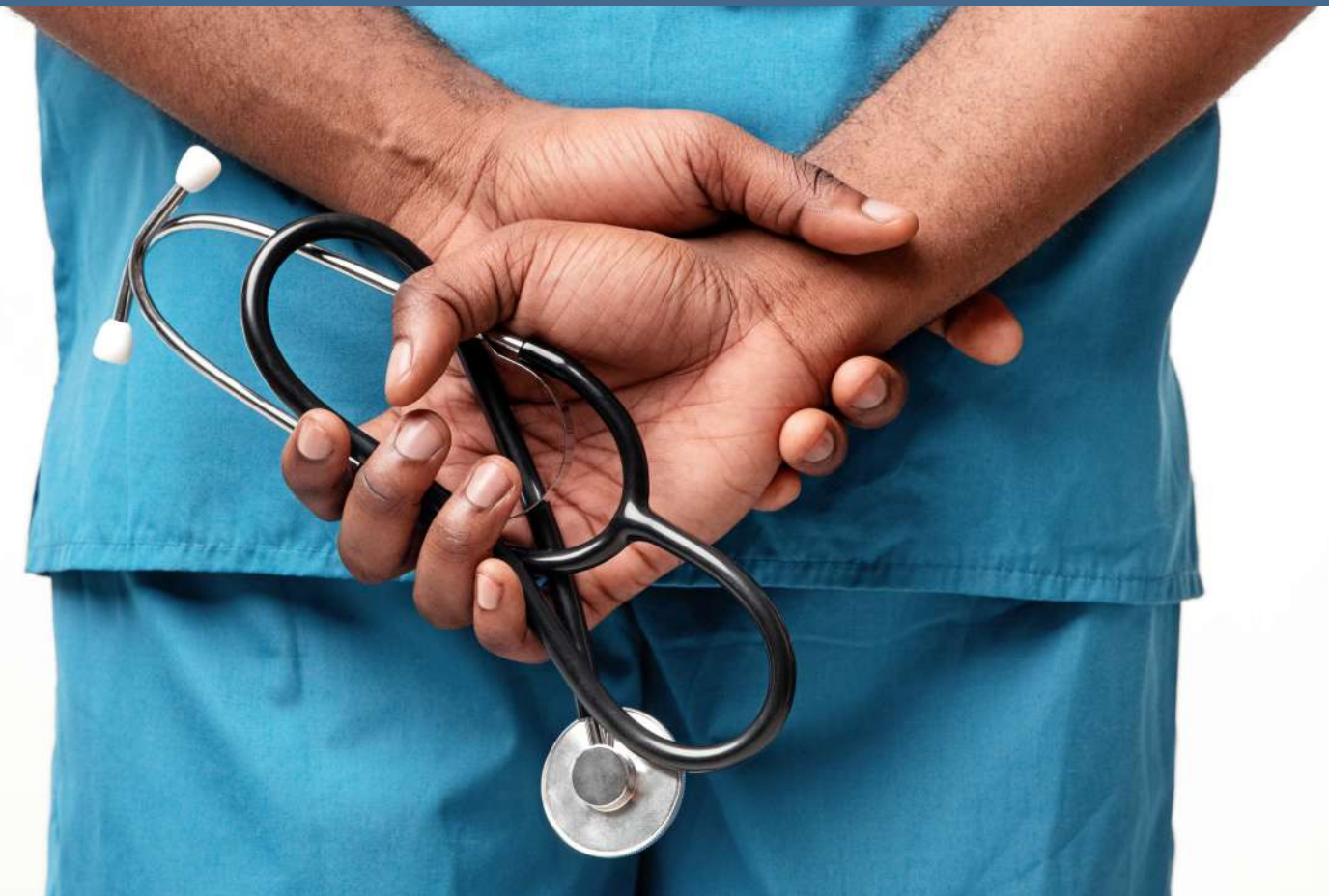


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Human Trafficking in Healthcare



Section 1: Introduction	3
Section 1 Personal Reflection	5
Section 2: Types of Human Trafficking	5
Forced Labor	6
Sexual Exploitation	8
Forced Criminality	11
Debt Bondage	14
Domestic Servitude	15
Organ Removal	16
Forced Marriage	18
Unlawful Recruitment or Use of Child Soldiers	18
Forced Begging	20
Case Study	21
Section 2 Personal Reflection	23
Section 3: Populations at Risk	23
Case Study	27
Section 3 Personal Reflection	29
Section 4: Indicators of Human Trafficking	29
Case Study	35
Section 4 Personal Reflection	36
Section 5: Therapeutic Communication Techniques	36
Case Study	39
Section 5 Personal Reflection	40
Section 6: Screening	40

Validated Screening Tools for Human Trafficking.....	41
Case Study	45
Section 6 Personal Reflection	46
Section 7: Reporting	46
Case Study	48
Section 7 Personal Reflection	49
Section 8: Treatment.....	50
Case Study	52
Section 8 Personal Reflection	53
Section 9: Prevention.....	54
Case Study	59
Section 9 Personal Reflection	59
Comprehensive Case Study	60
Section 10: Conclusion.....	63
References	64

Section 1: Introduction

Human trafficking is defined by the United Nations as “the recruitment, transportation, transfer, harboring, or receipt of individuals through exploitative means such as force, coercion, fraud, or deception” (United Nations, 2024d). Human trafficking, also known as trafficking in persons (TIP), differs from smuggling. Smuggling describes moving something from one country to another and is considered a crime against a border. Trafficking can occur anywhere, even within someone’s own home (Polaris Project, 2025b). This crime affects the victims, their families, and communities (CDC, 2024). According to the Global Report on Human Trafficking published in 2024, there has been a 25% rise in the number of detected cases of human trafficking worldwide between 2019 and 2022. In recent years, there has been a shift in human trafficking patterns, with a significant increase in the number of people trafficked for forced labor purposes (United Nations, 2024d). According to the National Human Trafficking Hotline, in 2023, 16,999 victims of human trafficking were identified in 9,619 cases. Multiple victims may be associated with a single case of trafficking (National Human Trafficking Hotline (NHTH), 2024). It is estimated that at least 70% of human trafficking survivors received some form of healthcare during their exploitation, and most healthcare interactions are with emergency services (Nikkel, 2024). As this global issue evolves, nurses must be knowledgeable regarding the various types of human trafficking, populations at risk, and indicators of human trafficking, so that victims have an increased likelihood of being identified when they encounter healthcare services. Nurses must also learn therapeutic communication techniques, reporting procedures, and treatment interventions to enhance outcomes. Additionally, nurses can learn about prevention strategies and related legislation so they can contribute to the fight against human trafficking.

