS 529.140;
- (7) “Labor” means work of economic or financial value;
- (8) “Minor” means a person under the age of eighteen (18) years;
- (9) “Profiting from prostitution” -- A person “profits from prostitution” when acting other than as a prostitute receiving compensation for personally rendered prostitution services, he or she knowingly accepts or receives or agrees to accept or receive money or other property pursuant to an agreement or understanding with any person whereby he or she participates or is to participate in proceeds of prostitution activity;
- (10) “Services” means an ongoing relationship between a person and the actor in which the person performs activities under the supervision of or for the benefit of the actor;
- (11) “Sexual conduct” means sexual intercourse or any act of sexual gratification involving the sex organs;
- (12) “Sexually explicit performance” means a performance of sexual conduct involving:
 - (a) Acts of masturbation, homosexuality, lesbianism, bestiality, sexual intercourse, or deviant sexual intercourse, actual or simulated;
 - (b) Physical contact with, or willful or intentional exhibition of, the genitals;
 - (c) Flagellation or excretion for the purpose of sexual stimulation or gratification; or
 - (d) The exposure, in an obscene manner, of the unclothed or apparently unclothed human male or female genitals, pubic area, or buttocks, or the female breast, whether or not subsequently obscured by a mark placed thereon, or otherwise altered, in any resulting motion picture, photograph, or other visual representation, exclusive of exposure portrayed in matter of a private, family nature not intended for distribution outside the family; and
- (13) “Victim of human trafficking” is a person who has been subjected to human trafficking.

Effective: June 25, 2013

History: Amended 2013 Ky. Acts ch. 25, sec. 7, effective June 25, 2013. -- Amended 2007 Ky. Acts ch. 19, sec. 4, effective June 26, 2007. -- Created 1974 Ky. Acts ch. 406, sec. 250, effective January 1, 1975.

Retrieved December 8, 2017 from www.lrc.ky.gov/Statutes/statute.aspx?id=41838

529.100 Human trafficking.

- (1) A person is guilty of human trafficking when the person intentionally subjects one or more persons to human trafficking.
- (2):
 - (a) Human trafficking is a Class C felony unless it involves serious physical injury to a trafficked person, in which case it is a Class B felony.
 - (b) If the victim of human trafficking is under eighteen (18) years of age, the penalty for the offense shall be one (1) level higher than the level otherwise specified in this section.

Effective: June 26, 2007

History: Created 2007 Ky. Acts ch. 19, sec. 5, effective June 26, 2007.

Retrieved December 8, 2017 from www.lrc.ky.gov/statutes/statute.aspx?id=19993

529.110 Promoting human trafficking.

- (1) A person is guilty of promoting human trafficking when the person intentionally:
 - (a) Benefits financially or receives anything of value from knowing participation in human trafficking; or
 - (b) Recruits, entices, harbors, transports, provides, or obtains by any means, or attempts to recruit, entice, harbor, transport, provide, or obtain by any means, another person, knowing that the person will be subject to human trafficking.
- (2) Promoting human trafficking is a Class D felony unless a victim of the trafficking is under eighteen (18), in which case it is a Class C felony.

Effective: June 26, 2007

History: Created 2007 Ky. Acts ch. 19, sec. 6, effective June 26, 2007.

Retrieved December 8, 2017 from www.lrc.ky.gov/statutes/statute.aspx?id=19994

529.120 Treatment of minor suspected of prostitution offense.

- (1) Notwithstanding KRS 529.020 or 529.080, if it is determined after a reasonable period of custody for investigative purposes, that the person suspected of prostitution or loitering for prostitution is under the age of eighteen (18), then the minor shall not be prosecuted for an offense under KRS 529.020 or 529.080.
- (2) A law enforcement officer who takes a minor into custody under subsection (1) of this section shall immediately make a report to the Cabinet for Health and Family Services pursuant to KRS 620.030. Pursuant to KRS 620.040, the officer may take the minor into protective custody.
- (3) The Cabinet for Health and Family Services shall commence an investigation into child dependency, neglect, or abuse pursuant to KRS 620.029.

Effective: June 25, 2013

History: Created 2013 Ky. Acts ch. 25, sec. 11, effective June 25, 2013.

Retrieved December 8, 2017 from www.lrc.ky.gov/statutes/statute.aspx?id=41842

529.130 Human trafficking victims service fee.

Any person convicted of an offense in KRS 529.100 or 529.110 shall be ordered to pay, in addition to any other fines, penalties, or applicable forfeitures, a human trafficking victims service fee of ten thousand dollars (\$10,000) to be remitted to the fund created in KRS 529.140.

Effective: June 25, 2013

History: Created 2013 Ky. Acts ch. 25, sec. 8, effective June 25, 2013.

Retrieved December 8, 2017 from www.lrc.ky.gov/Statutes/statute.aspx?id=41839

529.140 Human trafficking victims fund

- (1) The “human trafficking victims fund,” referred to in this section as the “fund,” is created as a separate revolving fund within the Justice and Public Safety Cabinet.
- (2) The fund shall consist of proceeds from assets seized and forfeited pursuant to KRS 529.150, proceeds from the fee in KRS 529.130, grants, contributions, appropriations, and any other moneys that may be made available for purposes of the fund.
- (3) Moneys in the fund shall be distributed to agencies serving victims of human trafficking, including but not limited to law enforcement agencies, prosecutorial agencies, and victim service agencies in accordance with procedures developed by the Justice and Public Safety Cabinet pursuant to administrative regulation. The administrative regulation shall require that the Cabinet for Health and Family Services receive adequate funding allocation under this subsection to meet the responsibilities imposed upon it to serve minor victims of human trafficking under KRS 620.029.
- (4) Notwithstanding KRS 45.229, any moneys remaining in the fund at the close of the fiscal year shall not lapse but shall be carried forward into the succeeding fiscal year to be used for the purposes set forth in this section.
- (5) Any interest earnings on moneys in the fund shall become a part of the fund and shall not lapse to the general fund.
- (6) Moneys in the fund are hereby appropriated for the purposes set forth in this section.

Effective: June 25, 2013

History: Created 2013 Ky. Acts ch. 25, sec. 9, effective June 25, 2013.

Retrieved December 8, 2017 from www.lrc.ky.gov/Statutes/statute.aspx?id=41840

529.170 Being victim of human trafficking is affirmative defense to violation of chapter

A person charged under this chapter, or charged with an offense which is not a violent crime as defined in KRS 17.165, may assert being a victim of human trafficking as an affirmative defense to the charge.

Effective: July 15, 2014

History: Created 2014 Ky. Acts ch. 70, sec. 2, effective July 15, 2014.

Retrieved December 8, 2017 from www.lrc.ky.gov/Statutes/statute.aspx?id=43288

529.180 Ignorance of human trafficking minor victim’s actual age not a defense

In any prosecution under KRS 529.100 or 529.110 involving commercial sexual activity with a minor, it shall not be a defense that the defendant was unaware of the minor’s actual age.

Effective: June 24, 2015

History: Created 2015 Ky. Acts ch. 122, sec. 3, effective June 24, 2015.

Retrieved December 8, 2017 from www.lrc.ky.gov/Statutes/statute.aspx?id=44675

Indicators of Human Trafficking for Victim-Survivor Identification

Human trafficking is sometimes said to be an “invisible crime,” because the signs are not always obvious to the untrained eye.

Vulnerable Groups – anyone can experience human trafficking, but certain groups are targeted more than others, including:

- Children in the child welfare and juvenile justice systems
- Runaway and homeless youth
- Migrant workers
- Rural populations
- Drug-addicted individuals
- Individuals identifying as LGBTQ
- People with disabilities
- Children working in agriculture
- Employees of businesses in ethnic communities
- People with limited English proficiency
- Foreign nationals working in domestic households

Certain indicators may serve as clues, particularly when they appear in combination.

Officers should suspect possible human trafficking if an individual is:

- Not free to come and go as they wish
- In poor physical health, including malnutrition, poor dentition, or signs of physical and/or sexual abuse
- Subject to high security measures in their work and/or living location (cameras, barbed wire, barred or boarded windows, etc.)
- Under 18 and involved in commercial sex
- Beholden to a large debt they cannot pay off
- Has few personal possessions
- Without control or possession of personal documents like passports, or other IDs
- Without control of own bank accounts or money
- Unaware what city or state they are in
- Disoriented to time and location
- Marked with tattoos or brands with the name or nickname of a “boyfriend,” gang symbol, or other identifying mark
- Not permitted to speak for themselves (third party insists on being present or answering questions)
- Living and working in the same place
- Restricted from socializing, attending religious services, or contacting family
- “Dating” much older, abusive, and controlling persons
- In possession of multiple hotel-room keys

Child Victim-Survivors of Human Trafficking

The main objective of the Human Trafficking Victim's Rights Act of 2013 is to create a safe harbor for child victim-survivors of human trafficking, categorizing them as victim-survivors instead of criminals. Every effort should be made to provide suspected child victim-survivors of human trafficking with trauma-informed services. Some of the KRS which deal with child victim-survivors of human trafficking include:

- **KRS 620.030** states that anyone with a reasonable belief that child human trafficking is occurring is required to report it. Cases will be reported to the Cabinet for Health and Family Services
- **KRS 529.010** provides that if any child is reasonably believed to be the victim-survivor of trafficking, the child will not be charged with any status offense (e.g. runaway, truancy, etc.) for conduct arising from the human trafficking.
- **KRS 529.120** gives protection to juvenile victim-survivors of trafficking. It specifically provides that minors suspected of prostitution or loitering for prostitution will be taken into protective custody and the Cabinet for Health and Family Services will commence an investigation into possible dependence, neglect or abuse, even if the person holding the child is not his/her custodial caregiver. It also states that a minor suspected of prostitution or loitering for prostitution will not be prosecuted for these offenses.
- **KRS 529.170** creates an affirmative defense to all but "violent crimes" if the individual was being trafficked. In addition, discretion may be used in arresting youth for other public offenses. This is important, since many traffickers will force victim-survivors to commit crimes, including shoplifting and drug abuse.

