

Human Trafficking in a Healthcare Setting

Protocol Suggestions for Healthcare Providers

Developed by



The following suggestions were created in partnership between the Laboratory to Combat Human Trafficking (LCHT) and the Denver Anti-Trafficking Alliance (DATA) human trafficking task force. This document represents accurate information as of April 2021 and will be updated periodically to reflect changes. For further support in adapting these suggestions for your organization, or to receive a training on human trafficking, please contact LCHT or DATA.

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PURPOSE

The purpose of this document is support healthcare professionals in identifying victims or potential victims of human trafficking and safely offer them care, resources, referrals, and other means of protection. The following information may not necessarily be conducive to all healthcare facility operations, structures, etc. This document is meant to act as a starting point for healthcare professionals to create their own organizational protocol on how to address human trafficking within their facility's mission, guidelines, policies, values, and culture.

DEFINITIONS

Federal Definition of Human Trafficking: Trafficking Victims' Protection Act

1. Human Trafficking is a crime involving the exploitation of someone for the purposes of compelled labor or a commercial sex act through the use of force, fraud, or coercion.
2. Where a person younger than 18 is induced to perform a commercial sex act, it is a crime regardless of whether there is any force, fraud, or coercion. **from the Trafficking Victims Protection Acts of 2000, 2003, 2005, 2008, 2013, 2017¹*

State Definition of Human Trafficking: Colorado House Bill on Human Trafficking: [HB14-1273](#)

1. **Human Trafficking for (Labor Trafficking) Involuntary Servitude:** A person who knowingly sells, recruits, harbors, transports, transfers, isolates, induces, entices, provides, receives, or obtains by any means another person for the purpose of coercing the other person to perform labor or services commits human trafficking for involuntary servitude.
2. **Human Trafficking for Sexual Servitude (Sex Trafficking):** A person who knowingly sells, recruits, harbors, transports, transfers, isolates, induces, entices, provides, receives, or obtains by any means a person for the purpose of coercing the person to engage in commercial sexual activity commits human trafficking for sexual servitude. Coercion does not need to be proven for minors under the age of 18.

While the federal and state statute definitions of human trafficking differ slightly, in practice there are three types of human trafficking under both definitions:

1. Those under 18 involved in commercial sex acts.
2. Those 18 and over involved in commercial sex acts through force, fraud, or coercion.
3. Those forced to perform labor and/or services through force, fraud, or coercion.

Trauma-Informed:²

1. Realizing the prevalence of trauma.
2. Recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce.
3. Responding by putting this knowledge into practice.

¹ "Federal Law," July 14, 2020. <https://humantraffickinghotline.org/what-human-trafficking/federal-law#:~:text=Federal%20Anti%2DTrafficking%20Laws,prevention%2C%20protection%2C%20and%20prosecution>.

² Office for Victims of Crime Training and Technical Assistance Center (OVCTTAC). "Human Trafficking Task Force e-Guide." <https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/>.

Victim/Survivor-Centered:³ Being victim/survivor-centered means implementing a systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner. A victim-centered approach seeks to minimize retraumatization associated with the criminal justice process by providing the support of victim advocates and service providers, empowering survivors as engaged participants in the process, and providing survivors an opportunity to play a role in seeing their traffickers brought to justice.

TRAUMA-INFORMED RESPONSIVE CARE

The HEAL (Health, Education, Advocacy, Linkage) Trafficking Network states that trauma-informed and trauma-responsive care “recognizes the pervasive effects of traumatic experiences on an individual’s life and behavior, on their perceptions of themselves and their bodies, and on their relationships with others. Trauma-informed care is non-judgmental and patient-centered care that prioritizes physical, psychological, and emotional safety for all involved, including staff.”³

PEARR Tool for a Trauma-Informed Approach⁴

1. Provide Privacy
2. Educate
3. Ask
4. Respect
5. Respond

*See [the PEARR Tool](#) for a Trauma-Informed Approach to Victim Assistance in Healthcare Settings for more information on these steps.

