

Understanding & Responding to Human Trafficking Victims



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Berkeley • Charleston • Dorchester

Objectives

1. Have a better understanding of the scope of the problem both regionally and locally.
2. Be able to identify potential victims of sexual exploitation and labor trafficking and the ways in which our community works together to respond.
3. Understand treatment needs of potential victims.
4. Develop a working knowledge of available resources and ways to appropriately interact with victims.

What is Trafficking?

- ▶ Sex Trafficking is defined as: the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age. (TVPA, 2000).
- ▶ For minors, force, fraud, or coercion do NOT have to be established; it is automatically trafficking
- ▶ Trafficking does NOT need to involve the physical movement of someone.
- ▶ A pimp, or third party, does NOT have to be involved.
- ▶ Cash does NOT have to be exchanged. It is defined by something of VALUE
- ▶ Labor Trafficking is defined The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery ...

WHAT IS HUMAN TRAFFICKING?

HUMAN TRAFFICKING IS...

Exploiting a person through force, fraud, or coercion

Anyone under the age of 18 involved in a commercial sex act

Sex trafficking, forced labor, and domestic servitude

A highly profitable crime

Exploitation-based and does not require movement across borders or any type of transportation

THERE ARE DIFFERENT TYPES OF HUMAN TRAFFICKING

SEX TRAFFICKING

Victims are manipulated or forced against their will to engage in sex acts for money.



FORCED LABOR & DOMESTIC SERVITUDE

Victims are made to work for little or no pay and are hidden in plain sight. Very often, they are forced to manufacture or grow products that we use and consume every day or forced to work in homes across the United States as nannies, maids, or domestic help.



VICTIMS OF HUMAN TRAFFICKING MIGHT BE AFRAID TO COME FORWARD, OR WE MAY NOT RECOGNIZE THE SIGNS, EVEN IF IT IS HAPPENING RIGHT IN FRONT OF US.

HUMAN TRAFFICKING IS HAPPENING IN THE UNITED STATES



SUBURBS



RURAL TOWNS



CITIES

IT CAN HAPPEN TO ANYONE

NO MATTER AGE, RACE, SEX, ETHNICITY, NATIONALITY, IMMIGRATION STATUS, AND SOCIOECONOMIC CLASS



RECOGNIZE AND REPORT HUMAN TRAFFICKING

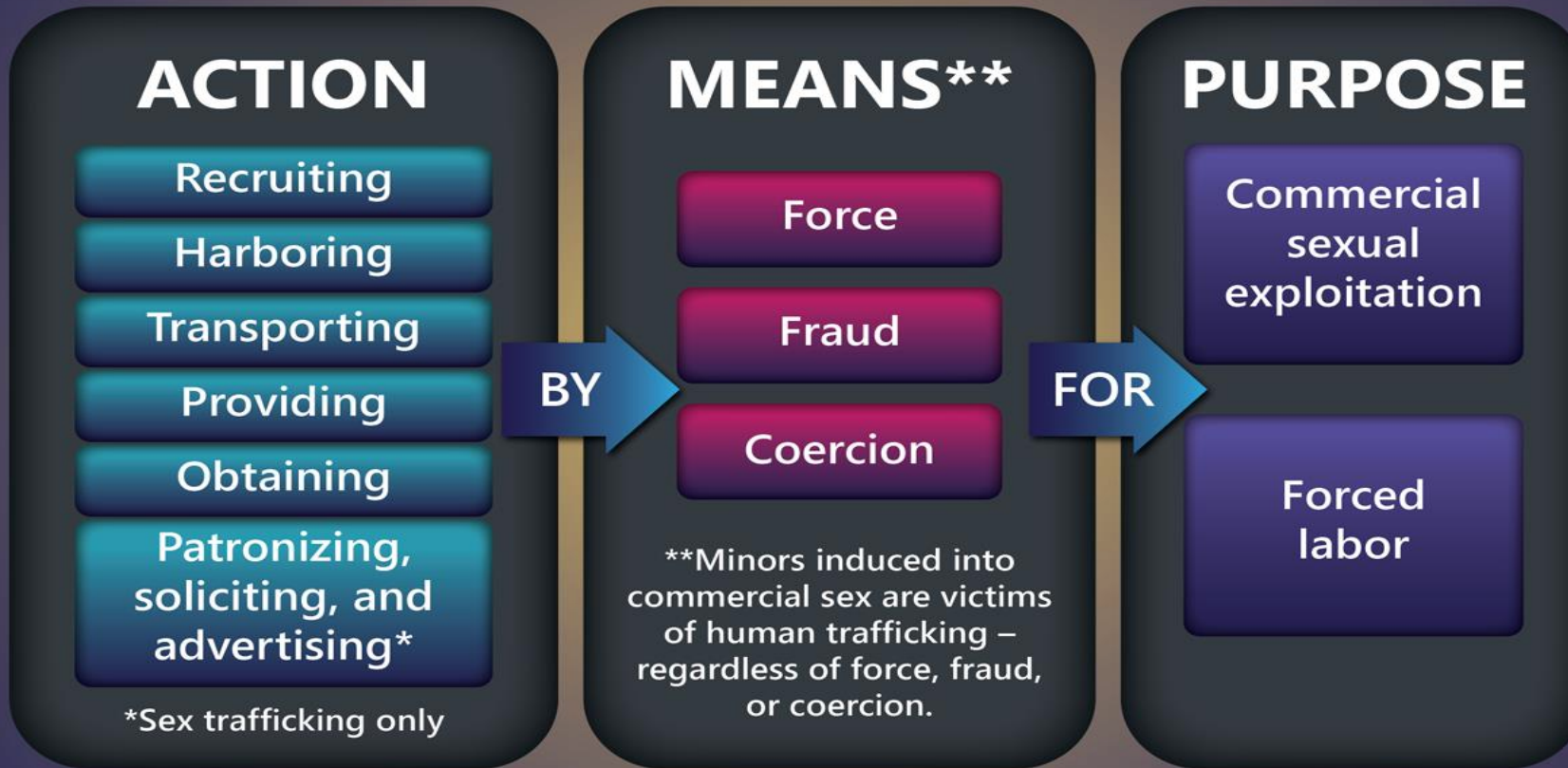
- To report suspected trafficking to federal law enforcement, call 1-866-347-2423 or submit a tip online at www.ice.gov/tips.
- Get help from the National Human Trafficking Hotline by calling 1-888-373-7888 or text HELP or INFO to 233733 (BEFREE).
- Call 911 or local law enforcement if someone is in immediate danger.

