Best Healthcare Practices to Combat Human Trafficking

State of Wyoming

Human Trafficking Task Force

Division of Victims Services, Office of the Attorney General

First Edition 2018

Author Note

This document was comprised for the State of Wyoming: Commissioned by the Human Trafficking Task Force, under the direction of the Division of Victims Services Office of the Attorney General. This document was supported in part by programs funded through the Victims of Crime Act (VOCA).

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Purpose

Providers in healthcare have the unique opportunity to recognize and intervene on behalf of Human Trafficking victims. The purpose of this document is to provide an overview of best policies through the application of evidence based practices pertaining to the care of these individuals. Policy and practical use is outlined with a focus on identification of victims, their care and medical needs, the use of appropriate services and resources, as well as legal obligations and concerns for medical providers and health care agencies.

Background

Human Trafficking is an international human rights and global health crisis. It occurs in all fifty US states and in the District of Columbia. By simple definition, Human Trafficking is a form of modern day slavery. According to the US Department of State, the Trafficking Victims Protection Act defines Human Trafficking as the recruitment, harboring, transportation, provision, or obtaining of a person for one of three purposes:

1. Labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
2. A commercial sex act through force, fraud or coercion.
3. Any commercial sex act if the person is younger than 18 years, regardless of whether any form of coercion was involved.

World-wide estimates indicate that over 20.9 million men, women and children are victims of Human Trafficking. According to the latest statistics by Polaris Project Human Trafficking is a $150 Billion industry worldwide. Last year the United Nations of Drugs and Crime stated that Human Trafficking in the United States alone, generates an estimated $9.5 Billion annually. Healthcare professionals are becoming more aware of this global crisis as more research is coming forward. Various studies have shown that approximately 88% of surveyed Human Trafficking survivors had been in direct contact with healthcare professionals while being trafficked and thus went unidentified. The result of a lack of identification of victims can lead to ongoing safety, health, and welfare concerns for these individuals.

A number of approaches have emerged in ongoing efforts to combat Human Trafficking throughout the United States in the following areas:

Best practices for victim identification:

- Increased awareness for healthcare systems through ongoing education efforts with a goal of better identification and rescue efforts.
- Increased education and outreach campaigns nationally for law enforcement, border officials, school personnel and the general public with a focus on multi-disciplinary collaboration.
- A flexible outline of best practice care for victims; for those who are acutely being trafficked and also in the ongoing management of care for survivors.
Best practices for legal remedies:

- Human Trafficking of adults is not subject to state mandatory reporting laws, unless the implications of mandatory reporting in the state of Wyoming co-exist. This therefore can present legal gray area for healthcare provider often requiring clarification and guidance.
- Additional care and sensitivity must be employed by healthcare providers when working with victims of Human Trafficking in order to facilitate a therapeutic relationship while maintaining a safe environment for all those involved.
- Collaboration with law enforcement, state agencies, advocacy and other disciplines is a key component of an effective team interventional strategy both for legal purposes and for the purpose of comprehensive care.

Best practices related to services for victims:

- The use of a comprehensive, wrap around service approach to healthcare and resources including follow up care, referrals for specialized care, counseling and mental health services, and referral to agencies that assist with services such as housing, safety, legal needs, and job training.
- The application of a standard of care algorithm for assessment and intervention in the acute or emergent medical facility will standardize screening and allow providers to integrate Human Trafficking into their differential diagnosis.
- Culturally competent care with utilization of interpreter/language line as necessary and care with respect to cultural needs as appropriate.
- The use of screening tools for patients with common assessment findings can be useful in identification and interventional care.

Identification, Interventional Care, and Best Practices

Identification:

When working with potential victims of Human Trafficking there are frequent barriers to victim disclosure that contribute to the complexity of assessment and identification. Typical elements of these dynamics include fear, isolation, traumatic bonding/relationships, distrust, economic reasons, shame, legal components, cultural and language barriers, and a general lack of safety. Additionally, some victims may not realize that their circumstances are indeed Human Trafficking and therefore may not self-identify in the category of a trafficked person.

