Recognizing and Responding to Human Trafficking in a Healthcare Context


**Slide Notes:** *(The slide notes below corresponds to the training video presented by NHTRC and can be found by clicking the above link).*

**Slide 1**

“Hello and welcome to ‘Recognizing and Responding to Human Trafficking in a Healthcare Context’ presented by the National Human Trafficking Resource Center (NHTRC). If you have questions during or after this presentation, please contact the National Human Trafficking Resource Center hotline at 1-888-373-7888.”

**Slide 2**

This presentation will enable healthcare professionals to:
- Define human trafficking and recognize how victims may come in to contact with healthcare professionals;
- Identify potential human trafficking victims; and
- Apply promising practices for assisting a patient who may be a trafficking victim.

To skip to any of these three sections, click on the boxes on the slide.”

**Slide 3**

“We will begin by reviewing the federal definition of human trafficking.”

**Slide 4**

"Human trafficking became a federal crime in 2000 with the passage of the Trafficking Victim’s Protection Act or TVPA. The TVPA defines human trafficking as 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. Victims can be anyone: women and men, adults and children, citizens and noncitizens alike.

Sex trafficking is divided into two distinct subcategories: adult sex trafficking and child sex trafficking. Under the law, an adult is sex trafficked when they are induced to perform commercial sex by means of force, fraud, or coercion. However, where a person younger than 18 years of age is induced to perform a commercial sex act, it is a crime regardless of whether there is any force, fraud, or coercion.

This is distinct from labor trafficking cases. In cases involving both adults and children, traffickers must have used force, fraud, or coercion to compel the victim to provide labor or services.”

**Slide 5**
“The Action-Means-Purpose Model can be used to describe the elements of human trafficking. Cases that are considered human trafficking involve three elements:
Action (recruiting, harboring, transporting, providing, or obtaining of an individual) Actions that constitute sex trafficking, but not labor trafficking include patronizing, soliciting, and advertising an individual.
Through Means (force, fraud, or coercion)
For a specific Purpose (compelled labor/services or commercial sex act(s))
Examples of force include physical abuse or assault, sexual abuse or assault, or confinement. Examples of fraud include false promises of work/living conditions or withholding promised wages. Coercion may include threats of harm to self or others, debt bondage, psychological manipulation, or document confiscation.
It is important to remember that it is not necessary to demonstrate force, fraud, or coercion in sex trafficking cases involving children under the age of 18.”

“Human trafficking occurs in many venues and sectors. Sex trafficking may occur at venues such as commercial-front brothels, hotels and motels, online, or on the streets, among others. Labor trafficking may occur in sectors such as domestic work, traveling sales crews, restaurants or food services, or agriculture. It is important to note that human trafficking may also occur in lesser known or less frequently reported venues, such as construction sites, bars and clubs, and factories. A victim who has experienced trafficking in any of these venues may have cause to seek medical attention.”

“Victims of human trafficking may have varied experiences with access to healthcare services. While some victims are able to regularly access health services, others may have been denied much needed medical care by their traffickers or only allowed to seek medical assistance under the careful watch of a trafficker.”

“Studies have shown that the healthcare system is often one of the most frequently accessed services by human trafficking victims. In one study, 87.8% of trafficking survivors reported accessing healthcare services during their trafficking situation. Of this, 68.3% were seen an emergency department (Lederer & Wetzel, 2014).
In another study, Lauren, a survivor of trafficking, shared this in an interview: ‘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.’ Therefore, medical professionals have a critical opportunity to identify and connect victims to services.”