WHAT YOU CAN DO

- Visit the Blue Campaign website to learn more about the [Indicators](https://www.dhs.gov/bluecampaign) of human trafficking: [DHS.gov/BlueCampaign](https://www.dhs.gov/bluecampaign).
- Use Blue Campaign [materials](#) to raise awareness of human trafficking in your community.
- Follow @DHSBlueCampaign on [Facebook](#), [Instagram](#), and [X](#).

AMP MODEL

Trafficking Victims Protection Act of 2000 (TVPA)



Trafficking Victims Protection Act of 2000 (Pub. L. No. 106-386)

Trafficking vs. Smuggling

UNDERSTANDING THE DIFFERENCE

HUMAN TRAFFICKING



Crime against a person (violation of human rights)

Force, fraud, or coercion used to recruit and manipulate victims (victim's initial consent does not negate the crime)

Person does not have to be moved or transported

HUMAN SMUGGLING



Crime against a country/state (violation of a border)

Individuals agree to be smuggled, and ends with the person's arrival at destination

Requires being transported across an international border

Human Trafficking

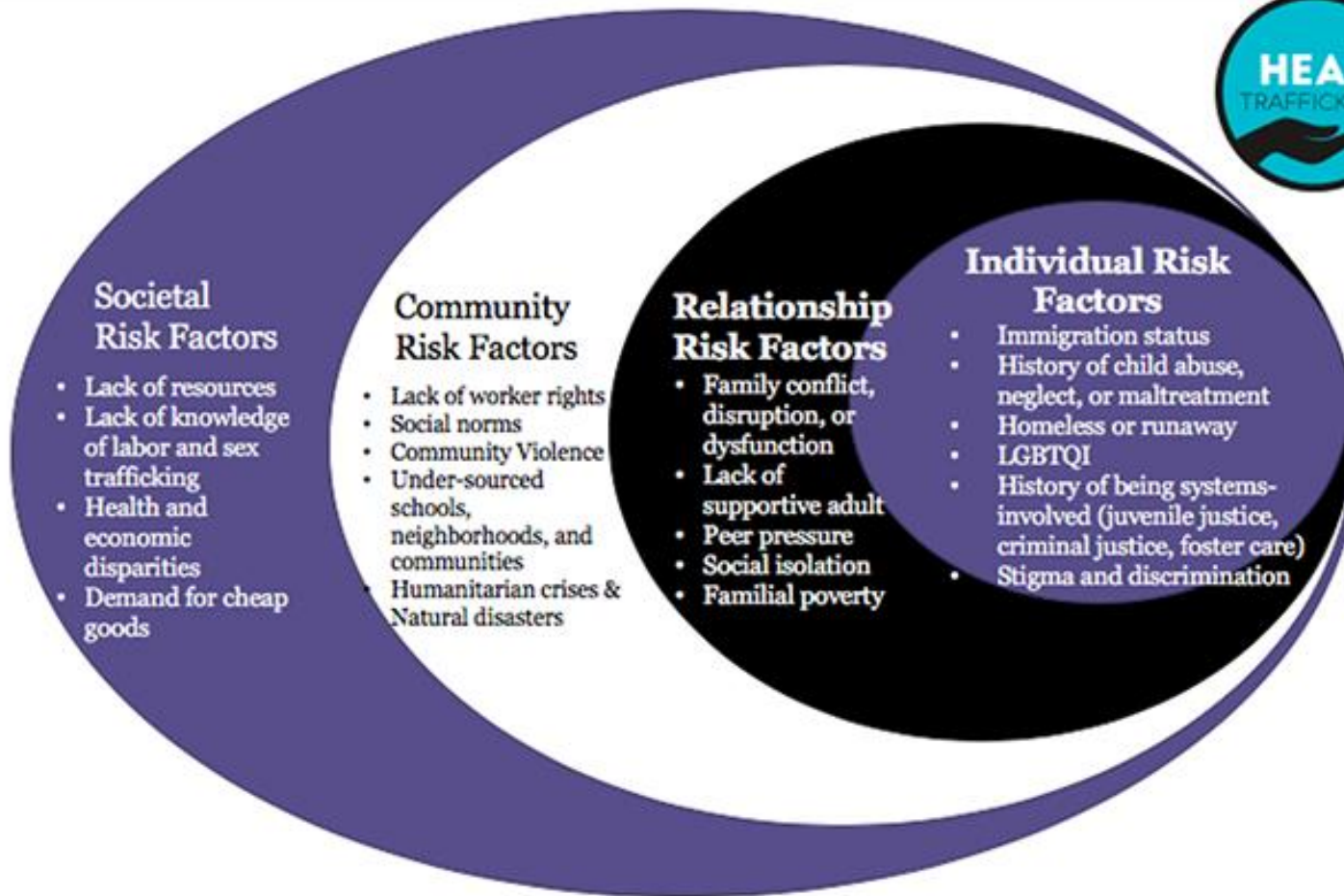
What's the difference?