Human trafficking has existed since the beginning of humanity. For thousands of years, slavery was a legal and common practice, usually forced upon one group by

another. In the 16th century, the Portuguese began traveling to Africa to purchase or kidnap people and then sell them into slavery. Other European nations quickly followed in participating in the slave trade. In 1525, the first transatlantic slave voyage from Africa to the Americas began, and slavery continued in the United States for another 350 years. In the mid-1800s, Chinese immigrants became the target of hatred and racism in the United States and were used for low-wage labor, commonly considered a form of slavery. In the 19th and 20th centuries, slavery began to be abolished in countries around the world. While slavery is no longer legal in any country, human trafficking continues. The Page Act of 1875 limited the immigration of Asians into the United States and brought the number of Asian women legally immigrating into the country to almost zero. This led to the trafficking of Chinese women into the United States during the 1880s by Chinese gangs through enslavement and forced prostitution. This practice continued through the early 1900s (Giovagnoni & Schooneveld, 2022).

In the early 20th century, attention was brought to “white slavery”, or the trafficking of European women for forced prostitution. This was the focus of the first international agreement on human trafficking in 1904. The creation of the International Labor Organization in 1919 provided protections for workers, including fair pay and working hours, which also affected human trafficking. The League of Nations was founded in 1921, and the focus on “white slavery” was shifted to the trafficking of women and children. In 1949, the United Nations Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others was adopted as the first legally binding international agreement related to human trafficking (Giovagnoni & Schooneveld, 2022).

Modern technology has drastically changed human trafficking. Since the advent of the internet, humans can be victims of trafficking without changing locations. Through digitally shared videos and photographs, victims can be exploited through illegal channels and legal platforms disguised as legal content. The

internet is also used for grooming and accessing vulnerable individuals. In 2000, the United Nations adopted the United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children. This agreement acknowledged modern-day slavery and accepted that men can be victims of human trafficking. The agreement also expanded the definition of human trafficking to include organ harvesting, slavery, and forced labor. In 2007, the United Nations renewed the effort against human trafficking by launching the United Nations Global Initiative to Fight Human Trafficking (Giovagnoni & Schooneveld, 2022).

Presently, many organizations work to end human trafficking, advocate for victims, prevent trafficking, provide aftercare services, and work with law enforcement to intervene for victims (Giovagnoni & Schooneveld, 2022). Nurses are an integral part of the effort to combat human trafficking, as they are uniquely positioned to encounter victims in the healthcare setting.

Section 1 Personal Reflection

Why do you think human trafficking has been an element of human experience for thousands of years? With all the knowledge gained and legislation to eliminate slavery as a legal practice, why do you think human trafficking continues to persist? How are nurses well-positioned to participate in the effort to decrease incidences of human trafficking?

Section 2: Types of Human Trafficking

Human trafficking occurs in various forms, and they often overlap. Perpetrators may use violence, manipulation, false promises of well-paying jobs, or romantic

relationships to lure victims. In the United States, human trafficking is most prevalent in California, Texas, Florida, and New York (NHTH, 2024).

The Action-Means-Purpose (AMP) model was developed to help understand what situations are considered human trafficking in the United States.

Action: The trafficker must take action. This can include inducing, recruiting, harboring, transporting, or providing.

Means: The trafficker applies some means of force, coercion, or fraud.

Purpose: The action and means are accomplished with the intention of forcing an individual to provide sexual commercial acts, labor, or some type of servitude.

At least one element from each category must be present for the situation to be considered human trafficking, except for cases of children involved in commercial sexual activity. Sexual exploitation of children is always considered trafficking, and the means do not need to be identified (Polaris Project, 2025b).

Forced Labor

In incidences of forced labor, individuals are compelled against their will to provide a service or work, which is typically enforced through coercion, fraud, or physical force (Blue Campaign, 2025). Forced labor accounts for 42% of human trafficking cases and is the most common single type of human trafficking (United Nations, 2024d). As of 2022, it was estimated that 27.6 million people are involved in forced labor (International Labour Organization (ILO), 2022). Of forced labor victims, approximately 70% are men. Women and girls who are victims of human trafficking for labor purposes are typically forced into domestic servitude. Even though forced labor is the most common type of human trafficking, it accounts for only 17% of human trafficking convictions (United Nations, 2024d). Forced labor generates approximately \$236 billion in profits each year (ILO, 2022).

In the United States, there is a misconception that victims of forced labor are typically immigrants who have entered the country illegally, but forced labor can affect US citizens and those who have entered the country legally as well. In fact, it is estimated that approximately 71% of people experiencing forced labor entered the United States using lawful visas.

Specific industries, such as construction, agriculture, domestic servitude, mining, and commercial fishing, are more likely to involve victims of human trafficking (United Nations, 2024d). Approximately 19% of forced labor victims are engaged in domestic servitude, and 7.8% are involved in agriculture (ILO, 2022).

The United States prohibits the importation of goods made through forced or child labor. Goods made in this way undermine legal trade. Globally, gold, bricks, and sugarcane are the most commonly reported goods made using adult forced labor. Bricks, cotton, and garments were the most common goods made through child labor. Typically, these goods are produced as raw materials for other goods, which makes tracing goods made through forced labor more challenging. Individuals who work in the earliest stages of manufacturing, such as producing raw materials, are at the highest risk for exploitation (Blue Campaign, 2025).

Children are common victims of forced labor because they are more vulnerable than adults. Even at present, selling children, forced child labor, debt bondage of children, and serfdom of children still occur in many countries around the world. Children who are victims of forced labor may appear to be in the custody of a non-family member. Their work often financially benefits someone outside of the child's family. Children who are victims of forced labor are often denied food, rest, or education due to work (US Department of State, 2025). They are typically between the ages of 5 and 17, and their work is often illegal or hazardous. Industries that most frequently use child labor include agriculture, manufacturing,

mining or quarrying, domestic service, hotels, restaurants, and online sexual abuse material (Giovagnoni & Nikkel, 2021).

Sweatshops are businesses where the employees work long hours in poor conditions for very little pay. They are often factories or workshops. The US Department of Labor defines a sweatshop as a factory that violates two or more labor laws. While not all sweatshops use forced labor, there is often an overlap with these types of businesses, as the labor laws that are violated are often laws against labor trafficking. An example is if an employee is held in the factory against their will, that is a violation of a labor law and is also considered fraud, force, or coercion, which aligns with the definition of human trafficking. Sweatshops continue to be an issue. This type of forced labor occurs in the United States but is more commonly found in countries that do not have strict or enforced labor laws. Of employees who work in sweatshops, 85-90% are women, and the most common products produced are garments, cotton, bricks, cocoa, and coffee (Giovagnoni & Nikkel, 2021).

Sexual Exploitation

Sex trafficking is defined as "the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act" by the Trafficking Victims Protection Act of 2000. While adult sex trafficking involves the use of force, fraud, or coercion to compel an adult to participate in commercial sex acts, any commercial sexual activity involving minors is considered trafficking (CDC, 2024). Sexual exploitation is the second most common type of human trafficking, with 36% of trafficking victims involved. Over 90% of victims are female, with 28% of those victims being minors (United Nations, 2024d). Human trafficking for the purpose of sexual exploitation can affect people of any race, ethnicity, gender, sexual orientation, citizenship status,

or income level (CDC, 2024). Perpetrators are often known to the individual and may be a romantic partner (Giovagnoni & Nikkel, 2021).