Key Points of a Trauma Informed Approach:⁵

- Give the patient time to process what is occurring
- Promise only what you can deliver
- Give the patient concrete choices
- Give the patient space to share as they are comfortable
 - Offer breaks if the patient needs it
 - Ask yourself if there anything about the physical environment that would make them feel more comfortable.
 - e.g. lighting, noise, a snack/drink
- Let the patient talk; you do not need to follow a specific script
- Make sure the space is safe- show the patient that the space is safe
 - Give the patient space
 - Meet the individual at eye level, do not stand over them
 - Do not block the entrance/exit
 - Be grounded, take a deep breath, be present and model calm behavior
- Give anticipatory guidance about what to expect next (e.g. exam, procedures)
 - Check-in throughout the process
- Be aware of signs of patient distress and how to respond
 - The patient may appear anxious, upset, agitated, hypervigilant, less engaged or responsive, detached, or confused.
 - Know when to stop, give breaks, and how to get help

³ HEAL Trafficking, *HEAL Trafficking and Hope for Justice’s Protocol Toolkit*, pg. 9.

⁴ Ibid., Dignity Health, *PEARR Tool*, 2019.

⁵ HEAL Trafficking, *HEAL Trafficking and Hope for Justice’s Protocol Toolkit*.

PROCEDURE (Identify)

No singular indicator is a sure sign of human trafficking; the indicators listed below are potential signs of exploitation and/or trafficking in a healthcare setting. Human trafficking indicators may be similar and overlapping to indicators of other forms of abuse such as labor violations, sexual assault, and domestic violence.

Common Indicators

- Story is inconsistent with injuries
- Delay in seeking care for injuries
- Patient is accompanied by an individual who identifies as a close friend or family member; this person insists on speaking for the patient, interpreting, and/or holding documents
- Patient behavior that demonstrates fear, anxiety, hostility, and/or anger
- Unaware of date, time, or location (current location or current address)
- Frequent work related/labor injuries including those from not having proper safety equipment
- Frequent STD or genitourinary problems (pregnancies, pelvic inflammatory disease)

Possible Physical Indicators

- Unexplained injuries (multiple scars, broken teeth, burns)
- Evidence of prolonged infection or time since injury (injuries that have begun to heal incorrectly due to lack of treatment, e.g. broken bones)
- Bacterial infection and/or yeast infections or frequent STIs
- Work-related injuries (preventable with safety equipment)
- Multiple or frequent pregnancies/abortions
- Signs of malnourishment or generally poor health, including malnutrition, dehydration, extreme weight loss, exhaustion, and dental and visual problems (deprived of adequate food, water, light, and sleep)
- Effects of prolonged exposure to extreme temperatures, or industrial or agricultural chemicals
- Repeated motion injuries
- Cardiovascular and respiratory problems caused or worsened by stress (high blood pressure or acute respiratory distress)
- Chronic back pain, headaches, or migraines
- Tattoos or other types of branding (e.g. cutting, burning)
- Addiction to drugs and/or alcohol, substance use disorders
- Evidence of sexual trauma, including presence of unexplained or unusual scar tissue (potentially from forced abortions)

Possible Social/Behavioral Indicators

- Individual claims to be “just visiting” an area but is unable to articulate where they are staying; the individual does not know the city or state of their current location
- Individual has numerous inconsistencies in their story and/or exhibits a loss of sense of time or space
- Someone is claiming to speak for, or on behalf of, a victim (e.g. speaking over them, claiming to provide interpretation but not allowing the individual to converse, etc.); a victim is not allowed to speak for themselves
- The patient does not have access to their legal documents/identification
- Individual does not have any type of legal documentation
- Individual seems to be repeating a scripted or inconsistent history or story
- Not making eye contact
- Individual not in control of their identification documents
- Youth having relationships with older, unexplained adults
- Individual does not know when their last medical exam occurred
- Lack of healthcare insurance, or paying for care with cash
- Individual exhibits behaviors including hyper-vigilance or paranoia, fear, anxiety, depression, submission, tension and/or nervousness, or hostility
- Individual may either be in crisis, or may downplay existing health problems or risks
- Individual resists help or demonstrates fear that the information they provide will lead to arrest, placement in social services, return to family, or retribution
- Individual has been abused at work or threatened with harm by an employer or supervisor
- Individual is not allowed to take adequate breaks, or consume food and water while at work, and/or is not provided adequate protective equipment for hazardous work
- Individual is required to live in the place of employment or housing provided by the employer
- Individual does not have appropriate clothing for the weather or venue