Labor Trafficking

- ▶ Person is forced to work excessively long hours.
- ▶ Person is forced to work in dangerous conditions beyond their physical abilities without proper safety gear, training, adequate breaks, or other protections.
- ▶ Person has their wages withheld or is being paid less than what was promised.
- ▶ Person is forced to live in unsanitary, crowded, or inhumane living conditions.
- ▶ Person is threatened or physically abused if they refuse to work or try to leave.
- ▶ Person is unable to freely communicate with others, and someone else speaks on their behalf.

Sex Trafficking

- ▶ The elements of force, fraud, or coercion are NOT required when the victim is a minor (under 18).
- ▶ Person is forced to engage in commercial sex acts, such as prostitution, stripping, or pornography.
- ▶ Person seems to be under the control of someone else who monitors their movements and spending.
- ▶ Person is living in or frequenting locations that are known for commercial sex activities.
- ▶ Person is unable to freely communicate with others, and someone else speaks on their behalf.
- ▶ Person has unexplained bruises, scars, injuries, or other signs of physical abuse.



RISK FACTORS

Indicators

- ▶ No control over identification, documentation, money
 - ▶ No control over payment of labor or hours
- ▶ Controlled Movement
 - ▶ No control over when to go or leave from work
 - ▶ Excessively long hours
- ▶ Not allowed to speak for themselves or answers sound scripted
- ▶ Unaware of where they are, where they are going or how they got there
 - ▶ Unable to provide accurate demographics such as current address, name, DOB
- ▶ Appears avoidance, hypervigilant, fearful, intimidated or shut down
- ▶ Minors traveling without adult supervision
 - ▶ Accessing care without adult
 - ▶ Traveling during school day
 - ▶ Appears unkempt or uncared for

Physical Indicators

- ▶ Signs of trauma / abuse /torture
- ▶ Medical or dental neglect;
- ▶ branding / tattoos;
- ▶ Inappropriate clothing for age or weather
- ▶ Injuries that don't match history or mechanism
- ▶ Numerous work related or physical injuries
- ▶ Numerous STIs, pregnancy, miscarriage/abortions
- ▶ Frequent STI testing

KNOW THE SIGNS

PHYSICAL	VERBAL	MEDICAL
• Branding-scars, burns, or tattoos • Malnourished • Serious dental issues • Disoriented or confused • Other physical signs of abuse	• Responds as if coached • Allows someone else to speak for them • Reluctant to discuss their injuries • Fearful, anxious, or paranoid	• Urinary difficulties • Pelvic pain • Rectal Trauma • Chronic cardio or respiratory problems • Drug addiction • Infections • Sleep Deprivation

So, what does this look like?

Romeo pimps or “boyfriending”

- **Recruitment and grooming:** A man and a woman meet briefly at a party and afterwards, he follows her on social media. He contacts her after she posts about a breakup with her baby’s father. He is everything she ever dreamed of – a great listener, very supportive. He showers her with gifts. She is deeply in love and believes she has found the person she will build her family with. One night he takes her to a party and he tells her to be “nice” to his friends – to earn jewelry. He makes it seem like it’s no big deal at first, so she does it. But then it becomes more frequent.

- **Coercion and control:** He keeps all the money she earns and tells her he is saving for them to buy a house. Sometimes he hits her to help her understand how much he needs for her to contribute. He says he will stop loving her and she will be alone again if she keeps making trouble.

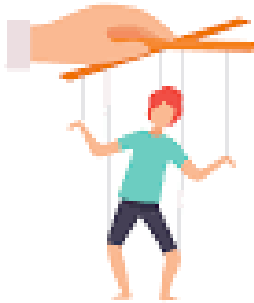
- **Exit:** After he blackens her eye, she packs up a “go” bag, calls a friend and escapes when her trafficker is out of the house.

All in the family

Familial trafficking

- **Recruitment and grooming:** Mom is a survivor of rape and abuse who has been prostituting for many years. In her community, there are few options for young people and she is already struggling to support her children. When men start expressing interest in one of the kids, she tells her it's time to contribute to the household and takes her out on the streets.
- **Coercion and control:** The child loves her mother, and has no other means of support.
- **Exit:** A teacher notices the child is tired all the time and appears frightened and asks if she needs support. The child confides in her and a social services team comes together to work out a safe place for her to stay.