Sexual exploitation crimes often occur in tourist areas, such as hotels, resorts, massage parlors, and nightclubs. Online platforms are also used for this purpose. Forced prostitution and forced participation in the creation of online sexual abuse material are frequently reported by victims (United Nations, 2024d). Victims may be forced to work in escort services, pornography, illicit massage parlors, brothels, and solicitation. Online exploitation and forced marriage are types of sex trafficking. Escort services are businesses where a person is paid to spend time with another person. This service may include going to dinner, attending entertainment venues, going to business events, or providing companionship. Escort services are legal in the United States, but require licensure, and businesses are prohibited from providing sexual services. It can be difficult to determine if an escort service is practicing legally or illegally, and traffickers take advantage of individuals who do not realize the business is not legitimate or do not know that sexual activity through the escort service is illegal. If an individual is working in an escort service due to force, coercion, or fraud, they are a victim of human trafficking. If they are also being forced to provide sexual services, they are experiencing sex trafficking (Giovagnoni & Nikkel, 2021).

Pornography is defined as depictions of sexual behavior in books, photos, films, statues, or other media with the intention of causing sexual arousal. The advent of the internet has made pornography easy to create, distribute, and access. It is estimated that 40 million people in the United States access pornography using the internet. Pornography, though not necessarily illegal as an industry, is connected to human trafficking due to the high number of individuals who claim they were forced to participate by producers who profited from their participation. Coercion and low pay are methods used to increase profits for those producing pornography. Poor regulation of the pornography industry results in

exploitative material being offered alongside consensual material. For consumers of pornography, it is often difficult to distinguish between exploitative and consensual material (Giovagnoni & Nikkel, 2021).

Illicit massage businesses are often disguised as spas, massage parlors, or salons. These businesses may be involved in money laundering in addition to human trafficking. Victims are typically brought into the country with the promise of legitimate work but end up in forced sexual labor. Indicators that a business may be involved in human trafficking include unusual security, like having to be buzzed in at the door, workers who speak little English, workers not being allowed to handle cash, and businesses that refuse to serve women (Giovagnoni & Nikkel, 2021).

Brothels are business locations where people can pay to engage in sexual activities with paid sex workers. Nevada is the only state where brothels are legally allowed to operate in the United States. As a result, sex trafficking cases in Nevada are higher than average. Other countries, such as some in Europe, Mexico, India, and Brazil, allow for legal brothels, but only consensually employ individuals over 18 years old. While individuals may consent to work in a brothel, they may be working in that setting due to coercion or a mix of factors. Any time someone is compelled to work in a brothel due to force, coercion, or fraud, or if they are under 18, even if their work is consensual, they are a victim of sex trafficking (Giovagnoni & Nikkel, 2021).

Cybersex trafficking occurs when an individual is forced to perform sexual acts that are either live-streamed or recorded in photos or videos that are made available to paying customers on the internet. Due to the prolific presence of the internet and the changes in internet behaviors due to the COVID-19 pandemic, this type of sex trafficking is increasing dramatically. Online exploitation of children is a type of cybersex trafficking and occurs when the victim is under age

18, whether or not they have consented to the activity. In 2018, it was reported that 98% of online sexual exploitation of children occurred with victims under age 13. Advances in technology and the increasing abilities of mobile devices make this crime difficult to track (Giovagnoni & Nikkel, 2021).

Forced Criminality

This type of trafficking is commonly found in Western and Southern Europe and most commonly affects males (Nations, 2024d). This practice is also quickly rising in Southeast Asia (Nations, 2024b), where victims may be trafficked domestically (UNODC, 2023). Victims are usually forced into drug trafficking, theft, fraud, and online scams (United Nations, 2024d). These crimes are committed to financially benefit the trafficker at low risk to themselves and often involve mass-scale financial fraud operations. Traffickers are typically high-level members of transnational organized crime organizations. These groups frequently use sophisticated technology and tactics to commit crimes, and their activity may be disguised as legitimate businesses (United Nations, 2024b). Victims of forced criminal trafficking can be men, women, or children, and are often educated or technically skilled (UNODC, 2023).

Victims of forced criminality are often recruited using methods that are similar to a legitimate business, making the deceit difficult to detect. The victim is typically recruited by someone they know or a recruitment agent and is promised legitimate employment in another country. Job offers are typically communicated through social media. Jobs in specialized economic zones, like casinos, are often used for recruitment. The job being recruited for usually requires advanced education or specialized skills. Sometimes, the position will only require knowledge of basic computer skills and how to use social media. Job offers typically include good salaries and benefits, like international travel and

accommodations related to where the job is located. The recruiting business may appear legitimate with a website and logos. The interview process may be complex, with multiple interviews. The victim's travel fees, accommodations, and passport to the work destination may be covered by the recruiter (UNODC, 2023).

During the transport stage, the victim typically travels alone but maintains almost constant contact with a person or group representing the business. They may travel with the recruiter or with a group of people they don't know. Transport often relies on the victim to rely on the recruiter for instructions. They may enter one country using legitimate means, like a visa, but then illegally cross into another country. Victims may be unsure of how they ended up in a location that differed from what was stated in the job offer. They may have been given fraudulent travel documents or identification. They may have been promised a work visa upon arrival. It is common for the individual to travel to one country and then be provided a ticket by the recruiter to another country. Once the victim arrives, they are usually met by an unknown person and taken to a previously unknown location, either the business or some accommodation. The victim may again be transported to another location. The agent who meets the victim upon arrival often states they need to take the victim's passport for immigration processing, which can sound legitimate (UNODC, 2023).

During the trafficking process, recruiters may use deception, fraud, coercion, physical or psychological abuse, force, threat, blackmail, or a combination of these methods to control the victim. Victims may have been deceived about the nature of their work or the legality and associated risks of what they will be doing. They may have been deceived about the working conditions or the living accommodations. They may be denied adequate food and water and have no access to medical services. They may be forced to commit internet scams and work excessive hours and days to receive payment. The person typically receives little or no pay. They are often confined to a compound where they are not

allowed to leave, and all means of identification and communication are confiscated. Physical and psychological violence may be used as consequences for not meeting quotas. They may be told that if they try to leave, they are going to be sold to another criminal group, and are regularly sold to other criminal groups anyway. Criminal organizations may use debt bondage to maintain control. Victims may be required to recruit other victims, and the traffickers may use drugs or other substances to maintain control (UNODC, 2023).