Healthcare providers may utilize identification tools and screening questions to note RED FLAGS indicative of Human Trafficking in patient assessment. A major factor associated with Human Trafficking is a delay in seeking medical care for acute health issues and a lack of follow up care for chronic health concerns. Poorly healed injuries, chronic infections, and an inconsistent health history/history of present illness are also common. Often comorbidities of substance abuse, a history of trauma and/or violence, and a restriction of basic freedoms (i.e.: private communication, food, shelter) are notable.
Interventional Care:

The use of a “Trauma-Informed Care” model is an effective approach in the care of victims of Human Trafficking. Providers must be mindful of the trauma associated with all forms of human trafficking and the overall impact of such events on the physical, emotional, and psychological well-being of the trafficked person. Presentation to the victim of a therapeutic clinical environment by way of readiness to work with victims in a non-judgmental and supportive way is often key to patient compliance to care and intervention. Such environments often facilitate an increase in victim willingness to work with law enforcement and seek lasting intervention. Providers should strive to provide integrated care and promote a continuity of care by facilitating referrals to both medical and non-medical services. Mindfulness to victim safety, community network resources and community support can serve as additional steps in fostering victim follow through and health care compliance.

Best Practices:

The provider offering management and care of victims of Human Trafficking must be mindful that the best practice for such patients should involve an individualized approach. Medical providers must be mindful of their role legally when dealing with victims of Human Trafficking also. The purpose of medical intervention is always, first and foremost, for the MEDICAL CARE and WELL-BEING of the patient. Utilizing a multi-disciplinary approach will provide a comprehensive plan of care; however all team members must be able to maintain their role throughout patient services. Mandatory reporting laws must always be considered as outlined in the state law. Resources for mandatory reporting in Wyoming are available at http://dfsweb.wyo.gov. Providers are encouraged to follow the guidelines set forth in the “Human Trafficking Victim Identification Algorithm and Flow Chart,” (Appendix B) while applying appropriate special considerations for a more individualized approach to health care.

Best practices include:

- Human Trafficking should be considered as a differential diagnosis. The application of rapid assessment of all patients entering the healthcare facility for risk identification associated with Human Trafficking should be performed. More in depth assessment for patients admitted with complaints inconsistent with health history, behavioral health patients, children with repeated diagnoses not commonly associated with their age (such as Sexually Transmitted Infections), and all patients with a history or chief complaint related to violence or signs and symptoms of trauma (Intimate Partner Violence, Child Abuse, Sexual Assault, Drugs/Crime).
- A multidisciplinary and transdisciplinary comprehensive approach to assessment (Including Multidisciplinary Team members; law enforcement, social work, behavioral health, forensic nursing/examiners, medical, trauma/surgical, and advocacy) of victims and a fluid approach to interventional care as appropriate.

- All victims, regardless of mandatory reporting vs. non-report should be provided medical evaluation and given access to information regarding resources for services beyond the acute to address their multiple safety and health needs.

- Regarding medical and forensic health documentation: Comprehensive and unbiased documentation of the oral disclosure, chief complaints and physical findings should be carefully addressed. The use of patient quotations is also helpful in a more thorough medical evaluation as well as for legal purposes. Physical findings should be documented in detail and photography of injury is optimal. The provider must be mindful that the patient still maintains all legal rights (Under Patient Rights and Responsibilities) and may refuse a portion or all care relative to the exam.

- Informed consent for care should follow an institutional based protocol and all providers and medical personnel should be well educated on patient consent with regards to their own professional practice role. Overriding informed consent may be applicable in certain situations (particularly those related to child or elder abuse and certain other mandatory reporting situations). Also, emergent care and life-saving procedures should not be delayed, even if there is a possibility of loss of forensic evidence. Additionally, for some cases, health care providers may require assistance from administration, risk management and or the legal department of the facility, when determining appropriate override to informed consent.

- Regular opportunities for education of providers regarding Human Trafficking as well as the formulation of an institutional response plan should be considered. The encouraged development of individualized institutional policies and procedures for the care of suspected and confirmed victims of Human Trafficking is optimal. Additionally, the opportunity for providers to exchange and review institutional policies and best practices across their scope of practice facilitates a more thorough evidence based care approach.
## Contributing Risk Factors and Co-morbidities Associated with Trafficking

**Risk Factors for Victimization Associated with Human Trafficking:**

<table>
<thead>
<tr>
<th>Risk Associated/Common Factors</th>
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</thead>
<tbody>
<tr>
<td>Recent Migration/Relocation</td>
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<tr>
<td>Substance Use or Associated History</td>
</tr>
<tr>
<td>Runaways/Homeless Youth</td>
</tr>
<tr>
<td>Mental Health Concerns</td>
</tr>
<tr>
<td>Unstable Housing</td>
</tr>
<tr>
<td>History of Prior Abuse, Trauma, or Violence</td>
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</tbody>
</table>