Coercion



Traffickers use manipulation, coercion, and fake promises to lure people into the trafficking trap

	CATEGORY	DESCRIPTION
TVPA COERCION	Serious Harm	Harm that is sufficiently serious , under all the surrounding circumstances, to compel a reasonable person of the same background and in the same circumstances to perform or to continue performing labor or services in order to avoid incurring that harm. → <u>Physical</u> : threats, beatings, sexual violence → <u>Nonphysical</u> : psychological, financial, reputational
	Abuse of Law or Legal Process	the use or threatened use of law or legal process, whether administrative, civil, criminal, in any manner or for any purpose for which the law was not designed, in order to exert pressure on another person to cause that person to take some action or refrain from taking some action.
	Scheme, Plan or Pattern	intended to cause the person to believe that, if that person did not perform such labor or services, that person or another person would suffer serious harm or physical restraint – totality of circumstances
Biddermans 8 Methods of Coercion	Isolation	Deprives victim of all social support (for the) ability to resist Allows victim to be present at all times to keep home environment stable and non-threatening Makes victim dependent upon abuser
	Monopolization of perception	Fixes attention upon immediate predicaments, fosters introspection. Eliminates stimuli competing with those controlled by captor. Frustrates all actions not consistent with compliance.
	Induced debility and exhaustion	Weakens mental and physical ability to resist
	Threats	Creates anxiety and despair
	Occasional Indulgences	Provides positive motivation for compliance
	Demonstrating Omnipotence	Suggests futility of resistance
	Degradation	Makes cost of resistance appear more damaging to self-esteem than capitulation. Reduces prisoner to "animal level" concerns
	Enforcing trivial demands	Develops habits of compliance

Healthcare and Trafficking

87.8% of victims were shown to utilize healthcare in one study with **68%** utilizing emergency department (Lederer &Wetzel, 2014)

“During the time I was on the street, I went to hospitals, urgent care clinics, women’s health clinics, and private doctors. No one ever asked me anything anytime I ever went to a clinic.” – Lauren, survivor



HEALTH IMPACTS FOR HUMAN TRAFFICKING

- ▶ Untreated illnesses/injuries and diseases leading to long-term complications
 - ▶ Delay in care/treatment
- ▶ Workplace injuries, unprotected exposure to chemicals
- ▶ Higher rates of STI, pregnancies, reproductive diseases and complications
- ▶ Poor overall health, malnutrition, dentition,
- ▶ Higher rates of substance abuse either at the direction or introduced by trafficker or started during victimization
- ▶ Mental health disorders- PTSD, anxiety, depression, suicidality,
- ▶ Untreated Communicable diseases- HIV, TB, Hepatitis

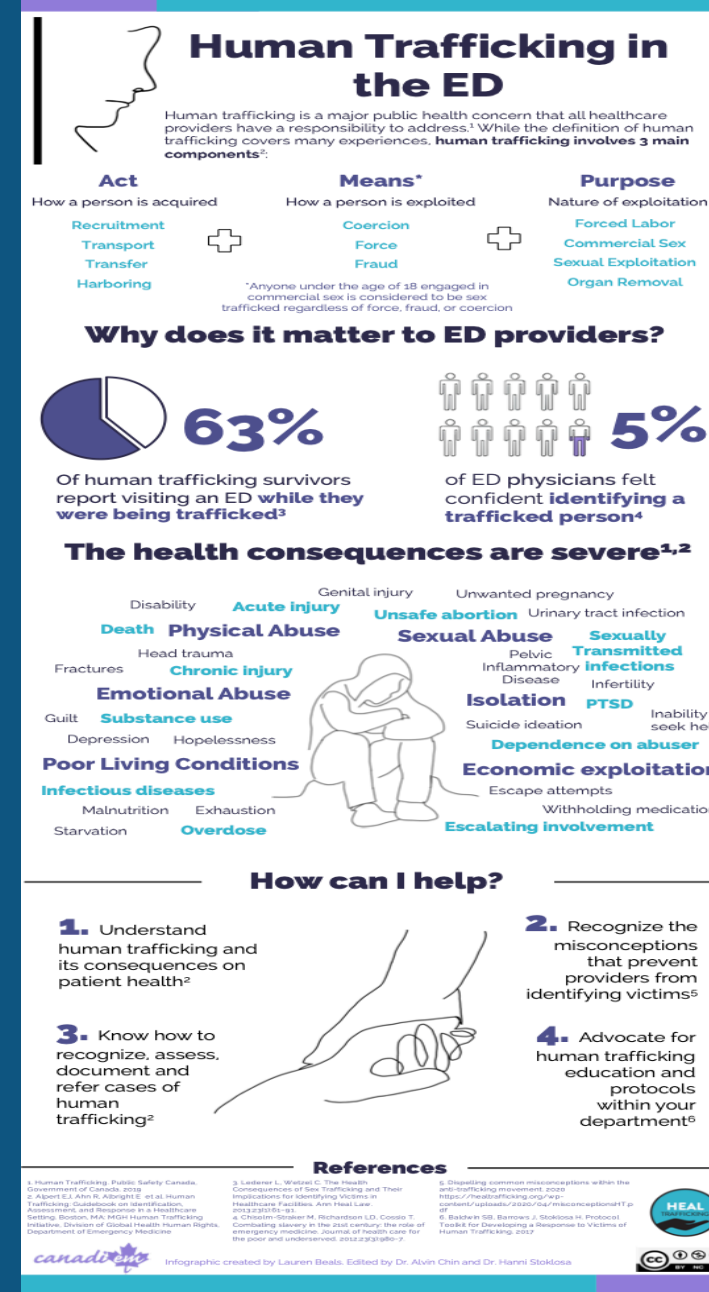
- ▶ ****Due to transient nature of population (frequent runaway episodes and periods of homelessness), medication compliance is much lower.***