The victim is coached by staff on the work compound to perform the online or phone activity, which is typically fraud or scamming. Activities may be illegal gambling or gaming, or lottery schemes. They may be told to chat online with people and try to get them to deposit money into their gaming accounts to play illegal games, or they may manipulate gambling results. Investment schemes are also used where the victim is forced to create fake profiles using social media to build relationships and gain trust. They may initially use romance or friendship to entice someone, then convince them to invest in a fraudulent scheme, like cryptocurrency investments. Pyramid schemes may be used, and the victim is forced to recruit “new investors” and lure them with get-rich-quick schemes. Some victims may be forced to call people and impersonate police, customs officials, or investors and then secure a transfer of money to the criminal organization. Fake loan schemes may be used. This is when the victim is forced to advise customers at casinos to borrow money using an internet app. Victims may be forced to make unsolicited phone calls. They may also be tasked with impersonating someone looking for companionship and then asking for a money transfer to support some request (UNODC, 2023).

Due to their criminal actions, many victims of trafficking for forced criminality are not seen as victims. They often experience further victimization through law enforcement and the justice system, as they do not often experience victim-

informed techniques. They are often imprisoned for crimes they were forced to commit (CAST, 2024).

Debt Bondage

Debt bondage is a form of trafficking that occurs when the trafficker's primary control over the victim is coercion due to debt manipulation (US Dept of State, 2025). In 2022, it was estimated that about one-fifth of victims of forced labor were involved in debt bondage (Anti-Slavery International, 2025a). In the United States, it is illegal to compel someone to work or engage in commercial sex as part of a debt payment plan (US Dept of State, 2025). Some traffickers will require an initial debt as a condition of future employment or to pay for travel fees to the country of employment (Giovagnoni & Nikkel, 2021). The victim will willingly agree to the conditions, but then the terms are changed, and they cannot repay the debt. The debt is often manipulated by withholding earnings or making the victim assume additional debt for food, housing, and transportation expenses (US Dept of State, 2025). The victim frequently works for an incredibly low wage and in brutal conditions, which also makes their ability to pay off the debt impossible. The debt may be passed from one generation to the next (Giovagnoni & Nikkel, 2021). This may further trap victims because they do not want the debt to be transferred to their children (Anti-Slavery International, 2025a). Traffickers may also manipulate debts an individual owes to another person. Using debts as a means to compel labor is illegal (US Department of State, 2025). Foreign and migrant workers are especially vulnerable to debt bondage because employers will hold their legal immigration documents as a way to maintain control of the victim (Giovagnoni & Nikkel, 2021). A rise in debt bondage was observed following the COVID-19 pandemic since many workers could not borrow money through legitimate channels (Anti-Slavery International, 2025a).

Bonded labor has occurred for centuries. Following the abolition of the transatlantic slave trade, many formerly enslaved people were forced into indentured labor, often for many years, on plantations in Africa, the Caribbean, and Southeast Asia. Presently, bonded labor is most commonly found in South Asia in industries involved in agriculture, brick kilns, mills, mines, and factories. In some cases, the debt is shared by a whole family, who is forced to work to pay off the debt of a relative. Labor brokers and recruiters may be used to trap people in debt bondage. Limited access to justice, education, and legitimate jobs for marginalized groups makes escaping the cycle of debt bondage challenging (Anti-Slavery International, 2025a).

Domestic Servitude

Domestic servitude is a form of forced labor where the victim is forced to work in a private residence. Victims of domestic servitude are often isolated, and their employer typically controls their access to food, transportation, and housing. Since law enforcement and labor inspectors don't routinely enter homes, victims of domestic servitude often go unidentified. Victims who are from outside the United States are especially vulnerable due to language barriers, cultural differences, and a lack of community ties (US Dept of State, 2025).

It is estimated that 75.6 million people are employed as domestic workers around the world, and 1.4 million of these people are victims of domestic servitude. Most are women and girls. Domestic workers may provide a variety of tasks within a private home, including cleaning, cooking, laundry, childcare, elder care, and running errands. Domestic workers often migrate from other countries due to limited options to provide for their families. Some, though not all, domestic workers live with their employer and are required to be available 24 hours per day. The industry is poorly regulated, and workers are often underpaid. Domestic

workers are often not given the same protections as other employees, including minimum wage, holidays, health care, or other benefits. Domestic workers faced increased pressures and abuse during the COVID-19 pandemic, which could lead to domestic servitude (Anti-Slavery International, 2025b).

Domestic work is considered domestic servitude when the worker is prohibited from leaving the home of the employer, pay is very low or withheld, or may be in the form of food or housing. They experience violence and threats, and the employer may withhold documentation of identity, like a passport. The victim's contact with their family may be limited (Anti-Slavery International, 2025b).

Child domestic servitude is a hidden form of child labor, usually working behind closed doors, which limits the ability to detect this type of human trafficking. Children in domestic servitude are often convinced by their employer that they are in a safe environment and should be thankful to their employer for saving them from poverty. The child may also see the employer as an extension of their family, which further increases the control the employer has (United Nations, 2024c).

Organ Removal

While rare, trafficking humans for organ removal does occur. This crime differs from trafficking organs because the focus is on the person being trafficked rather than the illegal movement of the organ. Most cases involve trafficking for the removal of a kidney, though other organs or tissues, including livers, corneas, or skin, are also sought (US Dept of State, 2024). In some instances, there have also been reports of trafficking for the removal of human eggs, human embryos, and blood plasma (Office of Trafficking in Persons (OTP), 2025). Between 2017 and 2023, 175 cases were reported by 25 different countries (United Nations, 2024d). As of 2024, only 16 cases have been reported in the United States, though this

number is fewer than expected and likely represents underreporting (OTP, 2025). Most victims of this type of trafficking are adults, and 63% are men. This type of trafficking is particularly challenging to detect and prosecute because it utilizes complex, transnational criminal networks (United Nations, 2024d). Trafficking for organ removal is likely underestimated, but experts believe the practice may be growing.

In instances of trafficking for organ removal, the victim is often tricked into organ donation. They may be told they have three kidneys or that kidneys can regenerate after being removed. They may be told there are no adverse side effects after donating a kidney. Victims may or may not be paid, but are still considered victims of human trafficking even if they do receive payment (US Dept of State, 2024). There is usually a signed consent for donation, so it can be challenging to establish human trafficking for organ donation, but victims may be coerced into signing a consent or be deceived regarding what they are signing. Organized criminal groups may recruit individuals by promising payment or medical care after surgery, which is usually not provided. Since trading for organs is illegal, victims who are not compensated for their organ do not have legal recourse (OTP, 2025).

Trafficking humans for organ removal can be very different from other types of human trafficking. When trafficking humans for sexual exploitation or forced labor, the crimes can take place over months or years. Trafficking humans to remove an organ is typically a brief, one-time interaction. Similar to other forms of trafficking, though, many of the crimes now involve using the internet as a tool for recruitment (US Dept of State, 2024).