“Many victims and survivors of human trafficking experience ongoing medical concerns stemming from or exacerbated by their trafficking situation. They may need treatment for physical health, mental health, or addictions. Seeking help for these needs may place human trafficking victims in direct contact with healthcare professionals. Needs of trafficking victims may include:
Treatment for injuries (e.g. broken bones, musculoskeletal problems, neck and jaw pain), illnesses (e.g. salmonella poisoning from exposure to substandard drinking water, pesticide poisoning), and infections (e.g. STIs/UTIs, dermatology infections)
Treatment for depression, anxiety, or Post-Traumatic Stress Disorder
Treatment for sleep disorders or sleep deprivation
Assistance accessing basic needs for food and hygiene
Gynecological care during and/or after pregnancy (e.g. pregnancy tests, abortions)
Medical treatment for substance use disorders
Trafficking victims may also access health services for pre-existing conditions or medical concerns that are
unrelated to their trafficking situation. If patients and potential trafficking victims are not from the U.S. it is especially important for health professionals to screen for pre-existing conditions that are common in their countries of origin.”

Slide 10

“When many victims of trafficking have access to healthcare services, rarely do victims self-identify to medical professionals. There may be many reasons why a victim of trafficking does not feel comfortable disclosing their situation in a clinical setting. By understanding the barriers to both accessing medical treatment and victim self-identification, healthcare providers can better meet their needs. While each person has a unique experience, here are several common reasons why trafficking victims may not self-disclose to healthcare professionals.

Shame or guilt: Patients may not volunteer information about their situation to their healthcare provider due to shame or fear of being judged, or they may feel a sense of blame for their situation.

Fear of retaliation: Traffickers often use extremely coercive methods to compel a victim to stay in the trafficking situation. This may include threats of harm to self, co-workers, peers, or loved ones should a victim attempt to reach out for assistance.

Fear of arrest or deportation: Victims, both foreign nationals and citizens, may have been made to believe that if they attempt to seek assistance or report their traffickers, they will instead be arrested or deported.

Lack of transportation or controlled movement: Victims of trafficking may not be able to access health services due to confinement to the workplace, lack of transportation, or isolation. Other victims are able to seek medical treatment but are accompanied by their trafficker.

Fear of a report to social services: Victims who are minors or parents may be hesitant to seek assistance from a medical provider out of concerns that disclosure would necessitate a report to social services. Victims who have been lied to by their trafficker about the social service system in the U.S. or have had prior negative experiences while in care may avoid accessing medical services or reporting their trafficking situation.

Lack of understanding of the U.S. healthcare system: Furthermore, victims may have misconceptions about the U.S. healthcare system, insurance, or cost that may preclude a victim from accessing medical services or self-identifying to a provider.

It is important to note that some victims will not self-identify because they may lack the self-perception to even know that they are victims of a crime.”

Slide 11

“Many health professionals may be in unique positions to recognize and help trafficking victims. Physicians, nurses, lab technicians, and discharge planners all play a crucial role in identifying victims of trafficking and offering services.”

Slide 12

“Victims of trafficking may come into contact with the healthcare system from a variety of access points. Anyone involved in the healthcare setting may be in a position to recognize a victim of trafficking. It is important that training on human trafficking be offered to all staff within a medical facility, including:

Ambulatory care staff
Emergency department staff
Administrative, billing, or customer service staff
Physicians & surgeons (e.g. primary care, specialists, emergency, or OB/GYNs)
Nursing staff
Social workers, case managers, or discharge planners
Sexual assault response team nurses
Therapists (e.g. occupational or physical therapists)
Dental offices
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Psychiatric care providers
Substance use disorder treatment programs
Plastic surgery practices
Ophthalmologists
Community health or community engagement teams
Health educators
Interpreters/translators
Lab technicians
Support staff (e.g. food service, custodial/facilities, security staff)

Slide 13

“While each individual’s experience is unique, the indicators listed in the next few slides include red flags that are frequently present in labor and sex trafficking situations reported to the NHTRC. If you find that several of these red flags are present for a patient with whom you are working, we recommend you engage them in a safe, victim-centered conversation about human trafficking.