Child victim-survivors of human trafficking **should not** be interviewed in depth by the officer. Juvenile victim-survivors instead should be interviewed by a forensic interviewer at the Child Advocacy Center in Florence, Kentucky.

Initial Human-Trafficking Response Guidelines for Law Enforcement (Appendices III and IV)

- Once a potential trafficking situation is suspected, the LEO must separate the potential victim-survivor from her/his suspected trafficker prior to questioning her/him. Traffickers often have coached their victim-survivors on what to say to law enforcement personnel. (Taking victim-survivors into custody to achieve separation is not a recommended practice).
- Conduct an initial assessment to determine whether the individual is a possible victim-survivor of human trafficking. After the individual has been moved to a safe environment, law enforcement may interview the individual to determine if she/he is a trafficking victim-survivor
- Officers will determine if there is a language barrier. If there is a language barrier, an interpreter shall be requested to come to the scene. Any interpreter already at the scene shall not be used, as they may be influenced by the suspect(s).
- If an Officer suspects human trafficking, the Officer will immediately notify their Supervisor, who will either notify the criminal investigation unit (if the PD has an investigative unit) and the designated Commonwealth or Assistant Commonwealth Attorney. The designated CA or ACA shall be previously determined for each county.
- The CA or ACA (investigative unit) should be consulted and apprised of the situation and continuous contact and updates should be made unless the CA or ACA indicate otherwise.
- If the PD has an investigative unit, the detective will report to the scene and lead the investigation.

- If the victim-survivor is a child, the following notifications shall be made by the detective: Cabinet of Health and Family Services (CHFS) who should normally respond within one (1) hour (KRS 620.029; 620.030).
- If the victim-survivor is a minor, the officer shall follow the guidelines set forth by the Children’s Advocacy Center. The officer should refrain from conducting an in-depth interview with child victim-survivors.
- If the Officer determines the individual to be a victim-survivor of human trafficking, the Officer shall call the case worker at the local Human Trafficking Hotline through Salvation Army of Greater Cincinnati or Women’s Crisis Center if sex trafficking is suspected.
- All efforts should be made to respond to victim-survivors in a trauma-informed or victim-survivor centered manner so that the intervention does not exacerbate their trauma while also protecting the victim-survivor’s safety, privacy, and wellbeing while attempting to determine if a crime has been committed.
- Care should be taken to choose the appropriate location of the interview, not handcuff or restrain the victim-survivor and provide for their basic needs and a support person.
- Any direct questioning, or leading questions, of a child victim-survivor decreases the chances of obtaining a forensic interview that has not been tainted by ideas unknowingly planted by questions from officers untrained in this specialized interview process. Interviews can be performed by the responding officers, but leading or suggestive questions should not be used.
- If there are indicators of physical or sexual violence, officer should attempt to gain consent from the victim-survivor to undergo a forensic sexual assault exam at St. Elizabeth Healthcare.
- Contact social service providers to identify services to ensure the safety and wellbeing of the victim-survivor. Social service providers are a valuable resource for reaching and providing services to trafficking victim-survivors.
- Inform federal and state agencies responsible for investigating and prosecuting human trafficking crimes.
- In cases where there is an interest in pursuing a trafficking case, officers and/or the Commonwealth Attorney’s Office should contact the local U.S. Attorney’s Office, the FBI, and ICE to report the crime.
- In some cases, it may be beneficial to arrange a multi-agency, strategic-case conference to discuss the case and to develop a plan to assist the victim-survivor.

Other Legal Considerations

- Mandatory Reporting Laws and The Health Information Privacy and Portability Act (HIPAA) influences when and if law enforcement may be provided with healthcare information. St. Elizabeth Healthcare has developed a letter that can be provided by local law enforcement on agency letterhead to request records and information.
- Model Standard Operating Procedures
- International Association of Chiefs of Police
www.theiacp.org/portals/0/pdfs/CompleteHTGuide.pdf

Initial Response Directory (APPENDIX I)

Local Case-Management and Victim-Survivor Services

- 24-Hour Greater Cincinnati Human Trafficking Hotline: (513) 800-1863
Women's Crisis Center 24-Hour Crisis Hotline: (800) 928-3335

Other Notifications

- National Human Trafficking Hotline: (888) 373-7888
Hamilton County (Ohio) Job and Family Services: (513) 241-KIDS
Northern Kentucky Children's Advocacy Center: (859) 442-4200

Commonwealth Attorney's Offices

Boone County

- Business Hours: (859) 586-1723

Campbell County

- Business Hours: (859) 292-6490

Kenton County

- Business Hours: (859) 292-6580

U.S. Attorney's Office

- Covington: (859) 655-3200
Eastern District of Kentucky: (859) 233-2661
Victim-Survivor Assistance: (859) 685-4906

Federal Agencies

Department of Homeland Security Investigations

- National: (866) 347-2423
Local/Northern Kentucky: (859) 578-4600
Louisville: (502) 625-6202

FBI – Federal Bureau of Investigations

- Local/Northern Kentucky: (859) 341-3901
Louisville: (502) 625-6202

Victim-Survivor Specialists

- Local/Northern Kentucky: (859) 246-4703
Cincinnati: (513) 979-8326

State Agencies

Kentucky Attorney General's Office

- Investigations and Advocacy [main switchboard]: (502) 696-5300
Director, Office of Child Abuse and Human Trafficking and Prevention,
Office of the Attorney General [Allyson Taylor]
Department of Criminal Investigations: (866) 524-3672
Office of Victim Advocacy: (800) 372-2551 / (502) 696-5300
Kentucky State Police Post 6: (859) 428-1212 (24-hours)
Kentucky Labor Cabinet: (502) 564-3070 (business hours)

Kentucky Cabinet for Health and Family Services

Business: (859) 292-6550 / (800) 752-6200

Child-Protection Hotline: (877) 597-2331 / (877) KYSAFE1

Healthcare Referral and Evidence-Collection

Main Number: (859) 301-2000

Local Emergency Departments—St. Elizabeth Hospitals

Florence: (859) 212-5441

Edgewood: (859) 301-2250

Fort Thomas: (859) 572-3618

Covington: (859) 655-4353

Grant County: (859) 824-8134

St. Elizabeth Forensic Nursing Department: (859) 212-4254 (business hours)

State Law

Refer to KRS, Chapter 529 www.lrc.ky.gov

Attorney CLE Manual Reference

www.kasap.org/pdr/AttyCLEprogram-trainingmanual-web.pdf

CHANGE Court: Hamilton County, Ohio (513) 768-6906 / (513) 702-2897

Hamilton County Municipal Court Docket has created a specialized court serving the needs of those charged with prostitution and related offenses and victim-survivors of sex trafficking. CHANGE Court is a judge-supervised program for those charged with prostitution and related offenses in Hamilton County. CHANGE Court is voluntary and includes regular court appearances. A team of professionals work to improve life and work skills to help individuals stay out of the criminal justice system.

HIPAA: The Health Information Privacy and Portability Act of 1996 and Mandatory Reporting Laws (APPENDIX V and IV)

The Health Information Privacy and Portability Act of 1996 addresses the use and disclosure of individuals' health information by organizations subject to the Privacy Rule. The Health and Human Services Department Office of Civil Rights is responsible for implementing and enforcing HIPAA. The Privacy Rule protects all "individually identifiable health information" (PHI) in any form whether electronic, paper, or oral. Information can be shared for treatment, payment, or healthcare operations only.

Federal and state laws that require mandatory reporting override the HIPAA privacy rules. Mandatory Reporting Laws and The Health Information Privacy and Portability Act (HIPAA) influence when and if law enforcement may be provided with healthcare information. Information may be released to law enforcement under certain conditions or by use of subpoena or court order. St. Elizabeth Healthcare has developed a letter that can be provided by local law enforcement on agency letterhead to request records and information. Specific conditions include:

- **Disclosure for Identification and Location Purposes** – Request for information for purposes of identification/location of a suspect, fugitive, material witness, or missing person. [For these purposes, a hospital may disclose only the following information: Name/Address, Date/Place of Birth, SSN, ABO blood type and Rh factor, Type of injury, Date/Time of treatment; Date/Time of death, if applicable; Description of any distinguishing physical characteristics (e.g., height, weight, gender, race, hair/eye color, presence/absence of facial hair, scars, and tattoos. The hospital may not disclose information related to DNA, DNA analysis, dental records, or typing, samples, or analysis of body fluids/tissues.
- **Victim-Survivor of a Crime** – Request for information about a patient who may have been the victim-survivor of a crime, and the patient has agreed to the disclosure. [If the patient is incapacitated or some other emergency circumstance prevents the hospital from obtaining the patient's agreement, the hospital may disclose information only if all the following circumstances are met: The information is not to be used against the victim-survivor; the information is necessary for immediate enforcement activity; and it is in the best interest of the individual to release the information.]

- **Custodial Situation** – A law enforcement official or correctional institution has lawful custody of an individual, and the information is necessary for any of the following: Provision of health care to the individual; Health and Safety of the individual, other inmates, officers, employees or others at the institution of involved in transport of the individual; law enforcement purposes on the premises of the correctional institution; or administration/maintenance of the safety, security, and good order of the correctional institution.]
- **Criminal Conduct on Hospital Premises** – Request for information related to suspected criminal conduct which occurred on the hospital premises.

St. Elizabeth Healthcare has provided a “Request for Records” that can be provided by law enforcement agencies identifying the above conditions met to assist with release of specific information.

Emergency medical personnel frequently are in contact with individuals experiencing human trafficking. Identification is a critical first step in offering services. Understanding the dynamics of human trafficking and approaching the individual through a trauma-informed lens are essential components of care-provision (**APPENDIX VII**).