Forced Marriage

Forced marriage occurs when there is a marriage without the consent of one or both individuals. Forced marriage often involves child marriage, where at least one of the individuals is a minor. It is considered a type of human trafficking due to the lack of consent and coercion that are usually involved, as well as a bride price that may be paid for the victim. It often occurs due to physical or emotional abuse, threats, deception, or the force of the victim or victims to marry. This human rights violation affects women and girls more often than men. While there has been a reduction in forced marriage globally, the practice continues at a high rate, especially in sub-Saharan Africa and South Asia. Forced marriage does occur in the United States, especially in rural or indigenous communities (Giovagnoni & Nikkel, 2021). Forced marriage can be difficult to detect, but it remains a problem. Cultural and socioeconomic pressures in South Asia and Africa contribute to this type of human trafficking. Victims of forced marriage also tend to be victims of forced domestic servitude and sexual exploitation (United Nations, 2024d).

Arranged marriage is a common practice in many global cultures. It is not the same as forced marriage. In an arranged marriage, family often plays a role in choosing the marriage partner, but both individuals have the freedom to choose if they will marry that person and when. A forced marriage occurs when an individual is not given the choice of whether they will marry, to whom, or when (USCIS, 2025).

Unlawful Recruitment or Use of Child Soldiers

Children as young as nine may be trafficked to serve as child soldiers (US Dept of Defense, 2025). This type of human trafficking occurs when a government or any non-state armed group recruits or uses children as soldiers or as forced labor in war settings (US Dept of State, 2025). The role of the child in the conflict, whether

combatant or non-combatant, does not change the legal status of the crime of child trafficking in armed conflict (United Nations, 2024a) . This can also include forced marriage and the sexual slavery of children by military leaders (US Dept of State, 2025). Between 2005 and 2022, it was estimated that more than 105,000 children were used in conflict, though experts believe this number is likely higher. Children enter the armed forces in various ways. Some children may be kidnapped. Others may be threatened or manipulated. Some may join due to poverty and the need to provide for their family. Some may participate in order to survive or to protect their community. In some cases, family members may push a child to join a militant rebel or extremist group (United Nations, 2024a). Regardless of the reason, the involvement of children in armed conflict is a violation of international humanitarian law (UNICEF, 2021).

Warring groups use child soldiers in various roles. They may be used as fighters, but they may also be forced to work as cooks, porters, spies, guards, messengers, or other roles. Many are extensively sexually assaulted. Children are often required to participate in violent training or initiation ceremonies. They are also frequently forced to witness these events. Child soldiers are often deprived of food and shelter, and may be forced to abuse substances (UNICEF, 2021).

Traffickers often target children because they are easier to manipulate, require less food, and don't have a fully developed sense of danger. Annually, the US Department of State identifies foreign governments that in some way recruit child soldiers as a "name and shame" list. In 2024, listed countries included Afghanistan, Burma, Cameroon, Central African Republic, Democratic Republic of the Congo, Iran, Libya, Mali, Russia, Rwanda, Somalia, South Sudan, Sudan, Syria, Türkiye, Venezuela, and Yemen. As a result, these countries are subject to foreign aid restrictions (US Dept of Defense, 2025).

If children can escape this trafficking, they face many challenges. Their community may not accept them. Psychological distress and the inability to verbalize what has happened to them are also common (UNICEF, 2021).

Forced Begging

Children and individuals with disabilities are often the victims involved in forced begging, and this crime equally affects boys and girls. Victims are forced to solicit money from others in public spaces. This practice is more commonly seen in North Africa and the Middle East (United Nations, 2024d). Forced begging may be disguised as selling small items, washing windows, or collecting money for a sick person. In some cases, children beg to support their family. In other cases, their begging is forced by a criminal group. Individuals who are forced to beg are often victims of other types of human trafficking, such as forced marriage, sexual exploitation, and forced labor. Forced begging is a complex form of human trafficking that keeps its victims in a cycle of abuse that is difficult to escape (Macedonian Young Lawyers Association, 2023).

Traffickers may recruit victims by posing as a religious or charitable organization and offering support and services to the individual in exchange for fundraising. Victims are then exploited by being forced to sell candy or solicit donations on street corners or in busy shopping centers. Traffickers often recruit victims from homeless shelters and rehabilitation centers (World Relief Triad, 2021).

A study was conducted in Athens, Greece, in 2023 to determine if children begging in the city were doing so voluntarily or if the practice qualified as human trafficking. Researchers found that most of the children were forced to beg and experienced threats of violence and physical and verbal harassment as methods of force. They were also not allowed to stop begging if they wanted to. Researchers also found that these children frequently lived with non-relatives, experienced

hunger due to a lack of food, and had decreased physical and mental health (Drydakakis, 2023).

The crime of forced begging can be challenging to prosecute. In instances where the child's parent forces them to beg to support their family, the parent can be charged with abuse and neglect of the child. To prove there has been human trafficking associated with forced begging, there must be aspects of recruitment, transportation, transfer, purchase, sale, offering for sale, procurement, provision, sheltering, or accepting a child in order to exploit them through begging (Macedonian Young Lawyers Association, 2023). In many countries, it is not illegal for a child to beg, but it is illegal to force them to beg, and the distinction is sometimes difficult to determine.

Case Study

Tony is struggling financially and has had difficulty finding a job due to his limited proficiency in English. He is being evicted from his apartment because he has been unable to pay the rent. He has also had difficulty paying for food to eat. An acquaintance tells him about a job in construction that pays well and includes his housing and meals. This sounds like the perfect solution to Tony's problem. Tony contacts the employer, and someone picks him up to bring him to the dorms where the workers live. When Tony arrives, it is explained to him that the employer provides all his food and housing, but that his pay will be reduced to account for this. The employer also states they must keep Tony's identification documents in the office since Tony lives on their property and works at their job sites. He is told that in the mornings, the foreman will drive everyone to the worksite and bring them back to the dorms when the workday is completed. Tony is told that, because of the busy schedule and need for rest, the employees are not allowed to leave the dorm facility when they are not working. After six

months, Tony is frustrated that he is inconsistently paid, and the amount of pay taken for room and board seems to continue to increase. When he tries to quit, the employer tells him he must stay because Tony owes him money for job training. The employer also states he will not return Tony's identification documents, which includes his US work visa. He tells Tony that if he tries to leave, he will have to be killed so that others don't take advantage of the employer by not repaying their debts.

What type of human trafficking is Tony experiencing?

Tony is experiencing forced labor, the most common form of human trafficking in the United States.

Before we discuss risk factors, what do you believe may be Tony's risk factors for becoming a victim of human trafficking?

This will be discussed in the next section, but Tony has multiple risk factors for human trafficking. He is financially unstable and cannot reliably meet his basic needs for food and shelter. He does not speak English proficiently, which increases his risk due to a lack of job prospects and inability to understand the language spoken around him. It creates a dependency on his employer to translate and meet his physical needs.