Health Impacts of Labor Trafficking

- ▶ In addition to the human rights abuses that define their involuntary servitude, victims of labor trafficking suffer from a variety of physical and mental health problems:
- ▶ Various methods of forced labor expose victims of labor trafficking to physical abuse such as scars, headaches, hearing loss, cardiovascular/respiratory problems, and limb amputation. Victims of labor trafficking may also develop chronic back, visual and respiratory problems from working in agriculture, construction or manufacturing under dangerous conditions.
- ▶ The psychological effects of torture are helplessness, shame and humiliation, shock, denial and disbelief, disorientation and confusion, and anxiety disorders including posttraumatic stress disorder (PTSD), phobias, panic attacks, and depression.
- ▶ Many victims also develop Traumatic Bonding or “Stockholm Syndrome,” which is characterized by cognitive distortions where reciprocal positive feelings develop between captors and their hostages. This bond is a type of human survival instinct and helps the victim cope with the captivity.
- ▶ Child victims of labor trafficking are often malnourished to the extent that they may never reach their full height, they may have poorly formed or rotting teeth, and later they may experience reproductive problems.
- ▶ Retrieved from www.acf.hhs.gov

Where are they going?

- ▶ In an emergency (63%)
- ▶ After an assault (physical or sexual)
- ▶ Workplace injuries
- ▶ Routine care
- ▶ OB/GYN care
- ▶ STI Testing
- ▶ Mental health and/or addiction services
- ▶ Health issues unrelated to trafficking



Who might recognize victim?

- Outpatient clinics
- Emergency departments
- Customer service staff
- Social workers
- Nursing staff
- Janitorial staff
- Registration
- Sexual assault response personnel
- Health educators
- Community health workers
- Interpreters
- Lab technicians
- Psychiatric unit staff/clinicians
- Therapist
- Support staff
- Registration staff
- Dental staff
- Doctors/NPs/PAs in any specialty

Victim Presentation

Before asking any questions, consider:

- **Are they disclosing abuse?**
- How **many times** have they been asked this question?
- Can I get this information from **other professionals** instead of the child directly?
- Is it **really necessary** for me to collect this information?
- What has their **history with adults/professionals** looked like?
- Are they **safe** from their abuser?
- Do they even **understand** what exploitation and trafficking mean?
- Do **they identify** what happened to them as exploitation/trafficking?





Victim Centered Approach

- ▶ Meet basic needs
- ▶ Reassure the victim
- ▶ Build trust and rapport
- ▶ Be conscious of language, body language, expressions
- ▶ Remain sensitive especially to power dynamics
- ▶ Avoid re-traumatization
- ▶ BE TRANSPARENT
- ▶ https://nhttac.acf.hhs.gov/soar/eguide/respond/Response_Protocol#:~:text=The%20components%20of%20a%20human,procedures%2C%20and%20continuous%20quality%20improvement.

Engaging with Suspected victims

▶ Be Trauma Informed

- ▶ Question victims in a **CONVERSATIONAL** manner
- ▶ Proactively communicate that **THEIR SAFETY is the priority**
- ▶ Despite any past arrests, approach a situation with the mindset of “**what happened to this person**” instead of “what’s wrong with this person”
- ▶ Many victims of trafficking experience trauma and **may tell their Story in a non-linear manner OR have inconsistencies in their story**
- ▶ Give the person **options; ask for their permission**
- ▶ Have an HT service provider present at the scene if possible

PRIMARY BARRIERS TO IDENTIFYING VICTIMS

- ▶ Lack of knowledge and confidence
- ▶ Lack of education and training on risk factors, red flags
- ▶ Lack of resources within healthcare to assist victims
- ▶ Lack of knowledge of community resources
- ▶ Most victims of trafficking do not identify as a victim



COMBATING BARRIERS

- ▶ Recent studies have shown that even brief educational initiatives can help in identifying victims as well as build confidence in clinicians
- ▶ Educational interventions have been shown to increase provider knowledge and confidence in identifying and treating HT victims
 - ▶ This increases victims access to appropriate treatment and resources
 - ▶ Studies have shown that education has increased the number of victims identified when compared to pre-intervention data.