It is unlikely that a possible trafficking victim-survivor will answer direct questions about their situation. Consider questions that tease out information about financial status or housing arrangements. Make note of the environment and indicators that human trafficking may be occurring. Be aware of any physical indication that the patient is experiencing trafficking.

Messages to Gain Trust

- *“We are not the police”*
- *“We are not here to get you in trouble; we just want to help”*
- *“We will not make you do anything you don’t want to do or are uncomfortable with”*
- *“Our first priority is your safety”*

Tips for Identification of Sex-Trafficking

- Any minor involved with the commercial sex trade
- The presence of an individual who answers for the victim-survivor or controls the interview
- Lack of identification documents
- Reluctance to explain tattoos
- Rectal or vaginal trauma
- Bald patches or missing hair
- Inadequately dressed for weather or inappropriately dressed
- Bruises in various stages of healing caused by physical abuse
- Scars, mutilations, or infections due to improper medical care
- Poor hygiene
- Urinary difficulties or pelvic pain
- Malnourishment or dehydration
- Dental problems
- Disorientation, confusion, or panic attacks

Additional Indicators May Include (but are not limited to)

- Discrepancy in reported age and actual age
- Homelessness
- Runaway teen
- History of abuse
- Presence of an older “boyfriend”
- Limited English proficiency (but companion refuses interpretation services)
- Use of slang (such as “the game” or “the life” “dope-boy”)

- Lack of identification
- Claims that the victim-survivor is just “visiting” the area and therefore is unable to provide a home address
- Victim-survivor does not know the name of the assailant or perpetrator
- Incident(s) occurred in hotel room or car
- Possession of multiple hotel-room keys
- Environmental indicators (including residences locked to keep occupants inside, presence of locked refrigerators or other appliances, etc.)

Physical Indicators

- Evidence of sexual trauma
- Cigarette burns
- Bruises
- Brands or tattoos
- Drug-abuse related health issues (asthma, Hepatitis C, skin infections, etc.)
- Somatic complaints (headaches, back pain, stomach pain, etc.)
- Malnutrition or dehydration
- Unexplained scars
- Injuries to the head or mouth
- Bladder damage, injury, or infection
- Temporal mandibular joint problems (resulting from oral sex)
- Bite-marks
- Stab or gunshot wounds
- Hearing loss from brain trauma
- Traumatic brain injury (TBI)
- Dental problems

Initial EMS Response-Steps

- Once a potential trafficking situation is suspected, ensure that the scene is safe, separating the individual from anyone else at the scene. Notify law enforcement if necessary to provide a safe working environment. Assess the victim-survivor’s need for immediate care and administer necessary aid. Quickly assess the age, abilities, communication modality, and health condition of the victim-survivor and tailor response accordingly.
- If the victim-survivor is non-English speaking, it is essential that EMS access a qualified interpreter. If possible, avoid using “on-scene” interpreters (whose credentials and/or motives often are questionable). The National Human Trafficking Hotline can provide interpretation services in nearly 200 languages, and may be used if appropriate.
- If injuries do not appear serious, emphasize the need for a medical evaluation and encourage the victim-survivor to permit transport to the nearest emergency department for further evaluation. Inform the victim-survivor of their options and seek permission to transport them to the facility of their choice for treatment and/or medical forensic evaluation.
- Note that if you believe the victim-survivor is under the age of 18, mandatory reporting applies and law enforcement should be notified immediately.

- If the victim-survivor declines further medical evaluation and human trafficking is suspected, provide information about possible resources for future assistance, including:
 - 24-Hour Greater Cincinnati Human Trafficking Hotline: (513) 800-1863
 - Women’s Crisis Center 24-Hour Crisis Hotline: (800) 928-3335
 - National Human Trafficking Hotline: (888) 373-7888
- Take measures to preserve crime scene evidence, including evidence on the victim-survivor’s body and clothing. Document the victim-survivor’s demeanor.
- If the victim-survivor is transported to the hospital, inform the nursing staff of concerns around human trafficking, and any indicators identified. A forensic nurse at St. Elizabeth Healthcare may be notified of the possibility of human trafficking and can provide further assistance.

Guidelines for Transport

- Transport the victim-survivor alone; do not allow his/her companion to accompany them
- Ask the victim-survivor to turn off his/her cell phone and observe them as it is done so that no one can listen in during transport.
- Share your concerns privately with other emergency responders and the emergency department staff.
- If the victim-survivor is a minor (less than 18 years) and refuses transport, immediately notify law enforcement.
- If the victim-survivor is a minor (less than 18 years), mandatory reporting is required.

HEALTHCARE RESPONSE

Healthcare workers are frequently the first professionals to have contact with victim-survivors of human trafficking. Emergency departments, urgent care centers, and clinics see individuals who have suffered injuries or illness related to human trafficking. Healthcare providers in the region are educated regarding the identification of and provision of trauma-informed care for these victim-survivors.

Trauma-Informed Response: Tips for Interacting with Human Trafficking Victim-Survivors for Healthcare Professionals (APPENDIX VIII)

- Ask for victim-survivor's consent to contact local resources. Provide information about Community Service providers. Provide victim-survivor with Salvation Army and / or National Trafficking hotline number if victim-survivor does not want to connect with services at this time.
- Assess safety and help victim-survivor build a safety plan. The Greater Cincinnati Human Trafficking Hotline can help with this.
- If minor, follow mandatory reporting protocols.
- Consider safety! Assess if there are any immediate safety concerns, such as if the trafficker is present or if it is possible there are others (especially minors) who may be in danger. Consult with supervisor regarding any immediate safety concerns.
- Speak with individual alone.
- Contact the Greater Cincinnati Human Trafficking Hotline to assist with assessment or screening needs.
- Use professional, neutral interpreter whenever possible.
- Environment
 - Ensure privacy for the victim-survivor.
 - Engage in judgment-free active listening to help the victim-survivor feel comfortable sharing.
 - If you need to take notes, let the victim-survivor know why you're taking notes and for what purpose they will be used. If possible, do not take notes about the meeting until after the interview has ended.
- Language
 - Prioritize having a third party interpreter available.
 - Use non-technical language.
 - Ask open-ended questions.
 - Focus on the victim-survivor's service needs and building rapport. It may take multiple interactions with an individual before they feel comfortable opening up about their experience of trafficking.
 - Consider mirroring the language that the victim-survivor uses.
 - Example: If a victim-survivor refers to her controller as her "boyfriend", referring to the controller as a "pimp" or "trafficker" may impede your ability to build trust.

Messages to build trust with victim-survivors of human trafficking:

- *"My first priority is your safety."*
- *"We can help you seek assistance."*
- *"You can decide what you need; I just want to give you options."*
- Emphasize confidentiality.
- Be transparent and honest.
- Do **NOT** promise outcomes or services that, ultimately, may not be available.

- When fear of law enforcement is shown, explain that police can be contacted to offer them support in reporting the crime against them. Police aim to advocate for victim-survivors by pursuing justice.
- Share that the local (or national) human trafficking hotline can be called, and describe what this interaction might look like.

Child Victim-Survivors of Human Trafficking

The main goal of the Human Trafficking Victim-Survivor's Rights Act of 2013 is to create a safe harbor to treat child victim-survivors of human trafficking as victim-survivors instead of criminals. Every effort should be made to provide suspected child victim-survivors of human trafficking with trauma-informed services.

Mandatory reporting laws require that healthcare professionals report all suspected cases of human trafficking in patients under the age of 18. The Cabinet for Health and Family Services (CHFS) should be notified immediately when a patient less than 18 years of age is the suspected victim-survivor of human trafficking. Law enforcement may also be notified.

In Ohio, mandatory reporting is required when the victim-survivor is under 18. If the victim-survivor is over 16, force, fraud or coercion must be present. Where mandatory reporting is required, it is necessary to report to Job and Family Services in Ohio and to notify law enforcement.

Individuals who are considered part of a vulnerable population and where abuse or neglect is suspected must also be reported to CHFS. A vulnerable adult is defined by CHFS as an individual who, due to mental, physical, or cognitive disability is unable to complete activities of daily living (ADLs). The healthcare organizations risk-management department may be consulted in cases where reporting requirements are not clear.

Identification of Victim-Survivors Human Trafficking (APPENDIX IX)

Northern Kentucky—St. Elizabeth Healthcare provides services for eight counties in Northern Kentucky. Five emergency departments in Kenton, Boone, Campbell, and Grant counties and multiple urgent care centers are a part of the St. Elizabeth system. Education regarding indicators for human trafficking has been provided for nursing personnel and paramedics throughout the System via a computer-based educational tool, presentations, and conferences.

A documentation tool has been included in the St. Elizabeth Healthcare's electronic medical record that allows for nurses to document subjective observations that indicate human trafficking may exist ([Appendix Electronic Medical Record Tool](#)). Process tools have been provided for frontline staff that include reporting requirements and the involvement of forensic nurses in the assessment and care of the patients that are concerning.

Forensic nurses respond when other healthcare providers suspect human trafficking. Utilizing the Vera Institute of Justice Short Form Tool (Vera, 2014) to identify human trafficking, the forensic nurse assesses the victim-survivor as part of the frontline team utilizing a trauma-informed approach.

Indicators of Human Trafficking for Healthcare Providers

Providers may suspect human trafficking if some or all the following are present:

- Evidence of physical violence including torture, restraint, or confinement
- Delayed presentation for medical care
- Discrepancy between the stated history and clinical presentation or patterned injuries
- Scripted, memorized, or mechanical recitation of history
- Victim-survivor appears younger than stated age
- An accompanying individual answers questions or otherwise controls the pace and content of the encounter
- An accompanying individual insists on providing interpretation
- An accompanying individual refuses to leave the room
- Evidence of lack of care for previously-identified or obviously-existing medical conditions
- Branding (tattoos or insignias)

Visual cues of human trafficking include:

- Appearance of physical injuries (scars, cuts, contusions, bruises, burns, etc.) especially injuries to the head, face, and/or mouth
- Evidence of sexual abuse
- Appears malnourished or shows signs of exposure to harmful chemicals.
- Avoids eye contact

Behavioral cues of human trafficking include:

- Lack of documentation (or documentation retained by an accompanying party)
- Shy and submissive
- Extremely nervous
- Fearful or hyper-vigilant demeanor
- Lack of concentration while speaking
- Observable psychological disorders
- Appears afraid to speak
- Does not speak (or speaks incoherently)

Initial Response (APPENDIX X)

If a healthcare provider suspects that a patient may be a human trafficking victim-survivor, additional screening and assessment should be completed. Clinical stability must be assured and stabilizing care provided. The victim-survivor should be separated from accompanying individuals during any additional screening. An interpreter must be engaged if the patient is non-English speaking.