Possible Psychological Indicators

- Depression
- Suicidal tendencies or self-harming behaviors
- Anxiety
- Post-traumatic stress disorders
- Lack of emotional response
- Hyper-vigilance
- Hostility
- Dissociation disorders such as memory loss or lack of sense of self-identity
- Delayed physical or cognitive development
- Impaired social skills

PROCEDURES (Screening & Assessing)

General considerations

- Throughout interactions, it is important to maintain safety awareness. Victims of human trafficking may be at further risk for harm if their trafficker suspects others might be aware of the situation. Healthcare providers should be mindful of this when working with potential victims.
- It can be difficult to discuss human trafficking, abuse, and/or exploitation. In order to provide trauma-informed care, providers should locate/use other resources such as a medical social worker, child protection team, Colorado's human trafficking hotline, or another trained or experienced provider for assistance if they are not comfortable with these conversations⁶.

If a patient is suspected to be a human trafficking victim, speak with the patient privately regarding the topic. Provide confidence that their safety is of top priority.

1. Separate the patient from any visitors. This may be a simple request of asking visitors to step out, however, it is common in these situations for this person to refuse to leave the room or move away from the patient's close proximity. If translation services are needed, this person may also insist upon interpreting for the patient.
 - Always use your organization's interpretation services, rather than a family member or other accompanying individual. Not only is this in the best interest of the patient that they have this right, it is the law⁷. This information can be relayed to family/visitors insisting upon providing language interpretation.
 - If the visitor does not want to leave the room, consider trying other approaches such as assisting the patient to the bathroom; having another member of the staff (registration, physician, etc.) ask to speak to the visitor outside of the room to collect more information; or escort the patient to a treatment area where visitors are not allowed, such as radiology departments.
2. Once the patient is alone, gather information in a trauma-informed manner. Often, you will not have much time to speak with them in order to not raise any concerns or suspicion with the visitor. *For example screening questions, visit the Example Screening Q17uestions section.*
 - Consider what you can do to help the patient feel comfortable and in control of the situation.⁸
 - Be mindful of both verbal and nonverbal cues when discussing sensitive topics. Do not force a patient to answer questions they are uncomfortable answering.⁹
 - To minimize re-traumatization, limit questions to only those needed to determine a patient's safety and next steps.¹⁰
 - Be specific about injuries noted on assessments and aware that this information may be used in future legal cases - either for or against the patient.

⁶ Cook County Human Trafficking Task Force. "Human Trafficking Model Policy for Healthcare," n.d. https://www.cookcountytaskforce.org/uploads/9/1/3/5/9135373/model_policy_healthcare_subcommittee_final.pdf.

⁷ State of Colorado, "Communication with Individuals with Limited English Proficiency," n.d., <https://www.colorado.gov/pacific/sites/default/files/HCPF%20Communication%20with%20Individuals%20with%20Limited%20English%20Proficiency%20Policy%20and%20Procedure.pdf>.

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid., Dignity Health, *PEARR Tool*, 2019.

PROCEDURES (Response & Referrals)

If a patient self-identifies as a victim of human trafficking or expresses interest in receiving assistance, it is important to determine next steps. A patient may not be ready to exit the exploitative situation; they may only want a phone number in order to seek help when they are ready, or they may be ready for an intervention at that time. Develop patient-centered plans that are guided by the patient. As always, be sure to follow your organization's policies and comply with all HIPAA requirements. For guidance or clarification, contact your organization's HIPAA Privacy Office, Risk Management team, and/or Legal Department.

Ask how you can help.

Continue to treat the patient for the medical issues for which they initially presented and ensure they are medically stable and their medical needs have been addressed.