## Methods of Force, Fraud, & Coercion by Traffickers

<table>
<thead>
<tr>
<th>Methods of Force, Fraud, &amp; Coercion by Traffickers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Abuse</td>
</tr>
<tr>
<td>Economical Abuse</td>
</tr>
<tr>
<td>Isolation; including Confinement and Marginalization</td>
</tr>
<tr>
<td>Smuggled Individual by Force/Coercion</td>
</tr>
<tr>
<td>Threats &amp; Shame</td>
</tr>
<tr>
<td>Traumatic Bonding</td>
</tr>
<tr>
<td>Physical Abuse &amp; Physical Violence</td>
</tr>
<tr>
<td>Sexual Abuse</td>
</tr>
<tr>
<td>Psychological Abuse</td>
</tr>
<tr>
<td>Substance Misuse</td>
</tr>
<tr>
<td>Legal Insecurity</td>
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<tr>
<td>Components of Individual Vulnerability</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Age <em>(Youth Increased Risk)</em></td>
</tr>
<tr>
<td>Adverse Childhood Experiences</td>
</tr>
<tr>
<td>Developmental Immaturity</td>
</tr>
<tr>
<td>Citizenship Instability of Illegal Status</td>
</tr>
<tr>
<td>History of Sexualization or Sexual Orientation Conflict</td>
</tr>
<tr>
<td>Familial Conflict or History of Family Victimization</td>
</tr>
<tr>
<td>Mental Health Instability</td>
</tr>
</tbody>
</table>

**Common Health Issues of Human Trafficking Victims:**

Human Trafficking victims are among the most marginalized and abused individuals in our society. The individuals are at risk for significant health consequences including physical injuries, psychological abuse, untreated or poorly managed chronic health conditions, substance use/abuse, sexual transmitted infections and poor overall development. All of these factors contribute to numerous common health issues and associated long term health disparities.
Common Assessment Findings:

- Vision & Hearing Impairment
- Broken Bones
- Fatigue
- Headache
- Chronic Pain Syndromes
- Complications of Attempted Abortion/GYN concerns
- Branding/Tattooing
- Abdominal Complaints
- Bruising and/or Scarring
- Weight Loss
- Burns
- Ligature Marks
- Knife/Firearm Wounds/Scars
- Chronic or Frequent Infections
- STI’s
- Traumatic Brain Injuries

Common Long Term Health Consequences- A study conducted by the Annals of Health Law (Lederer & Wetzel, 2014) concluded that over 99% of Human Trafficking Victims suffered long term health problems, including:

- Neurological Issues
- Overall Poor General Health
- Permanent Injury or Consequences
- Cardiovascular/Respiratory Issues
- Gastrointestinal Issues
- Ongoing Dental Problems Acute and Chronic
- Shortened Lifespan/Early Death
- Psychological and Behavioral Health Issue
The State of Wyoming; Human Trafficking Legal Obligations, Response, and Remedies

In 2013, the Wyoming legislature passed a comprehensive human trafficking bill: The laws are now located at Title 6, Chapter 2, Article 7 of the Wyoming Statutes. (H.R. Res. HB0133, 2013)

These criminal provisions prohibit sex and labor trafficking and provide for various legal penalties based on the level of the offense. The bill also provided for the protection of adult and child victims of trafficking and provides for victim assistance, including mandatory restitution. Local law enforcement agencies investigate these crimes, which are prosecuted by local prosecutors.

Victims of crime in Wyoming are also protected under the Wyoming Crime Victims Bill of Rights. Since the passage of Wyoming’s Victims Bill of Rights in 1991, victim service providers and criminal justice agencies have worked to enforce and ensure these rights.

- The right to be treated with compassion, respect, and sensitivity within the criminal justice system;
- The right to know the whereabouts of the offender and the current status of the case;
- The right to receive restitution from offenders;
- The right to know all rights under this law, including information about services and victims assistance at the local level;
- The right to know about victim compensation;
- The right to reasonable protection and safety and the right to know of legal recourse if threatened;
- The right to prompt return of property;
- The right to preservation of employment while participating in the criminal justice process;
- The right to be informed about the opportunity to make a victim impact statement at sentencing and parole hearing;
- The right to be present at trial.