The National Human Trafficking Resource Center recommends the following screening questions for medical professionals:

- *“Have you been forced to engage in sexual acts for money or favors?”*
- *“Is someone holding your passport or identification documents?”*
- *“Has anyone threatened to hurt you or your family if you leave?”*
- *“Has anyone physically or sexually abused you?”*
- *“Do you have a debt to someone which you cannot pay off?”*
- *“Does anyone take all or part of the money you earn?”*

Documentation of indicators for human trafficking is completed in the medical record. At St. Elizabeth Healthcare, the indicators tool is included in the electronic medical record (EMR) and will trigger a call to the forensic nurse on-call if suspicion exists.

In regional healthcare organizations that do not offer a forensic nursing response to victim-survivors of trafficking, the following agencies may be offered to the patient:

Women’s Crisis Center 24-Hour Crisis Hotlines:

Northern Kentucky: (800) 928-3335
Maysville : (800) 928-6708

National Human Trafficking Hotline: (888) 373-7888

Local Law Enforcement

If the victim-survivor is under 18 years of age, the healthcare professional will notify:

General Business: (859) 292-6550 / (800) 752-6200

Child Protection Hotline: (877) 597-2331 or (877) KYSAFE1

Recommended Medical Assessment

When human trafficking is suspected, the patient should receive a medical assessment including, but not limited to, the following conditions as appropriate:

- Physical injuries
- Sexually-transmitted diseases
- Dehydration
- Malnutrition
- Skin lesions or infections
- Dental issues

Forensic Nursing Response (Appendix XI)

Forensic Nurse Contact

Any member of the human trafficking team may reach the forensic nurse on-call by contacting one of the St. Elizabeth Emergency Departments and requesting notification. Two schedules are maintained in the hospitals call system – one for the forensic nurse on-call, and another to contact the forensic administrator on-call. Forensic nurses can be consulted as needed.

The forensic nurse uses an in-depth screening tool to conduct further assessments when human trafficking is suspected. Prior to this screening, it is important that the nurse establish a trusting relationship with the victim-survivor. The following language may be used:

Suggested Scripted Language for the Forensic Nurse (APPENDIX XI)

Establish Trust and Concern:

*“My highest concern is you, and your well-being. I am worried about your safety if you leave the hospital and are stuck in a situation you do not want to be in. If someone is making you do **ANYTHING** you do not want to do, that is not ok, and there may be services available to help you. **Note: Your immigration status does not matter to me. If anyone has threatened your safety, the safety of someone you care about, or your immigration status, that is not ok. At this point, my main concern is your safety**”.*

Offer Immediate Support:

“Would you be open to further discussing options that might be available to you?”

Share Human Trafficking Resources:

If the victim-survivor declines services or help, share human trafficking resources and the above information with the victim-survivor so they can utilize the resources at a later date.

Forensic Nurse Role (APPENDIX XII)

- The forensic nurse offers victim-survivors the opportunity to create medical-record documentation of the history of trauma and photo-documentation of injury. The documentation provides the victim-survivor with a historically and forensically sound depiction of the individual’s experience of trauma that is treated and handled in a highly confidential manner (but is accessible by the patient, as needed). Additionally, the nurse-patient relationship validates the experience of the victim-survivor while supporting and encouraging self-determination and healing.

Additionally, the forensic nurse will notify one or more of the agencies listed below for assistance with case management. Consent is required for a Forensic Nurse Exam.

24-Hour Greater Cincinnati and Northern Kentucky Trafficking Hotline:

..... (513) 800-1863
(staffed by End Slavery Cincinnati, Salvation Army of Greater Cincinnati)

Women’s Crisis Center 24-Hour Crisis Hotlines:

Northern Kentucky: (800) 928-3335

Maysville : (800) 928-6708

National Human Trafficking Hotline: (888) 373-7888

Local Law Enforcement

If the victim-survivor is under 18 years of age, the healthcare professional will notify:

General Business: (859) 292-6550 / (800) 752-6200

Child Protection Hotline: (877) 597-2331 or (877) KYSAFE1

If the victim-survivor declines the forensic exam and/or case management assistance, referral information for the agencies listed above will be provided at discharge.

Medical-Forensic Exam

After the victim-survivor has been medically screened and cleared by a physician/nurse practitioner, the forensic exam is offered, which consists of the following steps:

- Trauma-informed and ongoing consent by the victim-survivor. The forensic nurse provides the victim-survivor the opportunity to actively participate in the documentation of the trauma experience.
- Based upon the victim-survivor's willingness and ability to participate, the forensic nurse documents history of current and previous trauma.
- The forensic nurse conducts a head-to-toe assessment looking for evidence of trauma.
- The forensic nurse photo-documents injury that is noted.
- Evidence collection as appropriate.
- A suicide risk assessment is completed as a part of the exam process.
- The victim-survivor is provided discharge instructions that include information regarding resources and supports catering to victim-survivors of trafficking.
- All medical care for injuries is provided by the health-care team at the emergency department or site-of-contact
- Forensic nurses may also provide a medical-forensic exam for victim-survivors who have been identified by other team partners (such as law enforcement or case management). If the victim-survivor has already been medically screened and cleared, the medical record must be available to the forensic nurse for review. If the victim-survivor has not been medically screened, any one of the St. Elizabeth emergency departments can assist with this process prior to the initiation of the forensic exam. The individual initiating contact with the forensic nurse is available for hand-off communication and assistance as needed. The forensic nurse may assist in providing for follow-up care and case management based on reporting status and patient determination.

Forensic Nursing and the Justice System

Forensic nurses are available for testimony and to assist in the identification and prosecution of perpetrators of human trafficking within the justice system. At the time that a victim-survivor consents to a medical-forensic exam, the forensic nurse will ask them if information can be released to law enforcement and/or the justice system. Unless mandatory reporting is required, documentation will be released based on the victim-survivor's consent or by subpoena.

Summary of Services

NORTHERN KENTUCKY strives to embody a highly collaborative, effective, and efficient inter-agency approach to serving the diverse needs both immediate and long-range of victim-survivors of all forms of trafficking. Recognizing that human trafficking occurs at the intersections of vulnerability, inputs from relevant local social-service agencies shall converge in a highly-tailored, joint approach to social-service provision that ensures the highest, most responsive degree of care for and engagement with victim-survivors of all forms of human trafficking. In Northern Kentucky, three nonprofit human-service agencies are designated social-service “first responders” insofar as they shall ascertain and address, collaboratively, the crisis-remediation and stabilization, advocacy, short and long-term case-management, housing, and resource assistance needs of trafficking victim-survivors. Seeking in unison to remove barriers for victim-survivors of trafficking, the aforementioned agencies shall network regularly and collaborate openly not only to address emergent needs of victim-survivors of trafficking, but also to formulate action steps for bolstering Northern Kentucky’s steadily-evolving social-service response for this unique population.

THE SALVATION ARMY OF GREATER CINCINNATI—END SLAVERY CINCINNATI furnishes support and empowerment for victim-survivors of known or suspected human trafficking in Northern Kentucky and Greater Cincinnati. Service-provision centers the development and pursuit of individualized, victim-survivor focused service plans as well as support, crisis-intervention, safety-planning, advocacy, and referrals furnished via comprehensive case-management services. Additional victim-survivor supports include housing assistance (or housing search support), education and employment assistance, basic needs support (including clothing, food, and transportation), government benefit procurement assistance, legal and social-service advocacy, and medical/dental/mental health program referrals. The Salvation Army—End Slavery Cincinnati operates a 24/7/365 confidential hotline at (513) 800-1863.

WOMEN'S CRISIS CENTER provides non-residential, residential, and outreach services and supports for victim-survivors of trafficking who have experienced domestic violence or sexual assault, and for victim-survivors of sex trafficking and related trauma(s). WCC encompasses walk-in locations across 13 Northern Kentucky counties, providing crisis intervention, advocacy, counseling, and basic needs support. Women’s Crisis Center operates a 24/7/365 confidential hotline at (800) 928-3335 (in Northern Kentucky) and (800) 928-6708 (in Maysville). A 24/7/365 hospital-advocacy program serves victim-survivors of domestic violence, sexual assault, or sex trafficking who present for care at hospital emergency departments within the agency’s service area. On-call hospital advocates provide information, support, and referrals surrounding SAFE and DOVE (sexual assault and domestic violence forensic exams, respectively) and medical treatment in-hospital for victim-survivors of domestic violence, sexual assault, or sex trafficking. Other agency services include court- and systems-advocacy, safety-planning assistance, support groups, a pet-protection program, and a matched-savings program. Services are available to victim-survivors of trafficking also experiencing domestic violence or sexual assault, and for victim-survivors of sex trafficking.