General indicators of labor trafficking may include:

- Workplace Restrictions and Abuse: The patient has been abused at work or threatened with harm by an employer or supervisor; isn’t allowed to take adequate breaks or to use proper protective equipment
- Debt Bondage: A debt that is too large to ever pay off or one that continues to expand without advance notice to the worker
- Document Confiscation: Confiscation of personal identification documents, including driver’s licenses, passports, visas, or other items held by a trafficker
- Recruitment Fraud: Victims of trafficking may be compelled to do different jobs, under different conditions, or for different pay than was originally agreed upon during recruitment.
- Lack of Payment: Victims of labor trafficking may be unpaid or paid very little for the work they complete.”

*These indicators are not exhaustive and when present alone might not indicate trafficking. However, it is important to recognize these signs so that you can better respond to and help patients in potential trafficking situations.

Slide 14

“Patients who are victims of labor trafficking may also present with various physical and behavioral symptoms. These symptoms may be directly caused by physical or sexual assault perpetrated by a trafficker or show that the patient is repeatedly engaging in labor in an unsafe working environment:

- Patients who are victims of labor trafficking may present with various musculoskeletal and ergonomic injuries. Some labor trafficking victims may not be allowed to stop work to rest, eat, or drink, causing malnutrition and dehydration.
- Traffickers may prevent access to routine health screenings or medical care for existing illnesses or injuries until the situation becomes dire. Because of this, patients may present with signs that injuries have gone untreated for long periods of time, such as skin infections, poor dental hygiene, or injuries from chemical and pesticide exposure. Some labor trafficking victims, especially those who work in sweatshops, are forced to work in poor lighting, causing severe eye strain and ophthalmology issues.
- Labor trafficking victims may present with somatization symptoms that result from experiencing large amounts of daily stress, such as recurring headaches or abdominal pain.
- Behaviorally, patients who may be victims of labor trafficking may seem anxious during examinations, and could have panic attacks. Due to the coercion leveled by traffickers, they may give conflicting stories when asked about how they attained their injuries, and may exhibit unusual or paranoid behavior, particularly in regard to their employers. Patients may also present with symptoms of affect dysregulation due to the trauma they experienced
as a trafficking victim, which can manifest in mood swings, angry outbursts, and aggressive behavior.

If accompanied by a trafficker, the patient may not be allowed to speak for his or herself. The trafficker may insist on speaking on behalf of the patient or interpreting for the patient.”

*It is important to note that each indicator taken individually may not imply a potential trafficking situation, neither are indicators intended to be cumulative. These are simply red flags – the situation must be assessed as a whole to determine if trafficking is occurring.

Slide 15

“Take a moment to read the following case study:

Chanda comes to the ER with severe stomach pain. A man identifies himself as Chanda’s brother-in-law and offers to translate for her. He explains that although she has had stomach problems recently, she has not been to a doctor because she doesn’t have insurance. Chanda does not make eye contact with ER staff or her brother-in-law. A nurse explains to Chanda’s brother-in-law that she needs to examine each patient privately, and the brother-in-law says something harshly to Chanda in Hindi.

Through the interpreter, Chanda informs the nurse she helps clean her brother-in-law’s house and provide child care. While she loves him and his children, Chanda is stressed because she works 12 hours every day. He supervises all her phone calls and scrutinizes every phone bill. Hospital staff diagnose Chanda with a stomach ulcer and write her a prescription. Obviously troubled, Chanda says she’s been to another ER before and had the same diagnosis. She stopped taking the medicine because she had trouble saving enough money to pay for the medication, and she is unable to go to a pharmacy without her brother-in-law’s assistance.”

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“It is critical to build rapport with the patient and ease into the conversation. What potential questions could be asked of Chanda to determine if this is a human trafficking situation?

Stomach ulcers are often exacerbated by stress and you seem to work a lot of hours. Are you able to take days off or get out of the house to do something for yourself? Why or why not?

Are you able to take adequate breaks, eat, or get plenty of sleep every day when you are working for the family?