Federal Human Trafficking Law

In 2000, the Trafficking Victims Protection Act (TVPA) made human trafficking a federal crime in the United States and also established various victim assistance programs. Federal law criminalizes compelling or coercing a person to perform labor, services, or commercial sex acts. Convictions for these offenses carry the possibility of lengthy prison sentences. Federal law also prohibits the transportation of a person for the purposes of that person being a victim of labor or sex trafficking. Restitution in federal human trafficking cases is mandatory. These cases are investigated by either the Federal Bureau of Investigation or Homeland Security Investigations and are prosecuted by the U.S. Attorney’s office. The victims of federal crimes are provided
certain rights under the Crime Victims' Rights Act (CVRA), which was signed into law in 2004. The CVRA establishes the rights of crime victims in federal criminal proceedings and provides mechanisms to enforce those rights. The CVRA provides crime victims with the following rights:

- The right to be reasonably protected from the accused
- The right to reasonable, accurate, and timely notice of any public court proceeding, or any parole proceeding, involving the crime or of any release or escape of the accused
- The right not to be excluded from any such public court proceeding, unless the court, after receiving clear and convincing evidence, determines that testimony by the victim would be materially altered if the victim heard other testimony at that proceeding
- The right to be reasonably heard at any public proceeding in the district court involving release, plea, sentencing, or any parole proceeding
- The reasonable right to confer with the attorney for the government in the case
- The right to full and timely restitution as provided by law
- The right to proceedings free from unreasonable delay
- The right to be treated with fairness and with respect for the victim's dignity and privacy

Services for Victims of Human Trafficking in Healthcare and Beyond

Victims of Human Trafficking have numerous and varied needs that require an individualized plan of care and resources. Health care as the front line and entry point for intervention is crucial to aid victims of Human Trafficking. Providers should have information ready and on hand to easily provide patients/victims with resources and referrals as appropriate. The National Human Trafficking Resource Center (1-888-373-7888) is a useful resource for provider questions and resources, as well as links for victims to help through statewide and national programs.

Conclusion

The institution of a greater dialogue about Human Trafficking within the realm of healthcare has the great potential to work toward addressing this issue. Healthcare providers who are well educated in risk identification, clinical manifestations, and overall care of Human Trafficking victims, can work with a multidisciplinary team toward intervention. In reality, the human rights and ethical issues surrounding Human Trafficking have become a burden of the healthcare system. The knowledge that the majority of victims of Human Trafficking have contact with the healthcare system throughout their victimization has highlighted that healthcare providers have the potential to play a key role in this worldwide, national, and local crisis. A goal set by the State of Wyoming, Human Trafficking Task Force is that healthcare in Wyoming will stand as a united front against Human Trafficking through education, evidence based practices, and a continued dialogue amongst healthcare professionals.
APPENDIX A

Victim Services Providers (State of Wyoming)

**Types of programs:**
*Domestic Violence and Sexual Assault (DVSA)*
*Forensic Nurse Programs*
*Victim Witness (V/W)*
*Sexual Assault Nurse Examiner (SANE)*
*Court Appointed Special Advocates (CASA)*
*Child Advocacy Center (CAC)*

**ALBANY COUNTY**

SAFE Project - DVSA Program
Faryn Babbitt, Director
PO Box 665, 319 S. Lincoln Street
Laramie, WY 82073
Phone: 307-742-7273
Crisis Line: 307-745-3556
Fax: 307-745-4510
E-mail: director@safeproject.org
Website: http://www.safeproject.org/

County Attorney's Office - V/W Program
Maria Consuelos, Grants Manager
410 Grand Ave, Suite 105
Laramie, WY 82070
Phone: 307-721-1845
Fax: 307-721-1844
E-mail: mconsuelos@co.albany.wy.us

Ivinson Memorial Hospital - SANE Program
Michela Telford, RN, SANE Coordinator
255 N. 30th St.
Laramie, WY 82070
Phone: 307-755-4417
E-mail: mtelford@ivinsonhospital.org

**BIG HORN COUNTY**

C.A.R.E.S.- DVSA & V/W Program
Leslie Hoffman, Director
Basin Office:
PO Box 288, 420 West “C” St.
Basin, WY 82410
Phone: 307-568-3334
Toll Free Crisis Line: 888-372-3334
Crisis Line: 307-568-3334
Fax: (call first) 307-568-3377
E-mail: caresbasin1@gmail.com
Lovell Office:
355 E. 5th St., Lovell, WY 82431
Phone: 307-548-2330
Fax: 307-548-7291
E-mail: caresbasin3@gmail.com