Initial Response (APPENDIX XIII)

Case management may be contacted by law enforcement, healthcare professionals, other community partners, or directly by victim-survivors for services. Every effort is made to respond to victim-survivor needs, 24/7/365. If case managers cannot respond in person when a victim-survivor is identified, a phone consultation can be utilized. Social service first-responders may:

- Facilitate interpretation services
- Conduct additional in-depth screening for human trafficking
- Provide for immediate needs including, but not limited to, safety and housing

Secondary Case Management Response Social Service Response (APPENDIX XIV)

- Directory of Service Providers: Refer to Homeless and Low-Income Resource Guide, 6th Edition
www.kyhousing.org/Specialized-Housing/Documents/Community%20Resource%20Guide.pdf
- Additional Information for Special Services
- Addiction Services
 - Northern Kentucky Addiction Helpline: (859) 415-9280;
799 Ann Street, Second Floor, Newport, Kentucky 41071
 - Greater Cincinnati Addiction Helpline: (513) 281-7880;
2828 Vernon Place, Cincinnati, Ohio 45219
 - St. Elizabeth Falmouth Addiction Treatment Program: (859) 572-3596.

Service Providers

Tamar's Place

Tamar's Place is a safe-haven of support, empowerment, and hope for women engaged in prostitution who struggle with the disease of addiction. Tamar's place offers light breakfast food, an array of toiletries with bathroom facilities and a place of respite. There is no judgment or pressure for lifestyle change; however, the seeds of recovery are planted. Tamar's place maintains a sense of hope that a new way of living gradually begins to take root through a warm, welcoming approach of loving care with dignity and the prospect of a life without substance abuse and prostitution.

Women of Alabaster

Women of Alabaster Ministries Inc., is a nonprofit faith-based organization that desires to meet the needs of victim-survivors of human trafficking by offering alternatives to a life on the streets. This is accomplished via weekly visits to victim-survivors, which facilitate the trusting relationships conducive to empowerment. In addition to sharing the love of Jesus Christ, Women of Alabaster also provides hygiene supplies, food, and other basic care items during weekly visits. Women of Alabaster's long-term goals include opening a three-day detox facility in downtown Cincinnati, and Agape Farm, equipping the agency to provide the counseling and life-skill training necessary for victim-survivors to begin life anew.

Shared Hope International/ Anti-Human Trafficking Initiative

Shared Hope International strives to prevent the conditions that foster sex slavery, restore victim-survivors of sex trafficking, and bring justice to vulnerable women and children. Shared hope leads prevention strategies, restoration programs, and justice initiatives to combat trafficking in the U.S. and abroad. Additionally, the Anti-Human Trafficking Network provides volunteer educational and resource services for providers.

APPENDIX I: Initial Trafficking Response Directory

Local Case-Management and Victim-Survivor Services

- 24-Hour Greater Cincinnati Human Trafficking Hotline: (513) 800-1863
- Women’s Crisis Center 24-Hour Crisis Hotline: (800) 928-3335

Other Notifications

- National Human Trafficking Hotline: (888) 373-7888
- Hamilton County (Ohio) Job and Family Services: (513) 241-KIDS
- Northern Kentucky Children’s Advocacy Center: (859) 442-4200

Commonwealth Attorney’s Offices

Boone County

- Business Hours: (859) 586-1723

Campbell County

- Business Hours: (859) 292-6490

Kenton County

- Business Hours: (859) 292-6580

U.S. Attorney’s Office

- Covington: (859) 655-3200
- Eastern District of Kentucky: (859) 233-2661
- Victim-Survivor Assistance: (859) 685-4906

Federal Agencies

Department of Homeland Security Investigations

- National: (866) 347-2423
- Local/Northern Kentucky: (859) 578-4600
- Louisville: (502) 625-6202

FBI – Federal Bureau of Investigations

- Local/Northern Kentucky: (859) 341-3901
- Louisville: (502) 625-6202

Victim-Survivor Specialists

- Local/Northern Kentucky: (859) 246-4703
- Cincinnati: (513) 979-8326

State Agencies

Kentucky Attorney General's Office

Investigations and Advocacy [main switchboard]: (502) 696-5300

Director, Office of Child Abuse and Human Trafficking and Prevention,
Office of the Attorney General [Allyson Taylor]

Department of Criminal Investigations: (866) 524-3672

Office of Victim Advocacy: (800) 372-2551 / (502) 696-5300

Kentucky State Police Post 6: (859) 428-1212 (24-hours)

Kentucky Labor Cabinet: (502) 564-3070 (business hours)

Kentucky Cabinet for Health and Family Services

General Business: (859) 292-6550 / (800) 752-6200

Child-Protection Hotline: (877) 597-2331 / (877) KYSAFE1

Healthcare Referral and Evidence-Collection

Main Number: (859) 301-2000

Local Emergency Departments—St. Elizabeth Hospitals

Florence: (859) 212-5441

Edgewood: (859) 301-2250

Fort Thomas: (859) 572-3618

Covington: (859) 655-4353

Grant County: (859) 824-8134

St. Elizabeth Forensic Nursing Department: (859) 212-4254 (business hours)

Addiction Services

Northern Kentucky Addiction Helpline: (859) 415-9280;
799 Ann Street, Second Floor, Newport, Kentucky 41071

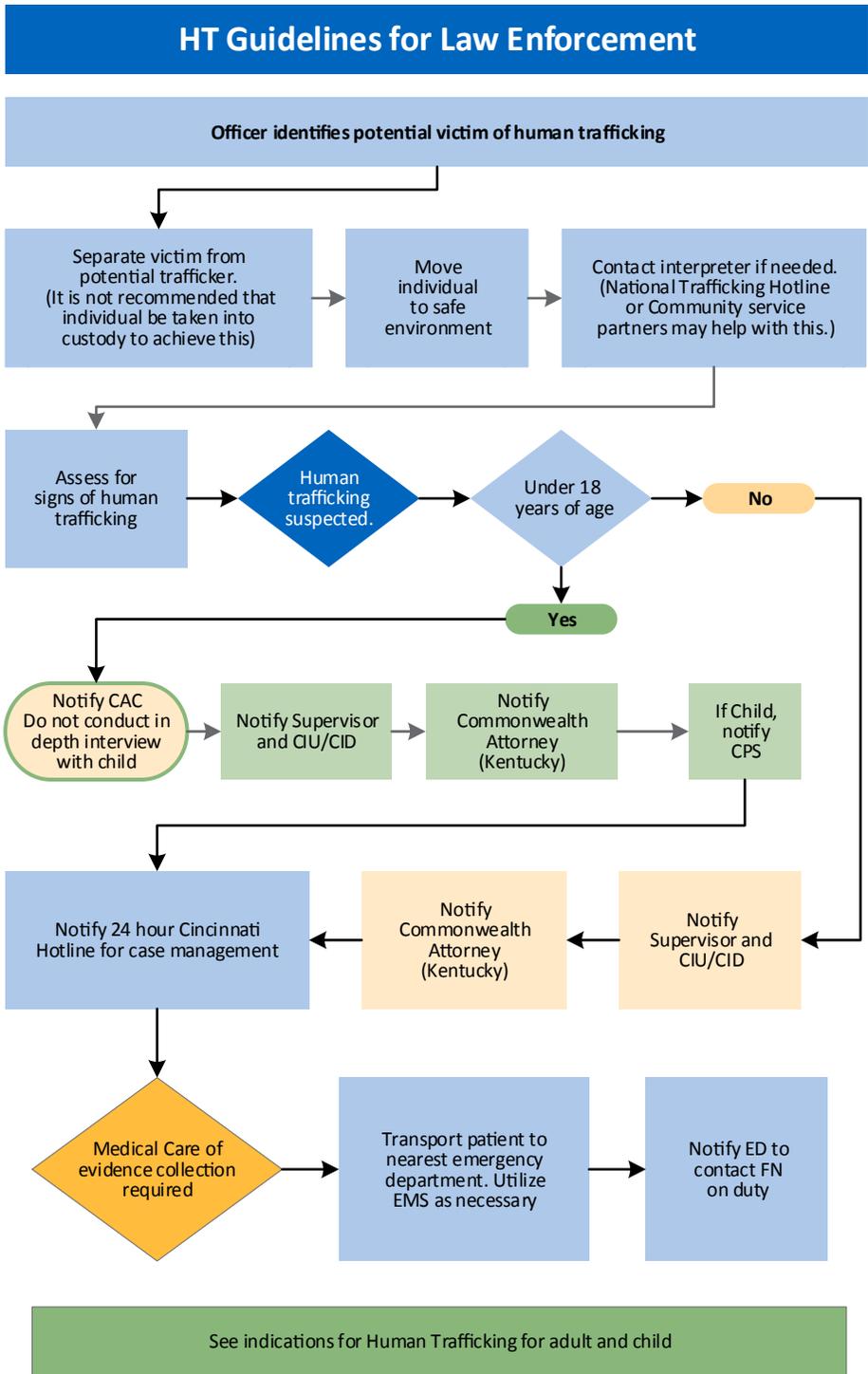
Greater Cincinnati Addiction Helpline: (513) 281-7880;
2828 Vernon Place, Cincinnati, Ohio 45219

St. Elizabeth Falmouth Addiction Treatment Program: (859) 572-3596

APPENDIX II: Trauma-Informed Basics for Human Trafficking Response

Principle	Implementation Strategies
Person Centered Approach	<ul style="list-style-type: none"> • Be mindful of trauma responses (physiological and emotional) • Offer individual services and supports • Remain responsive and flexible • Affirm and validate feelings and experiences • Practice active and engaged listening • Convey empathy • Move at a speed comfortable for the individual
Empowerment	<ul style="list-style-type: none"> • Restore power, control and self-efficacy • Identify victim-survivor strengths, resources and skills • Allow the victim-survivor to “steer” or lead the conversation
Dignity and Respect	<ul style="list-style-type: none"> • Respect and uphold boundaries, allowing distance or time where requested • Convey worth and value of the victim-survivor • Remain professional and courteous • Be mindful of own language, word choice and non-verbal cues • Be attentive to basic needs (medical care, shelter, nourishment, sleep)
Safety and Security	<ul style="list-style-type: none"> • Maintain a non-threatening and comfortable environment • Ensure privacy • Clearly explain your role, intent, objective(s) and purpose • Ensure initial —and ongoing — affirmative consent • Employ non-threatening body-language and tone-of-voice • Allow individual “an out” and refrain from physically blocking exits • Offer comfort items such as blankets or bottled water
Voice and Choice	<ul style="list-style-type: none"> • Listen • Offer choices and options • Do not attempt to sway decision-making • Mirror terminology that the victim-survivor uses • Avoid possessive pronouns (“your trafficker”, “your situation” or “your assault”)
Humility	<ul style="list-style-type: none"> • Make no assumptions • Be approachable • Avoid professional jargon and acronyms • Be mindful of power and status differential(s)
Non-judgement	<ul style="list-style-type: none"> • Normalize • Avoid asking “why?” questions • Keep personal emotions in-check • Remain neutral
Collaboration and Mutuality	<ul style="list-style-type: none"> • Be transparent • Ask if the victim-survivor has questions • Ask how you can help • Align self with the victim-survivor’s stated goals • Acknowledge barriers and collaborate to remove them • Regard the victim-survivor as the “expert” on their own life • “chekin” with—or solicit feedback from—the victim-survivor throughout the process
Environmental Factors	<ul style="list-style-type: none"> • Address environmental concerns across the victim-survivor’s five senses • Reduce re-traumatization from environmental factors