1. If the patient requests resources or a number to call, provide them with **Colorado's 24/7 Human Trafficking Hotline (866-455-5075)** or **Textline (720-999-9724)** as an optional resource. Victims of human trafficking require multiple resources in an acute setting to successfully sever ties from their trafficker. Often, they require resources such as housing, food, identification, legal aid, and financial assistance.
2. If the patient requests immediate assistance, consider the following steps in accordance with your facility's protocols:
 - Contact the social work department to assist with safety planning and obtaining resources for the patient.
 - Consider calling Colorado's 24/7 Human Trafficking Hotline (866-455-5075). You may remain anonymous for these calls and still receive referrals.
 - Contact security and inform them of the need for the patients to remain in a private and safe space without visitors or the ability for others to obtain information on their whereabouts.
 - Ensure the patient understands safety plans, including transportation to a safe destination prior to discharge and access to other needed resources (e.g. legal support, housing, food), etc.
3. Work with the patient to determine if law enforcement should be contacted.
 - Remember: Patients under the age of 18 require a mandatory report (see section below for further information).
 - When available, work with law enforcement officers who are assigned human trafficking cases or have specific training on human trafficking. The Colorado Human Trafficking Hotline can help put staff in touch with HT-trained officers.

How can I utilize the Colorado Human Trafficking Hotline to assist victims of trafficking?

Colorado's Human Trafficking Hotline is available 24/7, with access to interpreting services for over 200 languages. All communication is strictly confidential; hotline advocates do not need any identifying information of the suspected victim for callers to access their services. Hotline advocates can assist healthcare providers connect with resources in their local area, including shelters, human trafficking-trained law enforcement personnel, legal service providers, social service agencies, and the FBI's human trafficking task force. Advocates work closely with law enforcement and healthcare providers to treat victims in a trauma-informed manner. These advocates are mandatory reporters of child abuse (and therefore of child sex and labor trafficking).

The graphic is a dark blue rectangle with white and yellow text and icons. At the top left is a yellow circular icon with '24 HOURS' and a curved arrow. To its right, the text 'COLORADO'S HUMAN TRAFFICKING HOTLINE' is displayed in white and yellow. Below this, three columns of services are listed, each with a right-pointing arrow icon: 'Report Tips', 'Request Referrals', and 'Get Help'. The bottom row features three contact methods: 'CALL' with a phone icon and number '866-455-5075', 'TEXT' with a smartphone icon and number '720-999-9724', and 'SEARCH' with a laptop icon and the URL 'combathumantrafficking.org/directory'.

Discharge/Warm Hand-Off

Survivors of human trafficking have varied needs and lived experiences, and there is no singular protocol that can predict those needs in advance. Survivors should be provided options for the types of services they may need for safety and to begin their healing process. These optional services may include mentorship, mental health, housing, clothing, etc. Survivors should be asked what their immediate needs are and then provided information to help them exit the healthcare system with a safe place to go and have their basic needs met.

The Colorado 24/7 Human Trafficking Hotline can assist with referrals to services and provide warm handoffs when appropriate. If your place of work has access to medical social workers, it is beneficial to include them in the patients' discharge planning. Social workers often have access to community resources and can help facilitate post-discharge needs. You may remain anonymous in your call to the human trafficking hotline, however please remember to always follow your organization's privacy policies and comply with HIPAA.

MANDATORY REPORTING

The following information is not intended to be a complete compilation of Colorado laws surrounding mandatory reporting. Please consult your legal counsel and organizational policy for guidance or questions regarding mandatory reporting.

Suspicion of abuse (including physical, psychological, sexual, emotional) or neglect is all that is required for a mandatory reporter to report abuse of a child or an “at-risk” adult in Colorado.

Please visit the following links for additional resources regarding mandatory reporting:

- The Colorado Child Abuse Hotline and training on mandatory reporting
<https://co4kids.org/mandatoryreporting>
- Colorado Department of Public Safety list of resources on mandatory reporting
<https://cssrc.colorado.gov/mandatory-reporting>
- Colorado Revised Statutes Children’s Code
<https://leg.colorado.gov/sites/default/files/images/olls/crs2018-title-19.pdf>
- You can visit this website to receive a mandatory reporter training
<https://coloradocwts.com/mandated-reporter-training>.

