

## Human Trafficking Safety Planning

- I. If the patient does not wish to return, explore options for the patient and their children and family (as appropriate):**
  - A. Discuss with the patient that there is a greater risk for injury when leaving the trafficker, which will require careful planning for safety.
  - B. Can the patient and children/family safely stay with family or friends (as appropriate)?
  - C. Does the patient want or need access to a shelter?
  - D. Discuss an exit plan from the health setting.
  - E. Does the patient want to call the police? Obtain a personal protection order (PPO)? Or have a PPO enforced?
  - F. If there are no other options, temporary emergency hospitalization under an assumed name can be a way of providing immediate safety.
  - G. Is the patient concerned about their immigration status? Does the patient need access to legal assistance?
  
- II. If the patient wants police intervention (or it is required by law), assist the patient in asking the local police department to make an official police report.**
  - A. **If the perpetrator is posing immediate danger, call Security at**  
  
**OR**  
**Call the appropriate law enforcement agency depending on where you are located.**
  - B. Healthcare personnel or patient advocate should remain with the patient during the police interview, if the patient so desires.
  - C. Ensure the patient is in a safe place while awaiting police. Suggest that the patient call the National Human Trafficking Hotline at 1 (888) 373-7888 or text 233733 (text "HELP" or "INFO") for assistance.
  - D. Document in the medical record that a police report was made (include date, time, and officer name and badge number).
  - E. Reporting should never be done without the knowledge of the patient experiencing abuse and without careful safety planning in place.
  
- III. If the patient plans to return, explore the following topics to ensure the patient's safety:**
  - A. If the patient plans to return, respect that choice. The healthcare professional can help the patient put an escape plan in place that should include the children/family (as appropriate) before a dangerous situation occurs.
  - B. Discuss the following areas:

1. Does the patient know signs that an assault is going to take place? Can the patient leave to get help before the assault?
2. Are there weapons in the house? Where? Can the patient remove them or the ammunition?
3. Does the patient and/or the children/family know how to call 911?
4. Is the patient aware of emergency contact numbers?
5. How will the patient get out safely? Can the patient set up a routine where it is normal for them to leave for short periods?
6. If a fight is unavoidable, is there a room with an exit that the patient can go to? Can the patient stay away from rooms where weapons are available?
7. Who can be enlisted (friends, family, co-workers, religious leaders, neighbors, and professionals) in the safety plan?
8. Can the patient collect and hide money, put important documents in one place where they can be grabbed easily?
9. Does the patient have a safe place to go? A shelter if necessary? Can telephone numbers to shelter and police be kept in a location hidden from the trafficker?