APPENDIX III: Human-Trafficking Response Flowchart for Law-Enforcement



Law Enforcement Response TIP SHEET

1. Determine if interpreter is needed. Do not allow individuals at the scene interpret.

National Human Trafficking Hotline can assist: (888) 373-7888

2. Remove individual from vicinity of potential trafficker and ensure safety.
3. If human trafficking is suspected:

- a. Notify supervisor.
- b. Notify CIU / CID (investigative unit) if available to the law enforcement agency.
- c. Notify Commonwealth Attorney:

Boone County: (859)-586-1723 (Business hours)

Campbell County: (859) 292-6490 (Business hours)

Kenton County: (859) 292-6580 (Business hours)

***** If the individual is a minor, all interviewing should be completed by the Children's Advocacy Center.**

4. Notify case management / End Slavery Cincinnati, or WCC.

National Human Trafficking Hotline: (888) 373-7888

Catholic Charities Bakhita Empowerment Program: (859) 581-8974 Ext 120.

..... (502) 432-5223

Cincinnati Trafficking Hotline: (513) 800-1863

Women's Crisis Center 24-Hour Crisis Hotline: (859) 491-3335

(domestic abuse or sexual assault)

5. Notify CHFS if less than 18:

CHFS: (859) 292-6550

..... (800) 752-6200 (Office hours).

Child Protection Hotline: (877) 597-2331 (1-877-KYSAFE1)

6. Consider notification of FBI or ICE as directed by Commonwealth Attorney or CIU / CDU or supervisor.

ICE: (859) 578-4600

Louisville: (502) 625-6202

ICE National Office: (866) 347-2423

FBI: (859) 341-3901

7. Consider notification of state investigative agencies.

Kentucky Attorney General's Office: (502) 696-5300

Director, Office of Child Abuse and Human Trafficking and Prevention,
Office of the Attorney General [Allyson Taylor]

Kentucky Attorney Generals Victims Advocacy: (800) 372-2551

Kentucky State Police Post 6: (859) 428-1212 (24 hours)

8. If medical care is needed or evidence collection is required:
- Transport to the nearest ED
 - Local Emergency Departments: St. Elizabeth Healthcare: (859) 301-2000
 - Forensic Nursing Office: (859) 212-4254
 - Inform staff that patient is potential trafficking victim
 - They will notify a forensic nurse to respond.
 - **If the victim is less than 18, the Children’s Advocacy Center must be notified.**
9. Consider notification of FBI, ICE, or state investigative agencies if appropriate.

APPENDIX V: Administrative Letter by Law Enforcement – Instructions

St. Elizabeth Healthcare may use or disclose patient health information to law enforcement officials as required by law or in compliance with a court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer, a grand-jury subpoena, or an administrative request authorized under law, if the information sought is relevant to the inquiry, the request is specific and limited in scope, and de-identified information could not reasonably be used.

The attached letter printed on the law enforcement's agency's letterhead may be used to make an administrative request. Indications and purpose must be clearly identified by the law enforcement agency. The letter must be signed and presented to St. Elizabeth Healthcare's Medical Records Department for release.

If a law enforcement agency has questions or would like a copy of this template sent to them, they may contact the Forensic Nursing Department at (859) 212-4254.

APPENDIX VI: Administrative Letter by Law Enforcement— Template

[On Official Law-Enforcement Departmental Letterhead]

Date:

To: St. Elizabeth Healthcare

Re: NAME: If available

DOB: If available

To Whom It May Concern:

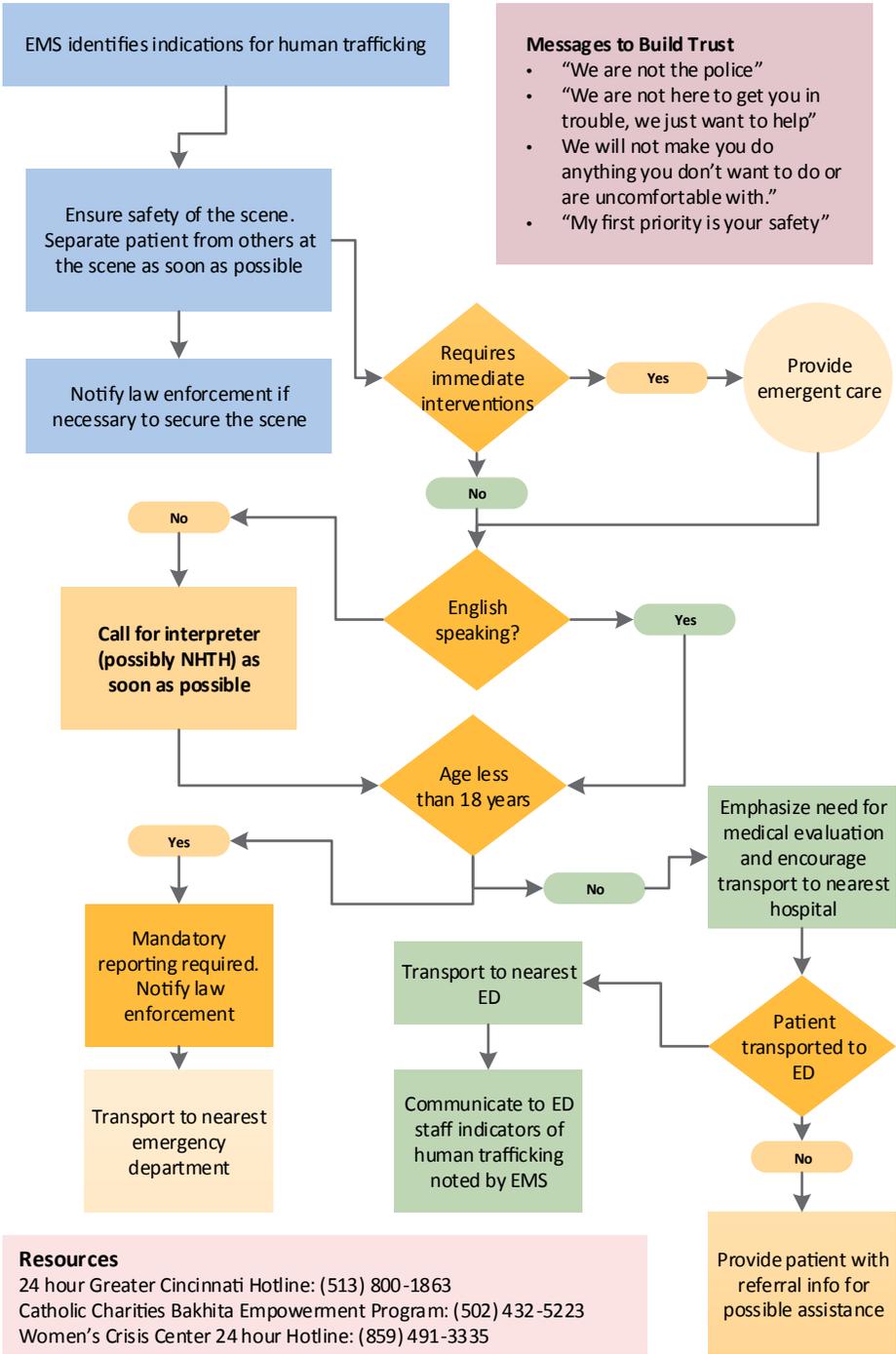
This law enforcement agency is actively investigating a potential criminal matter, and is making an **ADMINISTRATIVE REQUEST** to disclose protected health information relating to the above-named individual (If available). As such, we assert the following:

1. We believe the information requested is relevant and material to a legitimate law enforcement inquiry.
2. We are requesting information which is specific and limited in scope to the extent possible in light of the law enforcement purpose for which the information is requested.
3. We are asserting that de-identified information could not reasonably be used for this inquiry.

We are requesting information for the following indicated purpose(s) [Check all boxes that apply]:

- Disclosure for Identification and Location Purposes** – We are requesting information for purposes of identification/location of a suspect, fugitive, material witness, or missing person. [For these purposes, a hospital may disclose only the following information: Name/Address, Date/Place of Birth, SSN, ABO blood type and Rh factor, Type of injury, Date/Time of treatment; Date/Time of death, if applicable; Description of any distinguishing physical characteristics (e.g., height, weight, gender, race, hair/eye color, presence/absence of facial hair, scars and tattoos. The hospital may not disclose information related to DNA, DNA analysis, dental records, or typing, samples, or analysis of body fluids/tissues.)]
- Victim-Survivor of a Crime** – We are requesting information about a patient who may have been the victim-survivor of a crime, and the patient has agreed to the disclosure. [If the patient is incapacitated or some other emergency circumstance prevents the hospital from obtaining the patient’s agreement, the hospital may disclose information only if all of the following circumstances are met: The information is not to be used against the victim-survivor; the information is necessary for immediate enforcement activity; and it is in the best interest of the individual to release the information.]
- Custodial Situation** – A law enforcement official or correctional institution has lawful custody of an individual, and the information is necessary for any of the following: Provision of health care to the individual; Health and Safety of the individual, other inmates, officers, employees or others at the institution of involved in transport of the individual; Law enforcement purposes on the premises of the correctional institution; or Administration/maintenance of the safety, security, and good order of the correctional institution.
- Criminal Conduct on Hospital Premises** – We are requesting information related to suspected criminal conduct which occurred on the hospital premises. The Health Insurance Portability and Accountability Act (“HIPAA”) permits a covered entity to release information to a law enforcement official in response to an administrative request, such as an administrative subpoena, investigative demand, or other written request from a law enforcement official.