CAMPBELL COUNTY

Gillette Abuse Refuge Foundation - DVSA Program
Margie McWilliams, Director
PO Box 3110, 910 E. 3rd St., Ste I.
Gillette, WY 82717
Phone: 307-686-8071
Crisis Line: 307-686-8070
Fax: 307-686-8076
E-mail: garfdirector@vcn.com
Website: www.garf.vcn.com

Gillette Police Department - V/W Program
Ashley Nelson, Victim Services Coordinator
P.O. Box 518, 201 E. 5th St.
Gillette, WY 82717
Phone: (307) 686-5252
Fax: (307) 686-0396
E-mail: ashleyr@gillettewy.gov

CASA for the 6th Judicial District Court of Wyoming
Pam Hyde, Director
300 South Carey Avenue
Gillette, WY 82716
Phone: 307-687-9440
Fax: 307-682-1175
E-mail: pam.hyde@gillettevac.com

CARBON COUNTY

Citizens Organized to See Violence End - DVSA Program
Rhonda Jacobs, Director
PO Box 713, 415 West Buffalo Street
Rawlins, WY 82301
Phone: 307-324-7071
Fax: 307-324-7075
E-mail: rhonda@carboncountycove.com
Website: www.carboncountycove.com

Carbon County Sheriff's Office - V/W Program
Loretta Hansen, V/W Coordinator
P.O. Box 190, 415 West Pine Street
Rawlins, WY 82301
Phone: 307-328-7713
Dispatch: 307-324-2776
Fax: 307-328-2782
E-mail: loretta.hansen@carbonwy.com
Website: www.carbonwy.com
Rawlins Police Department - V/W Program
Julie Hahn, V/A Coordinator
P.O. Box 953, Rawlins, WY 82301
Phone: 307-328-4530
Fax: 307-328-4588
E-mail: jhahn@rawlins-wyoming.com

CONVERSE COUNTY

Converse HOPE Center - DVSA Program
Maria Walker, Director
126 N. 5th St., Douglas, WY 82633
Phone: 307-358-6148
Toll Free Crisis Line: 800-252-3575
Crisis Line: 307-358-4800
Fax: 307-358-2706
E-mail: maria@conversehope.org

Memorial Hospital of Converse County - SANE Program
Shelly Caskey, RN, SANE Coordinator
111 South 5th Street, P.O. Box 1450
Douglas, WY 82633
Phone: 307-358-2122 ext 1665
Fax: 307-358-2706
Email: scaskey@mhccwyo.org

CROOK COUNTY

Crook County Family Violence & Sexual Assault Services - DVSA Program
Sandy Stevens, Director
PO Box 128, 315 Main St.
Sundance, WY 82729
Phone: 307-283-2415
Crisis Line: 307-283-2415
Fax: 307-283-2455
E-mail: ccfvdirector@gmail.com

County Attorney’s Office - V/W Program
Dave Osborne, V/W Coordinator
PO Box 397, 309 Cleveland St.
Sundance, WY 82729
Phone: 307-283-1090
Fax: 307-283-1091
E-mail: daveO@crookcounty.wy.gov

FREMONT COUNTY

Fremont Alliance - DVSA Program
Sydney Moller, Director
PO Box 1127, 510 E. Washington
Riverton, WY 82501
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Phone: 307-856-0942
Crisis Line: 307-856-4734
Fax: 307-856-0945
E-mail: director@fcalfvo.org

County Attorney's Office - V/W Program
Riverton Office:
Tiffany Shroyer, V/W Coordinator
1160 Major Ave.
Riverton, WY 82501
Phone: 307-857-3653
Fax: 307-857-3652
E-mail: tiffany.shroyer@fremontcountywy.gov
Lander Office:
Vance White, V/W Specialist
450 N. 2nd, Room 170
Lander, WY 82520
Phone: 307-332-1162
Fax: 307-332-1029
E-mail: vance.white@fremontcountywy.gov

Riverton Police Department - V/W Program
Cindy Gustin, V/W Coordinator
816 N. Federal
Riverton, WY 82501
Phone: 307-857-7672
Fax: 307-856-0759
E-mail: cgustin@rivertonwy.gov
pbuoy@rivertonwy.gov