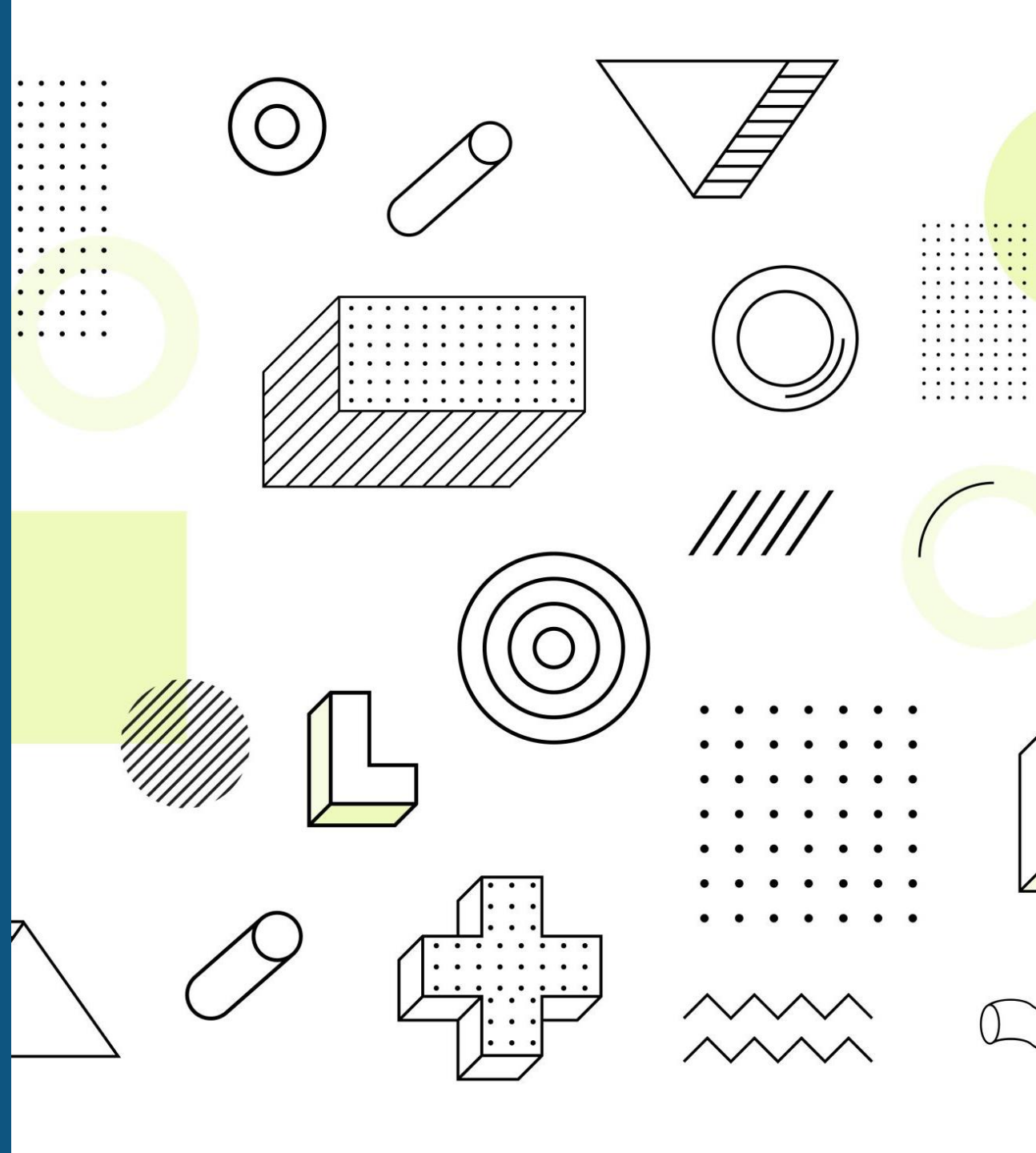


The background of the slide features a close-up, slightly blurred image of a DNA microarray. The array consists of a grid of small, colorful spots (red, green, blue, yellow) on a dark surface. A magnifying glass is positioned over the array, with its handle extending from the top left towards the center. The lens of the magnifying glass is focused on a specific area of the microarray, showing a clearer view of the spots. In the top right corner, there is a solid yellow rectangular block.

Use of Screening Tools

Adolescent screening

- ▶ Researched and validated by Greenbaum et al. (2018).
- ▶ Easily added to other standard adolescent (HEADSS) questionnaires
- ▶ Child Trafficking screening [cst-screen-with-explanation-and-criteria.pdf](#)



Rapid Appraisal for Trafficking (RAFT) Screening Tool

1. Rapid 4-item screening tool
2. Recent study assessed validity of RAFT tool
3. Tool showed good sensitivity compared with existing tools
4. RAFT can enhance detection of human trafficking in emergency departments.

RAFT ITEMS

1. Have you ever work, or done other things in a place that made you feel scared or unsafe?
2. Have you ever been tricked or forced into doing any kind of work that you did not want to do?
3. Have you ever been afraid to leave or quit a work situation due to fear of violence or threats of harm to yourself or your family?
4. Have you ever received anything in exchange for sex (for example, a place

PEARR SCREENING TOOL

PEARR Tool Trauma-Informed Approach to Victim Assistance in Health Care Settings

Dignity Health recommends universal education about various forms of abuse, neglect, and violence in all of its health care settings, particularly in settings that offer longitudinal care and services. For urgent and emergency care settings, a universal education approach may be most appropriate and effective when a patient presents with risk factors and/or indicators of victimization. The **PEARR Tool** offers key steps on how to provide such education to a patient and how to offer assistance in a **trauma-informed and victim-centered manner**. A double asterisk ** indicates points at which this conversation may come to an end. Once this conversation ends, refer to the double asterisk ** at the bottom of this page for additional steps. **Note:** The patient's immediate needs (e.g., emergency medical care) should be addressed before use of this tool.