If the individual is 0 through 17 years old:

- Trafficking of a minor for sexual servitude was added to the Colorado definition of child abuse effective in January 2017. Trafficking of a minor for involuntary servitude was added in 2019. If you suspect the child has been subjected to physical, emotional/verbal/psychological abuse, or neglect, this should be reported as suspected child abuse.
- Healthcare providers are mandatory reporters for child abuse and should call the Colorado Child Abuse Hotline or local law enforcement if they suspect their underaged patient is a victim of trafficking (844-CO4KIDS). Failure to report can result in fines or jail time.
- HIPAA is not a barrier when reporting to the child abuse hotline or to law enforcement.
- Be up front with the minor about your mandatory reporting responsibilities, so that they don’t feel that you violated their trust by reporting your suspicion.

What if the individual does not want to report?

- If the adult victim is not under 18 years old or an at-risk adult, and does not want law enforcement involved, you should talk to them about resources that may support them.
- Don’t push them to involve law enforcement if they aren’t ready. It may be too dangerous for them to leave their situation at that time. By establishing trust and respecting their wishes, you are letting them know that your healthcare facility is a safe place that they can go if they need help in the future. This is often distressing to healthcare providers, but we must be respectful of the individual’s decisions at that time. The information you give them may protect them in the future, if and when they find themselves ready to seek help.
- Consider making a safety plan with the individual; do they have copies of important documents kept somewhere safe? Do they have a friend/family that they can stay with in an emergency? Can they memorize the phone number for Colorado’s Human Trafficking Hotline? Consider scheduling a follow-up appointment, if able to, to ensure their safety. Always let them know that they can come back and that “this” is a safe space.

Colorado Statute on Mandatory Reporting for Child Abuse

[C.R.S. § 19-3-304](#) provides that any person specified in this section:

1. who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect, or
2. who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect shall immediately upon receiving such information report or cause a report to be made of such fact to:
 - a) **the county department of human services or**
 - b) **the local law enforcement agency, or**
 - c) **through the state child abuse reporting hotline**

“Abuse” or “neglect” means an act or omission in which one of the following threatens the health or welfare of a child:

- Where a child exhibits evidence of skin bruising, bleeding or malnutrition;
- Where a child is subjected to unlawful sexual behavior;
- Where a child is in need of services because the child’s parents, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take;
- Where a child is subjected to emotional abuse. “Emotional abuse” means an identifiable and substantial impairment of the child’s intellectual or psychological functioning or a substantial risk of impairment of the child’s intellectual or psychological functioning or development.
- Where a child is neglected or dependent as described in [C.R.S. 19-3-102](#);
- Any case in which, in the presence of the child, or on the premises where a child is found, or where a child resides, a controlled substance is manufactured or attempted to be manufactured.
- Any case where a child tests positive at birth for a controlled schedule I or II drug;
- Any case in which a child is subjected to human trafficking of a minor for sexual servitude pursuant to C.R.S. 18-3-504.

For purposes of mandatory reporting, a “child” is a person under the age of 18 years.

Human Trafficking for Involuntary Servitude

1. A person who knowingly sells, recruits, harbors, transports, transfers, isolates, entices, provides, receives, or obtains by any means
2. Another person
3. For the purpose of coercing the other person to perform labor or services.

Human Trafficking for Sexual Servitude

1. A person who knowingly sells, recruits, harbors, transports, transfers, isolates, entices, provides, receives, or obtains by any means
2. Another person
3. For the purpose of coercing the other person to engage in commercial sexual activity.

“Coercion” means inducing a person to act or refrain from acting, if the inducement is accomplished by any one or more of the following means:

- Use of force, abduction, causing serious harm to, or restraint;
- Use of a plan or statement to cause someone to believe that their failure to perform the act (or failure to refrain from acting) will result in the use of force, abduction, causing serious harm to, or restraint;
- Using or threatening to use the law or legal process;
- Threatening to notify INS;
- Destruction of or threats to destroy ID or other documents;
- Controlling or threatening to control a person’s access to a controlled substance;
- Use of debt bondage;
 - The exploitation of a person’s physical or mental impairment, where such impairment as a substantial adverse effect on the person’s cognitive or volitional functions.