Fremont County Sheriff's Office - V/W Program
Yvonne Snider, V/W Coordinator
1160 Major Ave, Suite 200
Riverton, Wyoming 82501
Phone: 307-857-3618
E-mail: yvonne.snider@fremontcountywy.gov

GOSHEN COUNTY

Goshen County Task Force - DVSA Program
Diona Savoy-McDaniels, Director
PO Box 561, 1933 Main
Torrington, WY 82240
Main Phone and Crisis Line: 307-532-2118
Downtown Phone: 307-532-5050
Fax: (call first) 307-532-3136, E-mail: gctaskforce@yahoo.com

Goshen County Victim Assistance - V/W Program
Donna Duncan, V/W Coordinator
2125 East A St.
Torrington, WY 82240
Phone: 307-532-4428
Fax: 307-532-2239 E-mail: dduncan@GoshenCounty.org
HOT SPRINGS COUNTY

H.O.P.E. Agency - DVSA Program
Daisy Torres, Director
426 Big Horn St.
Thermopolis, WY 82443
Phone: 307-864-4673
Crisis Line: 307-864-4673
Fax: 307-864-2132
E-mail: hopeagency@rtconnect.net

County Attorney's Office - V/W Program
Ranae Baldes, V/W Coordinator
415 Arapahoe Street
Thermopolis, WY 82443
Phone: 307-864-2004
Fax: 307-864-2005
E-mail: rbaldes@hscounty.com

JOHNSON COUNTY

Family Crisis Center - DVSA Program
Dawn Branaman, Director
PO Box 1001, 255 E. Fetterman
Buffalo, WY 82834
Phone: 307-684-2233
Fax: 307-684-0878
E-mail: dawnbranaman@jfcc.org Website: www.jfcc.org

County Attorney’s Office - V/W Program
Tonjua French, V/W Coordinator
620 W. Fetterman St.
Buffalo, WY 82834
Phone: 307-684-5528
Cell Phone: 307-217-0223
Fax: 307-684-5596
E-mail: tonjua@johnsoncowy.us

Compass Center for Families - CASA Program
Susan Carr, Executive Director
224 North Main
Buffalo, WY 82834
Phone: 307-684-2446
E-mail: director@compass4families.org

LARAMIE COUNTY

Safehouse Services, Inc.- DVSA Program
Carla Thurin, Director
PO Box 1885, 714 W. Fox Farm Rd.
Cheyenne, WY 82001
Phone: 307-634-4220
Crisis Line: 307-637-7233
Fax: 307-634-8657
E-mail: help@wyomingsafehouse.org
Website: www.wyomingsafehouse.org

**Cheyenne Police Department - V/W Program**
Leslie Burch, V/W Coordinator
Cheyenne Public Safety Center
Cheyenne Police Department Victim Assistance
415 W. 18th Street, 2nd Floor
Cheyenne, WY 82001
Phone: 307-637-6507
Fax: 307-637-6526
E-mail: lburch@cheyennepd.org

**1st Judicial District Attorney’s Office - V/W Program**
Mellissa Walls, V/W Coordinator
310 W. 19th St., Suite 200
Cheyenne, WY 82002
Phone: 307-633-4361
Fax: 307-633-4369
Email: mellissa@da.co.laramie.wy.us

**Laramie County Sheriff’s Office - V/W Program**
Dory Clark, V/W Coordinator
1910 Pioneer
Cheyenne, WY 82001
Phone: 307-633-4756
Fax: 307-633-4723
E-mail: dclark@laramiecounty.com

**Laramie County CASA**
Carol Tullio, Director
PO Box 1915
3001 Henderson Dr., Suite E
Cheyenne, WY 82003
Phone: 307-222-1902
E-mail: cttullio@casalc.org

**Cheyenne Regional Medical Center – Forensic Nursing Program**
214 W 23rd. St
Cheyenne, WY 82001
Phone ER: 307-633-7670
Phone SANE: 307-633-7610
Fax: 307-322-4797
Website: www.cheyenneregional.org

**Safe Harbor - Child Advocacy Center**
Lynn Huylar, Director
2712 Thames Ave.
Cheyenne, WY 82001
Phone: 307-632-1708
Fax: 307-632-1709
E-mail: safeharbor6@juno.com
Website: safeharborchildrenscenter.org