Provide
Privacy

1. Discuss sensitive topics **alone** and in **safe, private setting** (ideally private room with closed doors). If companion refuses to be separated, then this may be an indicator of abuse, neglect, or violence.** Strategies to speak with patient alone: State requirement for private exam or need for patient to be seen alone for radiology, urine test, etc.
Note: Companions are not appropriate interpreters, regardless of communication abilities. If patient indicates preference to use companion

as interpreter, see your entity's policies for further guidance.**

• **Note:** Explain **limits of confidentiality** (i.e., mandated reporting requirements) before beginning any sensitive discussion; however, do not discourage person from disclosing victimization. Patient should feel in control of all disclosures. Mandated reporting includes requirements to report concerns of abuse, neglect, or violence to internal staff and/or to external agencies.



Educate

2. Educate patient in manner that is **nonjudgmental** and **normalizes** sharing of information. Example: "I educate all of my patients about [fill in the blank] because violence is so common in our society, and violence has a big impact on our health, safety, and well-being." **Use a brochure or safety card** to review information about abuse, neglect, or violence, and

offer brochure/card to patient. [Ideally, this brochure/card will include information about resources (e.g., local service providers, national hotlines)]. Example: "Here are some brochures to take with you in case this is ever an issue for you, **or someone you know**." If patient declines materials, then respect patient's decision.**



Ask

3. Allow time for discussion with patient. Example: "Is there anything you'd like to share with me? Do you feel like anyone is hurting your health, safety, or well-being?"** If available and when appropriate, use **evidence-based tools** to screen patient for abuse, neglect, or violence.
Note: All women of reproductive age should be intermittently screened for intimate partner violence (USPSTF Grade B).**
4. If there are indicators of victimization, **ASK** about concerns. Example: "I've noticed [insert risk factor/indicator] and I'm concerned for your

health, safety, and well-being. You don't have to share details with me, but I can connect you with resources. Would you like to speak with [insert advocate/service provider]? If not, you can let me know anytime.**

• **Note:** **Limit questions** to only those needed to determine patient's safety, to connect patient with resources (e.g., trained victim advocates), and to guide your work (e.g., perform medical exam).

USPSTF = US Preventive Services Task Force



Respect and
Respond

5. If patient denies victimization or declines assistance, then **respect patient's wishes**. If you have **concerns about patient's safety**, offer information about resources that can assist in event of emergency (e.g., local shelter, crisis hotline).** Otherwise, if patient accepts/requests assistance with accessing services, then **provide personal**

introduction to local victim advocate/service provider; or, **arrange private setting** for patient to call hotline:

National Domestic Violence Hotline, 1-800-799-SAFE (7233);
National Sexual Assault Hotline, 1-800-656-HOPE (4673);
National Human Trafficking Hotline, 1-888-373-7888 **

** Report **safety concerns** to appropriate staff/departments (e.g., nurse supervisor, security). Also, **REPORT** risk factors/indicators as required or permitted by law/regulation, and continue **trauma-informed** health services. Whenever possible, **schedule follow-up appointment** to continue building rapport and to monitor patient's safety/well-being.

PEARR Tool – Risk Factors, Indicators, and Resources



Child Abuse and Neglect

Risk factors include (not limited to): Concerns of domestic violence (DV) in home; parents/guardians exhibiting mental health or substance use disorders; parents/guardians who are overly stressed; parents/guardians involved in criminal activity; presence of non-biological, transient caregivers in home.

Potential indicators of victimization include (not limited to): Slower-than-normal development, failure to thrive, unusual interaction with parent, signs of mental health disorders [e.g., depression, post-traumatic stress disorder (PTSD), self-harm], sudden difficulty in school, medical or physical neglect, sudden changes in behavior, new or unusual fears/anxiety, unexplained injuries (e.g., bruises, fractures, burns – especially in protected areas of child's body), injuries in pre-mobile infants, sexually transmitted infections (STIs).

For additional information, see *Child Welfare Information Gateway*: www.childwelfare.gov

Abuse/Neglect of Vulnerable Adults (e.g., elder and dependent adults)

Risk factors include (not limited to): Concerns of mental health or substance use disorder with caregiver, caregiver exhibits hostile behavior, lack of preparation/training for caregiver, caregiver assumed responsibilities at early age, caregiver exposed to abuse as child.

Potential indicators of victimization include (not limited to): Disappearing from contact; signs of bruising or welts on the skin, burns, cuts, lacerations, puncture wounds, sprains, fractures, dislocations, internal injuries or vomiting; wearing torn, stained, bloody clothing; appearing disheveled, in soiled clothing; appearing hungry, malnourished.

For additional information, see *National Association of Adult Protective Services (NAPSA)*: napsa-now.org; *Centers for Disease Control and Prevention (CDC)*: cdc.gov/violenceprevention/elderabuse/index.html

Domestic Violence/Intimate Partner Violence (IPV)

Anyone in a relationship can be a victim of DV/IPV, regardless of age, race, gender, or sexual orientation. **Risk factors** include (not limited to): Low self-esteem, low income, low academic achievement, young age, aggressive/delinquent behavior as youth, heavy alcohol/drug use, depression, anger, and isolation.

Potential indicators of victimization include (not limited to): Injuries that result from abuse or assault, e.g., signs of strangulation, bruises, burns, broken bones; psychological conditions such as anxiety, depression, sleep disturbances; sexual and reproductive health issues, e.g., STIs, unintended pregnancy.