Colorado Statute on Mandatory Reporting for At-Risk Adults

Mandatory Reporting of At-Risk Adults, [C.R.S. 18-6.5-108](#)

- Report to Law enforcement
- Within 24 hours
- Reasonable cause to believe...abuse neglect or exploitation is taking place
- Of a person over 70 (from 7/1/2014)
- Of a person with IDD (from 7/1/2016)
- Immunity for report made in good faith
- Failure to report is a crime

Definition of At-Risk Adult

1. Elders 70 and older;
2. Adults who are 18 and older with a recognized intellectual and/or developmental disability (IDD).

EXAMPLE SCREENING QUESTIONS

Questions adapted from Cook County Model Policy for Healthcare

Sample conversation starters include:

1. If the patient has a chronic condition or it has been quite some time since they've seen a doctor: "It seems like it has been a while since you have been able to see a doctor. Many patients have a number of barriers to seeing a doctor. Is there any reason that you weren't able to see a doctor before? Was anyone telling you not to come?"
2. If the patient looks pale or malnourished: "I'm hoping to better understand your health, could you tell me more about your diet and what you normally eat? Do you cook your own food? Do you have time to eat during your workday? Is someone else providing food for you?"
3. If a patient has bruises in various stages of healing, and/or expresses concern about the ramifications of displeasing a family member, friend, or partner: "No one deserves to be hurt or threatened. If you feel comfortable sharing, could you tell me more about where these bruises came from? Is there anyone forcing you to do anything that you don't want to do?"

Sample framing statements include:

1. "Many patients we see have experienced violence in their lives. I now ask all patients I see about violence they may have experienced. Has there ever been a time when you have been hit or threatened by anyone to do something you didn't want to do?"
2. "Some illnesses can be a result of stress in our lives. Is there anything going on currently or in the past that you feel might have affected your health negatively?"
3. "In order to better understand what might have caused your sickness and/or what resources we might be able to provide you with, I would like to ask you some questions. Let me know if anything I ask makes you feel uncomfortable. You do not have to answer if you don't want to. I am here to help." (see sample questions below)
4. Labor trafficking: "I would like to ask you some questions related to your day to day activities because what you do for a living can sometimes impact your health."

Sample questions:

1. Is anyone forcing you to do anything you don't want to do?
2. Can you leave your work or living situation if you wanted to?
3. Have you (or your family) been threatened if you try to leave?
4. Are any basic needs being held from you (food, water, sleep, medical care)?
5. Do you have control over the money you earn?
6. Are you allowed to contact family or friends?
7. Have you ever exchanged sex for food, money, clothing, or shelter?

If the patient answers "yes" to any of these questions, it is important to relay compassion and concern. If a patient discloses this sensitive information to you, follow up with a statement such as the following:

- *We are here to help you.*
- *Thank you for sharing.*
- *Our first priority is your safety.*
- *We will give you the medical care you need.*
- *We can help find you a safe place to stay.*
- *You have rights.*

Interviewing a Patient Using a Trauma-Informed Approach:

Suggestion of what you can say:

- What would you like to share?
- What brings you in today?
- This is not your fault.
- Additionally, you can:
 - Acknowledge that being in the hospital is a stressful situation.
 - Be affirming and kind, not pandering or overly sweet; be authentic.
 - Ask what will help them feel safer during this time.
 - Consider additional support as available such as music, comfort measures, visualization, or aromatherapy.

What NOT to say:

- “It’s going to be ok.”
- Avoid anything that can be perceived as judgmental or shaming.
- Avoid “why” questions.
- Do not give commands.
- “Calm down”

Listening:

- Ask open ended questions that are neutral.
- Consider simple yes/no questions if it feels more appropriate, but create space for the patient to feel empowered.
- Observe their non-verbal behavior.
- Do not join their dysregulated state.
- Get rid of any distractions.
 - Turn off the TV (unless the patient prefers it to be on).
 - Be away from the computer/phone, or if necessary position so that you can still have eye contact with the patient.
 - Be aware of cultural considerations in relation to making eye contact with the patient.
- Make sure you won’t be interrupted.
- Give time for responses and demonstrate patience.
- Be ok with silence within the conversation.

COLORADO REFERRAL RESOURCES

This list is not exhaustive and is meant to be used for quick referrals. If the resource you are seeking is not listed below, please call Colorado's 24/7 Human Trafficking Hotline for additional options.