If you wanted to stop working for your brother-in-law to get a different job, would you be able to leave?”

Is there someone else who can help you access healthcare services when needed? Why does your brother-in-law prevent you from getting care?

Your brother-in-law seemed to speak harshly with you earlier. Does he speak to you like that often? Has he ever harmed or threatened to harm you?

Notice that the questions are relatively neutral and not accusatory, so it is easier to establish trust with the patient. It is also important to note that healthcare providers should let potential trafficking victims know of any mandatory reporting obligations before questioning the individual.

Slide 17

“General indicators of sex trafficking may include:

Evidence of controlling or dominating relationships

Signs of physical and/or sexual abuse

Signs of drug or alcohol use or misuse

Inappropriate dress for weather or situation

A minor under the age of 18 who is providing commercial sex acts

Lack of control of his/her own money and finances”

*These indicators are not exhaustive and when present alone might not indicate trafficking. However, it is
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important to recognize these signs so that you can better respond to and help patients in potential trafficking situations.

Slide 18

“Sex trafficking victims may be hesitant to share information about their involvement in the commercial sex industry with their healthcare provider due to shame or fear of being judged by their medical provider. Medical providers may notice the following signs in patients, which may indicate sexual assault or involvement in the commercial sex industry:

Physically, patients may present with the following symptoms:
- Multiple or recurrent sexually transmitted infections (STIs)
- An unusually high number of sexual partners, particularly for younger patients
- Trauma to the vagina and/or rectum
- Impacted tampon in the vagina, used to prevent buyers from knowing they are menstruating
- Chronic complaints and somatization symptoms indicating large amounts of daily stress (e.g. recurring headaches, abdominal pain, etc.)
- Suspicious tattoos or branding such as “Daddy” or “Property of...” that are suggestive of sexual exploitation

Potential trafficking victims may present with the following behavioral symptoms:
- Exhibits a depressed mood and/or a flat affect in their demeanor
- Anxiety, hyper-vigilance or paranoia, frequent panic attacks (e.g. shortness of breath, chest pains)
- Affect dysregulation symptoms, such as irritability, mood swings, angry outbursts, and aggressive behavior
- A long history of frequent emergency care visits (similar to what is seen in cases of domestic abuse/violence)
- An inability to explain why/how they attained their injuries, conflicting explanations for injuries, or answers that do not align with the physical symptoms
- Use of slang terms such as “Daddy,” referencing to a boyfriend or non-relative, “the Life,” or other terms related to commercial sex
- Signs of drug or alcohol use

*Each red flag taken individually may not imply a potential trafficking situation, neither are red flags intended to be cumulative. For adult patients, engagement in commercial sex alone does not indicate a person is a victim of sex trafficking. These are simply red flags – the situation must be assessed as a whole to determine if trafficking is indeed occurring.”

Slide 19

“While many of the physical and behavioral indicators for child sex trafficking are the same as adults, some are unique to children. These include:

- Pregnancy or abortions at an unusually young age
- Early sexual initiation
- Signs of trauma to the vaginal and/or rectal areas
- Symptoms of STIs or urinary tract infections (UTIs) at an early developmental stage
- An unusual number of sexual partners for someone their age
- Suspicious tattoos or branding

Children may also exhibit several behavioral indications that they are victims of sex trafficking. These may include:

- A history of repeatedly running away from home or foster care placements
- Reports that they are not attending school or frequently are absent from school
- Highly sexualized behavior or dress
- Demonstrates angry or aggressive behavior with staff
- Exhibits a depressed mood and/or a flat affect in their demeanor
- Signs of drug or alcohol use

Remember that if a patient under the age of 18 is engaging in commercial sex, it is not necessary to identify signs of force, fraud, or coercion in order to determine a case of human trafficking under federal law.”

*Each red flag taken individually may not imply a potential trafficking situation, neither are red flags intended to be cumulative. These are simply red flags– the situation must be assessed as a whole to determine if trafficking
is indeed occurring.