For additional information, see *National DV Hotline*: thehotline.org; *CDC*: cdc.gov/violenceprevention/intimatepartnerviolence/index.html

Sexual Violence

Anyone can become a victim of sexual violence. Some stats from Rape Abuse & Incest National Network (RAINN): More than 300,000 persons are victimized annually; ages 12-34 are the highest risk years. Female college students (ages 18-24) are three times more likely than women in general to experience sexual violence. One in 33 American men have experienced an attempted or completed rape. And, 21% of transgender, genderqueer, nonconforming (TGQN) college students have been sexually assaulted.

Potential indicators of victimization include (not limited to): STIs, pregnancy, depression, PTSD.

For additional information, see *RAINN*: rainn.org; *CDC*: cdc.gov/violenceprevention/sexualviolence/index.html

Human Trafficking (e.g., labor and sex trafficking)

Although anyone can be a victim of human trafficking, traffickers often target persons in situations of vulnerability. **Risk factors** include (not limited to): Running away or homelessness (particularly for youth), history of interpersonal abuse or violence, involvement in commercial sex industry, minority/immigrant status.

Potential indicators of victimization include (not limited to): Accompanied by controlling companion; inconsistent history; medical or physical neglect; and submissive, fearful, hypervigilant, or uncooperative behavior.

For additional information, see *National HT Hotline*: humantraffickinghotline.org

As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), a **trauma-informed approach** "includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations." This includes understanding how trauma can impact patients, families, communities, and the professionals attempting to assist them.

The PEARR Tool reflects principles of a trauma-informed and **victim-centered approach**. As described by the US Office for Victims of Crime (OVC), a victim-centered approach is one in which a person's wishes, safety, and well-being are prioritized in all matters and procedures. This includes seeking and maximizing patient input in all decisions.

To learn more, please see SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach*: store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf; See also OVC's *Victim-Centered Approach*: ovctac.gov/taskforceguide/eguide/1-understanding-human-trafficking/1.3-victim-centered-approach/

For more information, visit dignityhealth.org/human-trafficking-response

Signs and Indicators of Human Trafficking



Everyone has a role to play in combating human trafficking. Recognizing signs of human trafficking is the first step in identifying a victim—and can help save a life. In Title X settings, staff can watch for the following signs and indicators when interacting with clients. **If you notice any of these indicators, immediately share your concerns with a clinical services provider.**

CHECKLIST FOR FRONT DESK, SCHEDULING, AND SUPPORT STAFF

- ☐ No identification (e.g., driver's license, passport, social security card, other documentation)
- ☐ No identifiable address or home
- ☐ Escorted, guarded, and/or silenced by someone
- ☐ Disoriented, unable to identify whereabouts, unable to identify family and friends
- ☐ Age-inappropriate partner or significant other
- ☐ Signs of physical abuse: bruises, cuts, burns, broken bones
- ☐ Signs of self-harm: bruises, scars from repeated cutting
- ☐ Fearful behavior

Please Note: Indicators are not always present in every human trafficking situation, and if present are alone not proof of human trafficking

This publication was supported by the Office of Population Affairs (Grant FPTPA006030). The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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EVERYONE
ONE CAN
HELP



So, now what now?

- ▶ If they are a minor and a mandated report must be made, contact your social worker for assistance in making reports.
- ▶ For adults and children, assess safety needs and safe discharge.
 - ▶ Assess current risks and safety concerns
 - ▶ Ask if they would like resources for assistance after discharge
 - ▶ Do they wish to make a LE report?
 - ▶ Offer options for responding when safety is threatened
- ▶ Acknowledge that not everyone is ready to accept help.

**NATIONAL
HUMAN
TRAFFICKING
HOTLINE**

24/7 • Toll free
Confidential
200+ languages

 **CALL**
1-888-373-7888

 **TEXT**
"BeFree" (233733)

 **LIVE CHAT**
humantraffickinghotline.org

GET HELP • REPORT TRAFFICKING



Human Trafficking in Minors

What does this look like?

- Street Trafficking*
- Gang-Based Trafficking*
- Private Parties
- Interfamilial Trafficking*
- Internet-Based Exploitation
- Sextortion
- Child Sexual Abuse Material*
- Sexually Explicit/Nude Messaging
- Phone Sex Lines/Webcamming
- Escort Services
- Sexual Dancing/Stripping
- Extraterritorial sexual exploitation of children*

Special Needs

- ▶ May need non-acute exams- Refer to Child Advocacy Center in your area
- ▶ Assess for acute and chronic injuries of abuse/neglect, STDs, pregnancy and safety needs

Multidisciplinary Team (MDT)



References

- <https://polarisproject.org/sex-trafficking-examples/>
- <https://humantraffickinghotline.org/en/human-trafficking>
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- Dignity Health, 2020. Pearrr Tool. Trauma Informed Approach To Victim Assistance in Healthcare Settings.
- Heal Trafficking, 2025
- Reproductive Health National Training Center. Signs and Indicators of Human Trafficking
- Chisolm-Straker M, Singer E, Strong D, Loo GT, Rothman EF, Clesca C, d'Etienne J, Alanis N, Richardson LD. Validation of a screening tool for labor and sex trafficking among emergency department patients. J Am Coll Emerg Physicians Open. 2021 Oct 12;2(5):e12558. doi: 10.1002/emp2.12558. PMID: 34667976; PMCID: PMC8510141.