**Wyoming Board of Parole - Victim Services Program**
Randi Losalu, Coordinator
3120 Old Faithful Road, Suite 300
Cheyenne, WY 82002
Phone: (307) 777-5390
Fax: (307) 777-5386
E-mail: randi.losalu@wyo.gov
Website: https://sites.google.com/a/wyo.gov/bop/victim-services

Equal Justice Wyoming
Angie Dorsch, Executive Director
2300 Capitol Ave., 1st Floor
Cheyenne, Wyoming 82002
Phone: 307-777-8383
E-mail: adorsch@courts.state.wy.us
Website: www.equaljustice.wy.us

LINCOLN COUNTY

Turning Point - DVSA Program
Kiley Taggart, Director
PO Box 64, 1809 Holland Drive
Kemmerer, WY 83101
Kemmerer Office:
Phone: 307-877-6834
Crisis Line: 307-877-9209
Fax: 307-877-4602
E-mail: thepoint@hamsfork.net
Afton Office:
Phone: 307-885-9072
Crisis Line: 307-885-9491
Fax: 307-885-0754 E-mail: tpsbh@silverstar.com

County Attorney’s Office - V/W Program
Judi Niel, V/W Coordinator
421 Jefferson, Suite 201
Afton, WY 83110
Phone: 307-885-0164
Fax: 307-885-0163
E-mail: jniel@lcwy.org

NATRONA COUNTY

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**NIORARA COUNTY**

Helpmate Crisis Center and Victim Assistance Program - DVSA & V/W Program  
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**PARK COUNTY**
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County Attorney's Office - V/W Program
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SHERIDAN COUNTY

Advocacy & Resource Center - DVSA & V/W Program
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Compass Center for Families - CASA Program
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SUBLETTE COUNTY

SAFV Task Force - DVSA Program
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E-mail: fjcc@ywcasweetwater.org
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County Attorney’s Office - V/W Program
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**TETON COUNTY**

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Teton County Victim Assistance - V/W Program
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Hirschfield Center for Children - Child Advocacy Center
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**UINTA COUNTY**

Sexual Assault & Family Violence Task Force, Inc. - DVSA Program
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Website: www.safv-uinta.com
Lyman Office:
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Uinta County Sheriff’s Office - V/W Program
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WASHAKIE COUNTY

Crisis Prevention and Response Center - DVSA Program
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County Attorney’s Office - V/W Program
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WESTON COUNTY

Foundation of Caring, Understanding & Services - DVSA Program
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Wind River Reservation
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Fax: 307-332-2928
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OTHER National Resources

National Human Trafficking Resource Center (operated by Polaris)
24 hour Hotline: 888-373-7888
Text “HELP” to: BEFREE (233733)

National Center for Missing & Exploited Children
24 hour Hotline: 800-THE-LOST (800-843-5678)
**APPENDIX B**

**Patient in the Healthcare Facility**

- **Accompanied**
  - Clinically Stable
  - Clinically Unstable
- **Unaccompanied**
  - Clinically Unstable
  - Clinically Stable

**Stabilize the Patient**

**Assess for Red Flags/Associate Health Problems**

**RED FLAGS PRESENT**
- Possible Sex Trafficking or Labor Trafficking
  - All Children (under 18) Mandatory Reporting Laws
    - Consider All Children of Abused Adult/Care Taker and Other Minors
    - MANDATORY REPORTS: Identify Services and Resources Needed, Follow Best Practices of Trauma Informed Care. Include Health History and Full PE
  - Adults (18 and up) Consider Reporting Laws
    - Consent NOT Required
      - MANDATORY REPORTS for Vulnerable Populations: Elderly, Mental Health, Incompetent Adults, Adults w/ Reportable Disease
        - Utilize Social Services, DFS if applicable, Institute Immediate Safety Planning, Involve Interdisciplinary Team Members, Make Referrals, and Follow Medical/Safety Plans
    - Consent Required
      - Competent Adult (18 and up), NOT a MANDATORY REPORT
      - Follow Best Practices: Trauma Informed Care Approach, Use Interpreter Services, Follow Though Health History and Full PE if the Patient Allows
      - Offer Referrals to Services: (Law Enforcement, Legal, Medical Follow Up and Safety Plan)

**NO Red Flags**
- Human Trafficking Not Likely
  - Follow Standard of Care Protocols

*See Pages 5 & 6 of the Best Healthcare Practices to Combat Human Trafficking*

References


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