Slide 20

“Taking what you have learned into consideration, read the following case study:
Jasmine comes to a clinic for an HIV screening. Although her intake paperwork says she is 19, the nurse observes that developmentally, she seems far younger. Jasmine tells the nurse she’s mature for her age and very experienced. She also has a tattoo of the name ‘Li’l G’ on one arm. During the exam she constantly receives texts and calls to her cell phone. She answers the phone and says ‘Daddy, don’t worry, I’ll be done soon.’ She tells the nurse that her boyfriend, who is 30, is so in love he can’t be away from her for even one minute.
The screening results indicate that although Jasmine is HIV negative, she has multiple other STIs. The nurse asks Jasmine whether she uses protection during sex, but Jasmine shrugs and says, ‘sometimes they don’t want to.’ When the nurse asks who ‘they’ are, Jasmine says that sometimes she has sex with other men but won’t say how many. She says she won’t be in the life forever, just until she and her boyfriend can save up some cash.”

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“The nurse believes that Jasmine is younger than she says she is, due to her physical development and the discrepancy between her reported age and education level.
Why do you think a patient would lie about her age?
It is possible that her trafficker, presenting as her boyfriend, has given her a canned story to protect him from liability. The patient may also lie to avoid triggering mandatory reporting.”

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Is Jasmine a potential victim of human trafficking? Why or why not?
Force, fraud, and coercion are not necessary to prove trafficking for minors in commercial sex. If she is a minor and involved in commercial sex, she should be considered a victim of human trafficking.
To engage Jasmine in a conversation about her potential involvement in commercial sex and potential exploitation by a trafficker, here are a few questions the healthcare provider could adapt for her conversation with Jasmine:
Have you engaged in sexual acts with someone in exchange for favors, money, or goods?
Do you know if your boyfriend or someone else has ever received something in exchange for a sexual act with you?
Has anyone threatened to hurt you, your family, or friends if you refused to provide sexual acts?
Has anyone ever taken sexually suggestive photos of you to post on the Internet?”
Remember to take time to build rapport with Jasmine and inform her of your reporting obligations. Abruptly beginning a conversation about commercial sex may inhibit her comfort with talking to you as a medical provider about her experience and concerns.”

Slide 23

“Sex and labor trafficking victims often face a high level of trauma and experiencing repeated traumatic events can have various physical and cognitive ramifications for trafficking survivors. Medical professionals should keep these effects in mind when offering medical help to a patient who is also a victim of human trafficking. Trauma can affect victims in the following ways:
Post-Traumatic Stress Disorder: Like other survivors of traumatic events, many trafficked victims suffer from Post-Traumatic Stress Disorder (PTSD). The PTSD symptoms most commonly associated with victims of trafficking are:
Recurrent thoughts/memories of terrifying events
Feeling as though the event is happening again
Recurrent nightmares
Feeling emotionally detached/withdrawn
Inability to feel emotion entirely
Being jumpy/easily startled
An inability to concentrate
Difficulty sleeping
Feeling constantly on guard
Feeling irritable/having outbursts of anger
Avoidance of activities that might remind them of the traumatic event
Disinterest in daily activities
Feeling of hopelessness/they do not have a future
Avoiding thoughts/feelings associated with the traumatic or hurtful event
Sudden or emotional physical reaction when reminded of the most hurtful or traumatic events
Memory Disruption: Traumatic events affect the way brain encodes memory and can disrupt the ability of trafficking victims to recount experiences of traumatic events accurately. This means trafficking victims may:
- Find themselves unable to recount a coherent narrative of their trafficking experience,
- May only be able to recall disconnected flashes of memory in bits and pieces, or
- Find that memories of the traumatic event are triggered by sensory information (such as smells or sounds).