How does the employer maintain control over Tony?

The employer uses multiple methods to maintain control over Tony. The employer restricts Tony's ability to move freely and withholds his identification documents. The employer also uses debt bondage to retain control of Tony through a common method where the debts are unpredictable, ever-increasing, and Tony's ability to repay them is impossible. In relation to debt bondage, the employer threatens violence, using fear to maintain control.

Section 2 Personal Reflection

What are the different types of human trafficking? How do they differ? How are they similar? Why do you think forced labor and sexual exploitation are the most common types of human trafficking in the United States? Why do you think some types of human trafficking are more prevalent in some areas of the world than others? How are individuals recruited into different types of human trafficking? Why is it important for nurses to be aware of the different types of human trafficking?

Section 3: Populations at Risk

Perpetrators of human trafficking target vulnerable populations. Anyone can be a target of human trafficking, but some individuals are at higher risk than others. Human traffickers are attracted to vulnerable people because they are easily physically or mentally hurt, influenced, or attacked. Since the trafficker must be able to control the individual, they seek those who are more easily controlled (US Dept of Justice, 2024). Victims may be experiencing poverty, or they may be in an unstable living environment. They also may be seeking an opportunity to escape their current circumstances. Victims can come from any background. Women and girls are most often targeted, but men and boys are also affected (CDC, 2024). Those who are experiencing addiction to substances or have a history of trauma are also at increased risk (Polaris Project, 2025b). Other factors that increase a person's vulnerability to human trafficking include a history of domestic violence or sexual abuse, a caregiver dealing with substance abuse, having been part of the foster care system, running away, encountering the juvenile justice system, and undocumented immigration status. In the United States, most victims of human trafficking are people who have historically experienced discrimination and political, economic, and social disadvantage, including people of color, indigenous

communities, immigrants, and people who identify as LGBTQ+ (Kelly & Chen, 2021).

Due to their age, children and adolescents are more vulnerable to trafficking. They are typically more naïve and trusting and often lack the knowledge and experience to alert them to fraud. It is estimated that more than 12 million children are victims of human trafficking, and 1.7 million of those are victims of sexual exploitation. As technology advances and children have more access to the internet, they are easily groomed and misled into online exploitation. In the United States, approximately 2 in 5 victims of sex trafficking are recruited online. For child victims, this number rises to 88%. Social media, gaming sites, and messaging apps are the most common platforms where victims are recruited (US Dept of Justice, 2024).

Individuals experiencing homelessness and teenage runaways are at increased risk for trafficking due to desperation from poverty and unsafe living conditions on the street. Runaway or homeless children are at especially increased risk, with reports estimating that 1 in 3 runaway or homeless children are approached by traffickers within 48 hours. Traffickers lure these individuals by falsely offering safe accommodations, food, or job opportunities in exchange for “favors”, which typically include forced labor, criminal exploitation, or sexual exploitation. One survey found that 36% of runaways traded sex for housing or another basic need. Homelessness and runaway situations often lead to social isolation, which increases the vulnerability of these populations who are drawn to romantic, friendship, or mentoring relationships (US Dept of Justice, 2024).

Migrants, asylum seekers, and refugees are at increased risk of human trafficking. Migrant workers are three times as likely to experience forced labor as non-migrant workers. This may be due to insecure immigration status, language and cultural barriers, and lack of access to public services. As a result of conflict,

climate change, extreme poverty, and human rights violations, there are more asylum seekers, displaced people, and refugees than at any other time in the last fifty years. This, combined with anti-immigrant sentiment in Europe and the United States, creates more opportunities for traffickers to exploit people (US Dept of Justice, 2024).

Research has identified specific characteristics that are more commonly present in victims of human trafficking for organ removal. Most people who are trafficked for organ removal are men in their thirties who have been recruited to sell their organs. Other common characteristics among this group include a lack of formal education, unemployment, and poverty. Individuals looking for financial stability, to fund a dowry, or to obtain resources to migrate to another country are particularly vulnerable. Organized criminal groups involved in human trafficking often target migrants because of their multiple vulnerabilities (US Dept of State, 2024).

Any group that is considered marginalized is at increased risk for human trafficking. A group may be regarded as marginalized because they have been excluded from society, oppressed, abused, threatened, and experienced violence or persecution. They may be marginalized due to their race, ethnicity, caste, religious beliefs, sexual identity, or gender expression. Social isolation that occurs when a group is marginalized makes them even more at risk for trafficking (US Dept of Justice, 2024). Examples of groups currently considered vulnerable to trafficking due to marginalization are people of color, immigrants, and people in the LGBTQ+ community (Polaris Project, 2025b).

There are specific risk factors for human trafficking that apply to children. Many are similar to other victims, but some are unique to children and adolescents. Children are at higher risk for sex trafficking if they have had a history of physical or sexual abuse, are academically off-track, have poor self-esteem, have run away

from home more than once, are rejected by their family due to their sexuality or gender identity, live in a shelter or group home, use drugs or are romantically involved with someone who does, have family members who have been trafficked or who have paid for sex, have parents who abuse drugs, live in an area with an increased number of cash-rich workers or tourists, or have a history of arrests for juvenile offenses such as truancy or underage possession of alcohol. Children are at increased risk for labor trafficking if they have recently relocated or migrated, are members of a marginalized or disadvantaged community, have an undocumented or unstable immigration status, are unaccompanied minors, or have a physical disability. Children who are at risk for both sex trafficking and labor trafficking may be involved in the child welfare system, either currently or in the past, have a history of running from out-of-home care, lack social support, are experiencing poverty, have learning disabilities or developmental delay, have a high number of adverse childhood experiences, experience family dysfunction or instability, are currently categorized as homeless or a runaway, or are involved with or targeted by gangs (National Center on Safe Supportive Learning Environments, 2025).

While anyone can be a victim of human trafficking, and victims are incredibly diverse, they typically have one thing in common. Traffickers are able to identify a need that they can exploit with false promises of meeting the need. They may promise stable employment, a safe place to stay, or drugs. What many traffickers offer that is just as luring for victims is the illusion of love, belonging, safety, and acceptance (Kelly & Chen, 2021).

The COVID-19 pandemic increased the risk of human trafficking around the world. It is known that homelessness and a history of abuse or neglect are risk factors for human trafficking, both of which were increased because of the pandemic. Many parents became unemployed during the pandemic, and the financial difficulty contributed to their inability to pay rent. Though there were moratoriums on

evictions during this time, some were left unprotected, and as moratoriums end, they are losing housing. During lockdown periods, children were not seen by community members who most often observe the signs of abuse or neglect, including teachers and healthcare workers. The National Center for Missing and Exploited Children reported that cases of online exploitation of children increased from 2 million to 4.2 million from March to April 2020. Some who were already in situations of trafficking when the pandemic emerged had worsened circumstances and had little or no choice in wearing masks or controlling who they were exposed to. Due to the pandemic, identifying and tracking victims has also been more difficult. In addition to not attending school or seeking healthcare for non-emergencies, COVID-19 protocols made identification of maltreatment or trafficking more difficult. In a population that already experiences stress and difficulty trusting adults, wearing masks and personal protective equipment (PPE) made this dynamic more challenging for healthcare workers. It is essential for healthcare workers to acknowledge the impact the COVID-19 pandemic has had on human trafficking and recognize patients who may have experienced trafficking as a result of the pandemic (Todres & Diaz, 2021).