HT Guidelines for EMS



When Interacting with a Victim-Survivor of Trafficking

- Ask for the victim-survivor's consent to contact local resources. Provide information about Catholic Charities, Women's Crisis Center, or The Salvation Army's Anti-Human Trafficking Program. Provide the victim-survivor with hotline number if victim-survivor does not want to connect with services at this time.
- Assess safety and help victim-survivor build a safety plan. (The Greater Cincinnati Human Trafficking Hotline can assist with safety-planning.)
- If victim-survivor is a minor, follow mandatory reporting protocols.
- Consider safety! Assess if there are immediate safety concerns. Is the trafficker present? Does the victim-survivor know or suspect that there are others (especially minors) who may be in danger? (Consult with supervisor regarding any immediate safety concerns.)
- Speak with victim-survivor alone.
- Contact the Greater Cincinnati Human Trafficking Hotline to assist with assessment or screening needs.
- Use a professional, neutral interpreter whenever possible.

Environmental Concerns

- Ensure privacy for the victim-survivor.
- Engage in judgment-free active listening to help the victim-survivor feel comfortable sharing.
- If note-taking is necessary (and appropriate), inform the victim-survivor of the reasoning behind note-taking, and disclose for which purpose they will be used. If possible, do not take notes about the meeting until after the interview has ended.

Linguistic Concerns

- Prioritize the availability of a third-party interpreter.
- Use non-technical language.
- Ask open-ended questions.
- Focus on the victim-survivor's service needs, and on rapport-building. It may take multiple interactions with an individual before they feel comfortable opening up about their trafficking situation.
- Consider mirroring the language that the victim-survivor uses.
 - Example: If the victim-survivor refers to the perpetrator as a "boyfriend," "friend," intimate partner, etc., referring to the perpetrator as a "pimp" or "trafficker" may impede trust- and rapport-building.

Messaging Conducive to Trust- and Rapport-Building with Victim-Survivors of Human Trafficking:

- *"My first priority is your safety."*
- *"We can help you seek assistance."*
- *"You are the expert in deciding what you need; I am here to offer options."*
- Emphasize confidentiality.
- Be transparent, realistic, and honest with victim-survivors.
- Do **NOT** promise outcomes or services that may not be available.
- When fear of law enforcement is shown, explain that police can offer support in reporting the crime that has precipitated the individual's victimization. Note that police prioritize the pursuit of justice. Inherently, law-enforcement engagement (inadvertently) may entail a reduction in a victim-survivor's sense of control.
- Share that the local (or national) human trafficking hotline serve as resource clearinghouses for victim-survivors. Describe what a call to a human trafficking hotline might entail.

APPENDIX IX: Signs of Human Trafficking for Healthcare Documentation

Human Trafficking Identification (St. Elizabeth Healthcare EMR Tool)

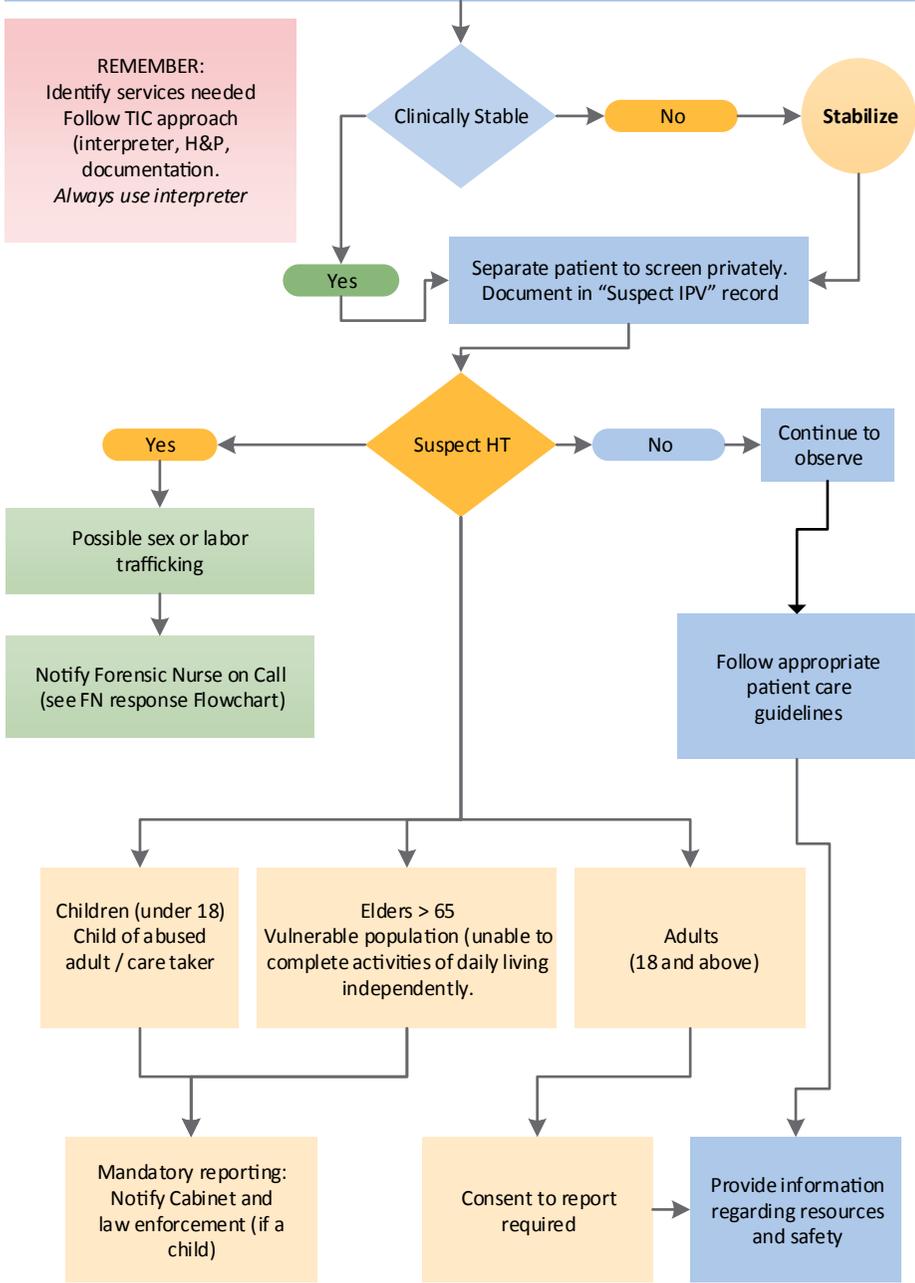
 Suspected human Trafficking – Visual Cues		
Appears to have physical injuries; scares, cuts, contusions, bruises, burns – especially to head, face, mouth.	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Evidence of sexual abuse?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Appears malnourished or shows signs of exposure to harmful chemicals.	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Avoids eye contact?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Extremely Nervous?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Doesn't speak or is incoherent?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
 Suspected human Trafficking – Behavioral Cues		
Lack of documentation of in the possession of accompanying party?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Shy and submissive?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Fearful or hyper-vigilant demeanor?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Lack of concentration while speaking?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Observable psychological disorders?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Appears afraid to speak?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
 HT Screening Results / Instructions		
HT Screening Results / Instructions	<input type="text"/>	
HT Screening Score	<input type="text"/>	
 Suspected human Trafficking – Red Flag Indicators		
Evidence of Physical violence including torture, restraint or confinement.	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Delayed presentation for medical care?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Discrepancy between stated history and clinical presentation or patterned injuries.	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Scripted, memorized or mechanical recitation of history?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Appears younger than stated age?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Accompanying individual who answers questions or otherwise controls the pace and content of encounter?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Accompanying individual who insists on providing interpretation?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Companion who refuses to leave the room?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Evidence of lack of care for previously identified or obviously existing medical conditions.	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>
Branding (tattoos or insignias)?	<input type="checkbox"/>	<input type="button" value="1=Yes"/> <input type="button" value="0=No"/>

APPENDIX X: Initial Human-Trafficking Response for Healthcare Professionals

Human Trafficking Response

Arrival at Healthcare Facility

REMEMBER:
 Identify services needed
 Follow TIC approach
 (interpreter, H&P,
 documentation.
Always use interpreter



Initial Screening Questions (NHTH, 2017)

- *Have you been forced to engage in sexual acts for money or favors?*
- *Is someone holding your passport or identification documents?*
- *Has anyone threatened to hurt you or your family if you leave?*
- *Has anyone physically or sexually abused you?*
- *Do you have a debt to someone you cannot pay off?*
- *Does anyone take all or part of the money you earn?*

Establish Trust and Concern:

“My highest concern is you, and your well-being. I am worried about your safety if you leave the hospital and are stuck in a situation you do not want to be in. If someone is making you do ANYTHING you do not want to do, that is not ok, and there may be services available to help you. Note: Your immigration status does not matter to me. If anyone has threatened your safety, the safety of someone you care about, or your immigration status, that is not ok. At this point, my main concern is your safety”.