Colorado's 24/7 Human Trafficking Hotline - Call: 866-455-5075 Text: (720) 999-9724.

You can also access most resources online by searching based on location or resource type:

<https://combathumantrafficking.org/directory/>. This is a statewide resource for survivors, service providers, and community members. As a healthcare professional, you can call this line at any time to be connected to more than 300 local, trained resources across the state depending on your needs. This includes anything from immediate needs like mental or medical health, shelter, safe spaces, or transportation to longer term needs like substance disorder treatment, employment assistance, mentorship, or leadership development programming.

Asia Pacific Development Center (APDC) (720) 394-7909:

APDC focuses on a holistic approach to bringing compassionate care and culturally responsive services to the communities they serve. APDC acts as a "one-stop" shop for clients to get a variety of resources all in one building.

Blue Bench (303) 322-7273:

The Blue Bench uses a community-based approach to prevention, ensuring schools, businesses, law enforcement and more are committed to survivor-centered responses and sexual violence education.

Colorado Coalition for the Homeless (CCH) (303) 293-2217:

CCH provides integrated housing, health care, vocational and supportive services, for individuals experiencing homelessness.

Colorado Legal Services (CLS) (303) 837-1313:

CLS provides meaningful access to high quality, civil legal services in the pursuit of justice for many low-income persons and members of vulnerable populations throughout Colorado. They have 14 locations across the state.

Colorado Organization for Victim Assistance (COVA) (303) 861-1160:

COVA offers comprehensive case management for victims of trafficking and other forms of violence.

El Centro Humanitario (303) 292-4115:

El Centro Humanitario Para Los Trabajadores provides educational opportunities and ensures safe working conditions for day laborers in Denver.

Gathering Place (303) 321-4198:

The Gathering Place is the only daytime drop-in center in metropolitan Denver that serves women, their children, and transgender individuals who are experiencing poverty, many of whom are also experiencing homelessness.

Harm Reduction Action Center (303) 572-7800:

The Harm Reduction Action Center has committed itself to serving Colorado's public health by working to reduce the harms associated with drug use. They provide direct services that curb the spread of HIV, Hepatitis C, and accidental overdoses among people who inject drugs.

Rocky Mountain Immigrant Advocacy Network (RMIAN) (303) 433-2812:

RMIAN provides free legal services to immigrant children and to adults in immigration detention.

Servicios de la Raza (303) 458-5851:

Servicios de la Raza provides and advocates for culturally responsive, essential human services and opportunities to the community.

Street's Hope (303) 433-2712:

Street's Hope provides services to support and empower people who have experienced human trafficking. They provide case management and mental health services as well as group mentoring.

NATIONAL REFERRAL RESOURCES

Caring for Trafficked Persons: A Guide for Health Providers, The International Organization for Migration and UN Global Initiative to Fight Human Trafficking
(publications.iom.int/bookstore/free/CT_Handbook.pdf)

Dignity Health Human Trafficking Response
(<https://www.dignityhealth.org/hello-humankindness/human-trafficking>)

Documenting ICD 10 Codes, HEAL Trafficking and the Center for Missing and Exploited Children
(<https://healtrafficking.org/wp-content/uploads/2021/02/Documenting-ICD-Codes-01.29.20.pdf>)

HEAL Trafficking, Health Professional Education, Advocacy, and Linkage
(<https://healtrafficking.org/>)

Human Trafficking: Guidebook on Identification, Assessment, and Response in the Healthcare Setting, Massachusetts General and Massachusetts Medical Society
([www.massmed.org/Patient-Care/Health-Topics/...and.../Human-Trafficking-\(pdf\)/](http://www.massmed.org/Patient-Care/Health-Topics/...and.../Human-Trafficking-(pdf)/))

National Human Trafficking Hotline, National Tip and Referral Hotline
(humantraffickinghotline.org)

SOAR to Health and Wellness, U.S. Department of Health and Human Services
(www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training)

CONTACT INFORMATION

For more information, assistance in adapting this document for your organization, or to book a training, please contact the Laboratory to Combat Human Trafficking or the Denver Anti-Trafficking Alliance.



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