Case Study

Andrea is a 16-year-old female who has been in the foster care system since she was four years old. She has been in a series of foster homes and most recently ran away from a home because she didn't get along with the parents. She has been staying with different friends for the past week. Andrea meets a guy named Chris on social media. Chris shows Andrea kindness and attention. They meet in person and Chris gives Andrea money to help since she is going through a hard time. Andrea and Chris spend increasing amounts of time together and she ultimately moves into his home with several of his friends. Chris and his friends use recreational drugs and soon, Andrea is also participating in drug use. Chris gains

Andrea's trust, so when he says he needs to take some pictures of her to sell so they can get money quickly to buy drugs, she doesn't think it's a big deal. Over time, these favors escalate, but Andrea feels like she has to agree to participate in order to get money for drugs. Chris arranges all the commercial sex work and buys the drugs for Andrea. Andrea doesn't like the way she earns money, but feels like she doesn't have another option. She also doesn't know how she would pay for drugs if she tried to leave.

What type of human trafficking is Andrea experiencing?

Andrea is a victim of child trafficking for sexual exploitation.

What are the risk factors that make her more vulnerable to trafficking?

Andrea is a minor, which increases her risk for trafficking. Due to her age, finding employment and housing can be difficult. She may also be naïve regarding the intentions of people she meets on social media. Andrea has lived in foster care for most of her life and has been in a series of foster homes. She has recently run away from her foster home. This increases her risk of becoming a victim of human trafficking.

How does Chris recruit Andrea, and what does he use to control her?

Chris identifies Andrea's need for a caring relationship, housing, and money. He offers her these things and introduces her to drug use. He then uses these things to control her.

How can romantic relationships appeal to adolescents who do not have a stable family unit?

All humans crave relationships, but adolescents are particularly drawn to romantic relationships that can reciprocate kindness and caring, especially when they previously lacked consistent, healthy relationships.

Section 3 Personal Reflection

Who is at risk for human trafficking? What factors increase the risk? Why are children and adolescents more vulnerable to trafficking? How do traffickers attract victims? How do risk factors vary between the different types of human trafficking? Why do you think marginalized populations are at higher risk for trafficking? How has the COVID-19 pandemic affected human trafficking?

Section 4: Indicators of Human Trafficking

Nurses and other healthcare workers have an advantageous viewpoint from their position in healthcare when it comes to human trafficking. At some point, all people must seek health care in some way, and nurses who are knowledgeable regarding particular indicators that could be a sign someone is a victim of human trafficking are best able to identify and report a potential trafficking situation. Interaction with nurses could be one of the only opportunities a victim has to escape trafficking. However, 85% of victims of human trafficking who present to the emergency department are not identified as victims (van Rooy et al., 2025). Therefore, nurses must be aware of indicators of human trafficking. Indicators may vary by the type of trafficking experienced.

Human trafficking has significant health consequences for the victim. It is reported that 92% of survivors experienced some physical abuse during their time of exploitation. Commonly reported injuries among this group include neurological problems, traumatic brain injuries, gastrointestinal distress, cardiovascular or respiratory illness, and dental problems. Since they are often denied necessary medical care, severe infections are also common. Some results suffered serious wounds or limb loss as a result of the violence they experienced. Oftentimes, the type of health problems a victim has and the type of trafficking they experienced are directly correlated. Victims of sex trafficking commonly experience sexually

transmitted infections and other reproductive health problems. Worksite injuries are common for individuals trapped in labor trafficking. Exhaustion and chronic pain can also be consequences of forced labor conditions. Human trafficking survivors report significant mental health challenges, including PTSD, depression, eating disorders, memory problems, dissociation, suicidal ideation, suicide attempts, and addiction to substances. In fact, 98% of survivors report at least one mental health problem (Nikkel, 2024).

Some indicators are common to victims of most types of human trafficking. Healthcare workers can be observant of these indicators that may mean the patient is a victim of human trafficking. The patient may appear to be disconnected from family, friends, community, or religious activities, or may have stopped attending school. They may display a sudden change in their behavior. The patient may be disoriented or confused with signs of physical or emotional abuse. They may be fearful or submissive, especially with the person accompanying them to the healthcare setting (Blue Campaign, 2024). Almost half of human trafficking victims are accompanied by their trafficker when seeking medical care (Nikkel, 2024). They may have injuries and bruises in various stages of healing. They can present with signs of dehydration, sleep deprivation, malnutrition, and lack of access to routine medical care. They may frequently defer to the person who brought them to the clinic or appear to be coached on what to say to healthcare workers. They may lack any possessions and not have suitable housing. A significant indicator that should alert healthcare workers to the possibility of human trafficking is if the individual does not have freedom of movement. If they are not allowed to leave their living situation or workplace, or there are unreasonable security measures in place, they are likely a victim of human trafficking (Blue Campaign, 2024).

There are care-specific red flags nurses should be aware of in the healthcare setting. The victim may appear younger than their identification states. They likely

do not have health insurance, and the person accompanying them may offer to pay in cash. This person also typically speaks on the patient's behalf and will not allow the healthcare worker to interact with the patient without them. The patient or their representative may provide an inconsistent story regarding how an injury occurred. Underlying medical conditions that are typically manageable for patients may go untreated, and symptoms may be exacerbated. Nurses should be aware of any tattoos, including crowns, money, and barcodes, that could indicate that the patient is considered someone's property. Many victims have symptoms of post-traumatic stress disorder (PTSD) (van Rooy et al., 2025).

In cases of labor trafficking, nurses should be cautious if the patient reports that the worker is not free to leave the premises, lives at their workplace, or is transported to the worksite by the employer, and all workers arrive and leave at the same time. If an individual reports that they work excessively long hours or must always be available to their employer, the nurse should consider human trafficking as a potential factor. They may report owing their employer a large amount of money that they are having difficulty paying, or may report excessively high security in their workplace. When interviewing the patient about their symptoms and medical history, they may look to another non-family individual before providing information. They may avoid eye contact or not be allowed to speak directly to healthcare workers. Nurses should also consider human trafficking if an employer controls someone's personal identification documents or finances (Ken Paxton, Texas Attorney General, ND).