Offer Immediate Support:

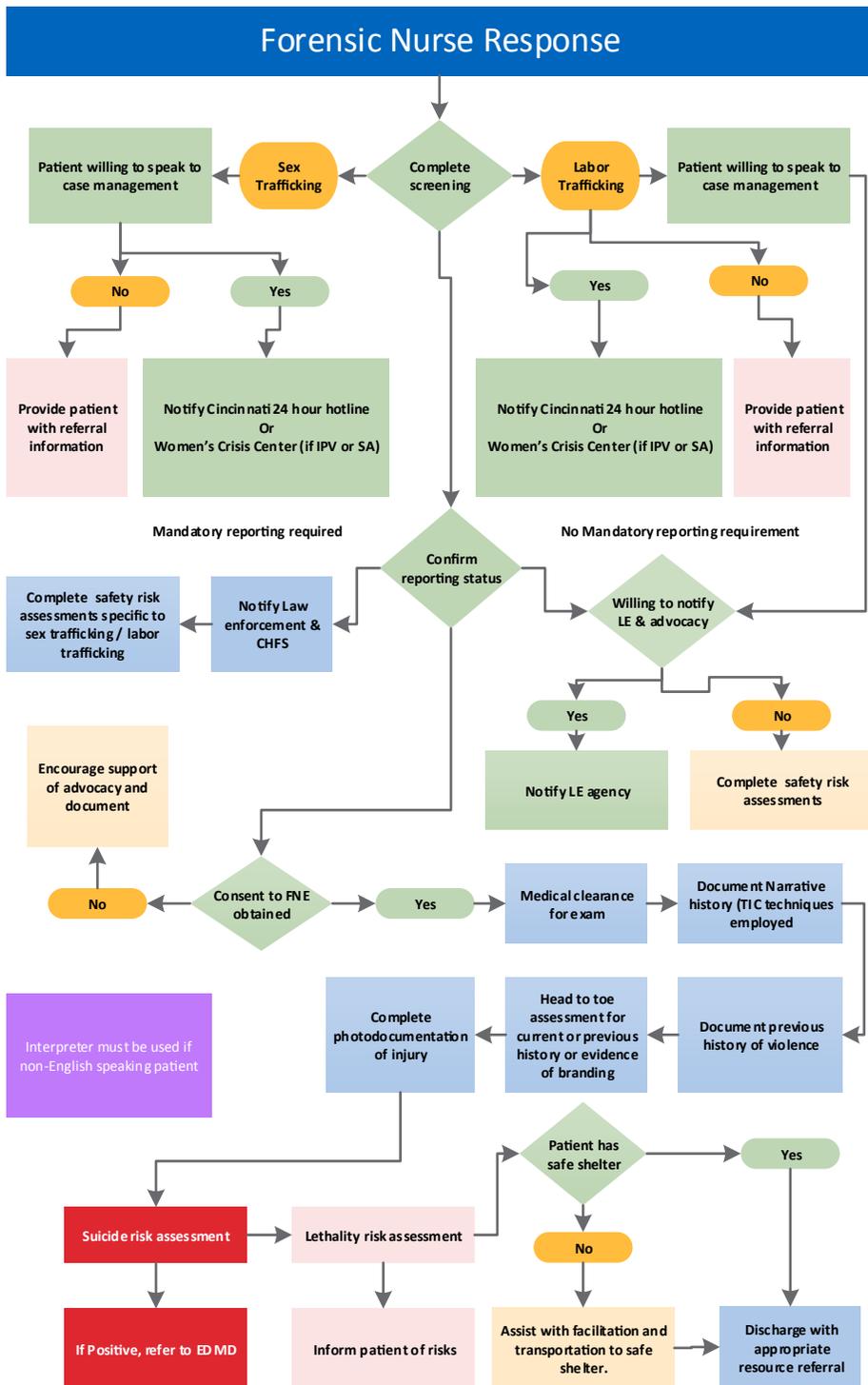
“Would you be open to further discussing options that might be available to you?”

Avenues for Immediate Support:

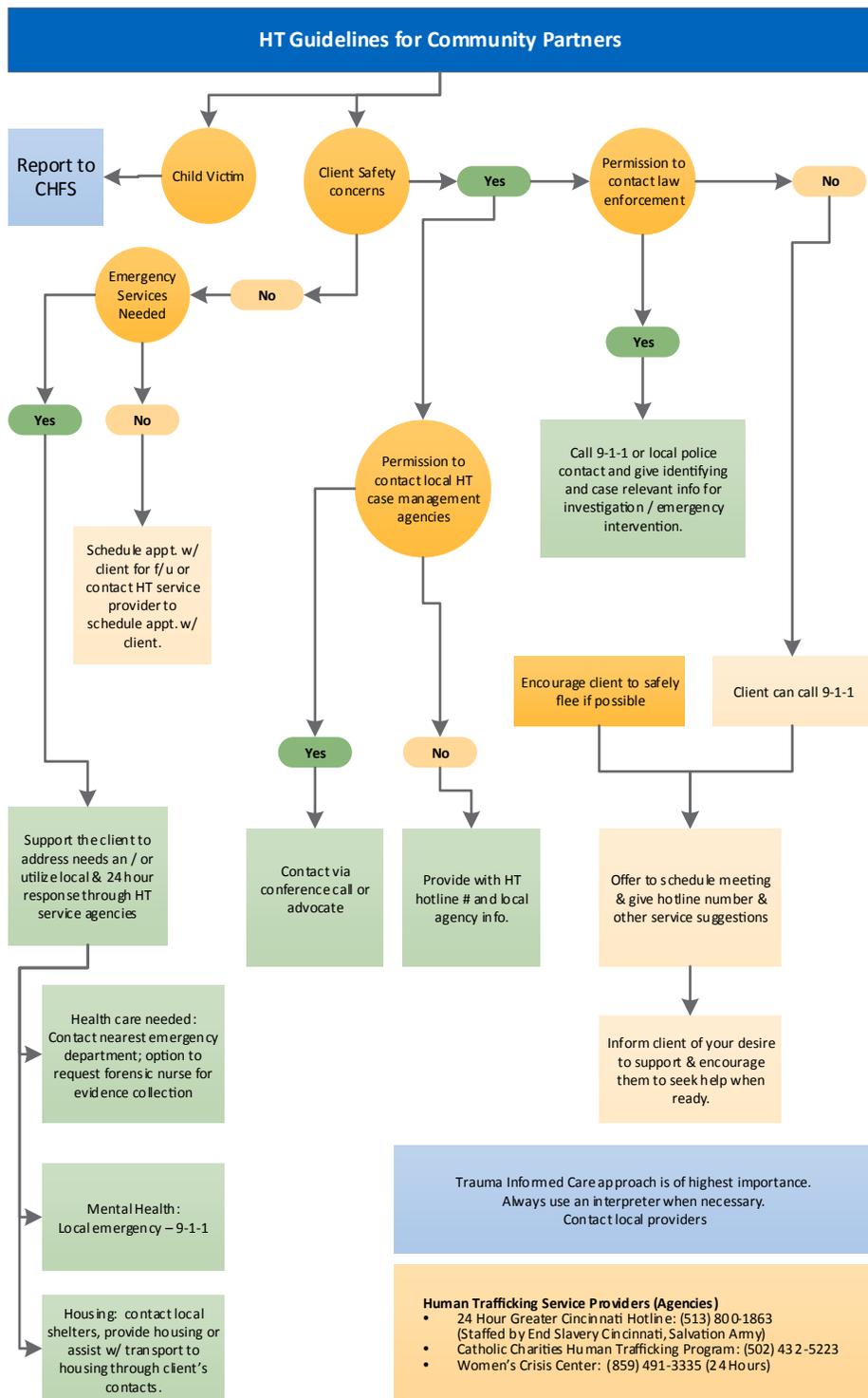
- Invite an advocate to screen and speak with the victim-survivor.
 - Lisa Ramstetter: (502) 432-4223
 - Women’s Crisis Center 24-Hour Crisis Hotlines:
 - Northern Kentucky : (800) 928-3335
 - Maysville.....(800) 928-6708
 - Can assist victim-survivors of trafficking who meet one or both of the following criteria:
 - Are experiencing concurrent sexual abuse or domestic violence
 - Are victim-survivors of sex trafficking
- Call the local 24-Hour Human-Trafficking Hotline with the victim-survivor.
 - Hotline: (513) 800-1863
 - Operated by End Slavery Cincinnati and The Salvation Army of Greater Cincinnati and Northern Kentucky
- Call the National Human-Trafficking Hotline with the victim-survivor.
 - Hotline: (888) 373-7888
 - Operated by Polaris

Share Human Trafficking Resources:

- If the victim-survivor declines services or help, share human-trafficking resources and the above information with the victim-survivor so they can utilize the resources at a later date.



APPENDIX XIII: Initial Community Partner/Case-Management Human Trafficking Response



Social Service Response to Human Trafficking in Northern Kentucky

The following nonprofit human-service agencies are designated social-service “first responders.” They will work together to comprehensively address the unique needs of victim-survivors of trafficking by providing crisis intervention, advocacy, basic needs support, short and long-term case management, and referrals.

The Salvation Army of Greater Cincinnati’s Anti-Human Trafficking Program

Women’s Crisis Center

24/7/365 Confidential Hotline:
(513) 800-1863.
Tele-interpretation available in over 200 languages.

24/7/365 Confidential Hotline:
(800) 928-3335
(in Northern Kentucky) and
(800) 928-6708
(in Maysville)

Services are available to all victim-survivors of human trafficking regardless of age, gender, documentation-status, or type of trafficking experienced.

Services are available to victim-survivors of trafficking also experiencing domestic violence or sexual assault, and for victim-survivors of sex trafficking.

The National Human Trafficking Hotline, (888) 373-7888, is a national anti-trafficking hotline serving victims and survivors of human trafficking and the anti-trafficking community in the United States. The toll-free, confidential hotline is available to answer calls from anywhere in the country, 24/7/365, in more than 200 languages. The National Human Trafficking Hotline can be a resource to report tips, seek local services or support, and provide general information and statistics about human trafficking.

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