Trauma Bonding: In many trafficking cases, victims have exhibited commonly known behaviors of traumatic bonding (i.e. Stockholm syndrome) due to violence and psychological abuse. The coercion employed by traffickers may lead a victim to experience a deep connection with the trafficker or victims may bond together during a trafficking situation. Victims who have formed trauma bonds with their trafficker may:
- Demonstrate loyalty and concern for their trafficker
- Be unwilling to report or testify against their trafficker
- Return to their trafficker after having previously decided to leave the situation

Understanding these dynamics will be helpful if you encounter trafficking victims who may be uncooperative in your attempts to offer assistance.”

“Next, we will discuss promising practices for responding to trafficking situations once you believe you have encountered a victim of human trafficking.”

“It is important to address the immediate needs of a patient, but healthcare institutions should also plan ahead for the likelihood of encountering a trafficking victim. Hospitals, clinics, and other providers should build internal protocols for how staff should respond in suspected human trafficking situations, which should include how and to whom reports are made and identify local service providers who can serve trafficking victims. In many ways, protocols for human trafficking may be similar to protocols or procedures already in place for related crimes, such as domestic violence or child abuse. Some healthcare institutions have found it useful to incorporate human trafficking into existing protocol structures, while others have developed tailored policies. If the resources are available, it might be very beneficial to designate a trauma-informed interviewer who can ask questions beyond the initial screening process. Having a designated interviewer would be especially effective if physicians are too busy to take the necessary time to develop trust and build rapport with a patient.

Finally, training for all staff should accompany the implementation of any new protocol related to human trafficking.”

“If you encounter a patient presenting with several red flags for human trafficking, you may want to obtain more information about his or her situation by asking a few key assessment questions. This will enable you to provide useful options to the patient and tailor referrals to the patient’s needs and wishes. The goal of these questions is not necessarily disclosure or rescue. Rather, the goal is to ensure that the patient feels safe should he or she wish to disclose any information that will help you identify trafficking indicators and assist them. Again, it is critical to build rapport and trust with the patient, so consider easing into the conversation by beginning with neutral
questions. Examples of key questions to ask may include:
Have you had any injuries that you are worried about?
Are you worried about any recent sexual activity, such as STD risk or pregnancy?
When is the last time you had a meal?
Where do you sleep?
Are you able to keep the earnings you make, or does someone take all or part of your earnings?
When was the last time you were paid?
Initial assessments should be conducted individually with a patient in a safe location. As traffickers may accompany victims for medical appointments, it is important to not ask sensitive questions of a patient in front of a potential trafficker. Use normal activities, such as going for an x-ray or exam, to find a safe place to speak privately with the patient. If the patient requires interpreting services, always use a professional interpreter. Do not rely on individuals who accompany the patient, as they may have ties to the trafficking situation or may be pressured to disclose your conversation to others.
The goal of an initial assessment is to assess the current situation in order to determine next steps, not simply disclosure. Be sure to take the time to build rapport and trust, rather than simply treating it as just another screening. Some victims of trafficking may not recognize that they are a victim of trafficking or may not be willing to report their situation. You have an opportunity to build trust with the patient and give them the information they need, should they be ready to seek assistance in the future.
The NHTRC can assist in conducting an assessment with the patient and determining next steps.

Slide 27

“Adopt a victim-centered approach when working with patients who may be victims of trafficking. Here are six recommendations for victim-centered interactions with a potentially trafficked person:
Meet the Basic Needs
Identify and meet basic needs: food, water, clothing, shelter first.
Include the victim in identifying immediate needs.
Provide options.”
Reassure the Potential Victim
You are there to help and not to arrest, punish, or judge them.
Meet the victim on his/ her terms.
Build Trust and Rapport
Expect trust to take time and demonstrate consistent, unconditional care.
Do not dispute or question facts reported or comment on the victim’s motivation.
Do not make promises you may not be able to keep.
Be non-judgmental & re-affirm the victim’s strengths.
Be Conscious of Language
Ask open-ended questions.
Keep in mind that many victims do not self-identify as “trafficking victims.”
Mirror the language the victim uses.
Avoid using derogatory terms.
Remain Sensitive to Power Dynamics
One-on-one interactions are ideal, especially because a trafficker may insist on being present to control what a victim will say.
Ensure the patient knows that medical treatment is not conditional on disclosure.
Avoid Re-Traumatization
Recognize the symptoms of trauma and coping mechanisms.
Make the interaction conversational, rather than an interrogation riddled with questions.

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“If you believe the patient with whom you are working may be a victim of trafficking, it can be useful to give them the NHTRC number or assist them in calling the hotline. In situations of immediate, life-threatening danger, follow all relevant mandatory reporting and institutional policies for reporting to law enforcement. Whenever possible, make an effort to partner with the patient in the decision to involve law enforcement.

The NHTRC is a national 24-hour anti-trafficking hotline and resource center serving the United States and U.S. territories. The NHTRC provides human trafficking victims and survivors with access to critical support and services to get help and stay safe and equips the anti-trafficking community with the tools to effectively combat all forms of human trafficking. The NHTRC offers a confidential crisis and tip line, training and technical assistance, service referrals to local providers across the country, and information regarding human trafficking data and trends. The NHTRC assists in conducting a safety check and trafficking screening with potential victims, determining next steps, facilitating a report to specialized law enforcement who are trained on human trafficking, and identifying local service provider referrals specific to the patient’s needs.”

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“All communications with the NHTRC are confidential unless the caller provides permission to be connected with law enforcement or a service provider, the caller threatens harm to self or others, is in imminent danger, or is experiencing a life-threatening emergency.

When calling the NHTRC, medical professionals should keep in mind any relevant Health Insurance Portability and Accountability Act (HIPAA) or confidentiality restrictions. Medical providers need not provide any confidential information to the NHTRC in order to seek assistance or facilitate service referrals. Whenever possible, the NHTRC endeavors to speak directly with victims to discuss the various reporting and referral options and receive explicit consent to make a report or referrals on his or her behalf. Consent from a victim and the safety of any individuals involved are the most important factors the NHTRC considers when weighing whether or not to make a report to law enforcement.

Legal requirements regarding mandatory reporting of human trafficking may differ from state to state, and situations may require mandatory reporting under related statutes even if the situation is not human trafficking (e.g. child abuse or domestic violence). Refer to your local or state requirements regarding mandatory reporting. While contacting the NHTRC will not fulfill mandatory reporting requirements, the NHTRC can facilitate a report to specialized law enforcement trained to handle human trafficking cases.”

Slide 30

“Victims of trafficking may have diverse service needs. Some victims may need basic services such as housing, clothing, food, medical care, social support (such as case management and mental health services), legal advocacy, or protection. There may be many other service providers who are serving this patient. If it is possible, establish relationships with these service providers in order to streamline future referral processes. Coordinating care, appointment schedules, and referrals will help to ensure that victims can receive the help they need as quickly and efficiently as possible.”

Slide 31

“We hope you have found this presentation useful. For more information about human trafficking for healthcare professionals, visit the following websites and resources.”

SOAR to Health and Wellness, U.S. Department of Health and Human Services
HEAL Trafficking: Health Professional Education, Advocacy, and Linkage
PATH: Physicians Against Trafficking in Humans
Child Family Health International: Conversations in Global Health
Child Sex Trafficking Webinar Series for Healthcare Professionals, Children’s Healthcare of Atlanta
Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the U.S., Institute of
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Medicine/National Research Council Report
Human Trafficking: Guidebook on Identification, Assessment, and Response in the Healthcare Setting, Massachusetts General Hospital and Massachusetts Medical Society
The Role of the Nurse in Combatting Human Trafficking, Donna Sabella in the American Journal of Nursing
Online education modules for the healthcare professional on human trafficking, Christian Medical & Dental Associations.