Healthcare workers in some settings may encounter victims of sex trafficking. It is important to note that not all people engaged in commercial sex work are victims of human trafficking, but there are red flags that may help identify patients who are being exploited. Since 71% of sex trafficking survivors in the United States report having been pregnant at least once during their exploitation, and 55% report they had at least one abortion during that time, nurses in obstetrical

settings should be aware of signs that their patient may be a victim of human trafficking. Some women reported being forced to undergo a hysterectomy and experienced complications as a result (Nikkel, 2024). Physical findings may include bald patches where their hair has been pulled, bite marks, mandibular dislocations, burns, vaginal and rectal trauma. Victims may report not being allowed to use condoms (van Rooy et al., 2025). If someone reports that they want to stop participating in commercial sex work, but they feel scared or unable to leave, this could indicate they are being forced into selling or trading sex against their will. They may disclose that they were reluctant to participate in commercial sex work, but were forced into it. They may live where they work or may have guards who transport them between their home and workplace. They may have a manager or pimp who regulates their sex work. They may be legitimately employed in an industry where pressure to exchange sex for money or drugs is common, such as a strip club, illicit cantina, or illicit massage business. Nurses should also consider sex trafficking if the patient is accompanied by an older or controlling parent, guardian, romantic partner, or “sponsor” who will not allow the patient to speak for themselves and who monitors the patient’s movements, spending, or communications. It is a myth that only women and girls are victims of sex trafficking, so nurses should be aware that these red flags can occur with their male patients as well (Polaris Project, 2025a). Women who have been trafficked for labor or forced marriage may also have similar experiences (Nikkel, 2024). Patients who are victims of human trafficking may decline pamphlets and printed information from the nurse due to fear of punishment if the trafficker finds them (van Rooy et al., 2025).

When they engage in the healthcare system, victims of domestic servitude may share indicators that they are a victim of human trafficking rather than a legally compensated domestic worker. The individual may report that they are limited or prohibited from leaving the home where they work. They may report low,

delayed, or withheld pay. They may also not receive monetary compensation. They may receive payment in the form of food or housing. They may be threatened or subjected to violence. Healthcare workers should be concerned about the patient's freedom if their employer retains control of their identity documents. Another concerning indicator is situations where the employer limits the worker's contact with their family (Anti-Slavery International, 2025b).

Individuals who have been trafficked specifically for forced criminality through cyber-enabled crimes may report specific indicators. They may have been deceived about the location they will be working in or the nature of their work. They may report being forced to work excessively with no days off. They may receive very little pay compared to the amount of work they do. There is no overtime or compensation for their long work hours. They may report signing a contract in a language they are not fluent in. They may have been deceived about their living conditions and may not be allowed to leave their home freely. They may present to the healthcare setting dehydrated or malnourished. They may not have had access to routine medical care. Healthcare workers should be alerted if the worker is not allowed to maintain possession of their identification documents or mobile devices. They may report physical violence, forced excessive exercise, or psychological abuse if they do not meet expected work quotas. They may present with visible bodily injuries in various stages of healing and show signs of emotional and psychological distress, including depression, anxiety, shame, fear, regret, and suicidal ideation. They may have been threatened not to report their circumstances to healthcare workers, or there will be consequences for themselves or the safety of their family. They may also report a debt bondage situation where they owe their employer a large sum of money that is not realistically able to be repaid. They may have been traded or sold to multiple employers. Victims are often told to distrust authorities and may provide scripted answers. They may have been given drugs as a form of control (USDOD, 2023).

Victims of forced marriage may share common indicators. They may express feelings that they did not have a choice of whom to marry or when they would marry. They may be threatened with abandonment, isolation, or physical and emotional abuse if they attempt to leave their marriage. They may be closely monitored and unable to share their feelings with others. They may also feel they will be shamed by their family or even killed if they try to leave the marriage (USCIS, 2025).

Regardless of the type of human trafficking, children who are experiencing exploitation may exhibit similar indicators. They may have no access to their parents or guardians. They may appear intimidated or not behave in a typical way for their age. They may have no friends, or no friends outside of work. They typically have no access to an education and are allotted time to play. They may live and eat apart from other household members and are only given leftovers to eat. They may travel unaccompanied by adults or in groups with people who are not relatives. They may not be aware of the name of the city they are in. Another indicator includes having child-size clothing in a style worn for manual labor or commercial sex work. They are in possession of large amounts of cash, hotel keys, prepaid cards, or multiple mobile phones. The adult accompanying the child may report that they “found” the child. Healthcare workers should also be cognizant of illegal adoptions. A close association with an overly controlling adult can also be an indicator of child trafficking. Child victims of human trafficking may be difficult to identify because they might not understand what is happening to them or that they are being trafficked. They may believe they are in a relationship with the trafficker. They may blame themselves for the abuse they endure or may have broken the law, making them feel at fault for their circumstances. They may feel shame about the abuse (NSPCC, 2025).

Case Study

Cora is an RN working in the emergency department of her local hospital. Halfway through her shift, a 19-year-old female patient comes in with complaints of severe abdominal pain, accompanied by an older male who states he is her uncle. While Cora obtains a patient history, the patient only gives one-word answers and often looks to the man for assistance. He states the patient lost her identification card and doesn't have insurance because her policy lapsed. He states they are working on replacing the ID and getting new insurance, but haven't been able to yet. The accompanying man often gives the nurse answers to the patient history questions. When Cora asks the man to step out so a physical exam can be done, the man insists he stay because the patient may need him. During the physical assessment, Cora notes several large bruises in various stages of healing on the patient's abdomen. When Cora asks about the bruises, the uncle states that the patient likes to play with her 3-year-old cousin, and sometimes the young cousin plays too roughly. He states that the abdominal pain started when the cousin accidentally elbowed Cora too hard while playing. Cora looks to the patient who states, "My little cousin plays too rough sometimes".

What are the indicators that alert Cora that this may be a case of human trafficking?

The patient is accompanied by an older, slightly distant male relative. This, on its own, is not necessarily a cause for alarm, but given the broader context, it is one element that contributes to Cora's suspicion of human trafficking. The patient hesitates to communicate with Cora, deferring to the older male relative. The patient also does not have an ID card or insurance. Another indicator is signs of physical abuse accompanied by a story that doesn't align with the injuries. It is not likely that a 19-year-old plays roughly with a 3-year-old regularly enough or hard enough to produce the observed injuries.

Section 4 Personal Reflection

Why do nurses have a unique opportunity to interact with victims of human trafficking? What are some physical problems victims can experience that may cause them to seek emergency care? What assessment findings might the nurse observe? What are indicators a nurse may observe or be told by a patient that would indicate they may be a victim of human trafficking? How do the indicators vary between different types of trafficking? What indicators are specific to children?

Section 5: Therapeutic Communication Techniques

The first step to helping victims of human trafficking is to recognize opportunities for intervention. Nurses should be familiar with indicators and red flags that can serve as warning signs that their patient may be a victim of trafficking. Some methods healthcare workers can use to identify victims are screening tools, electronic health record screening, and creating opportunities for victims to self-identify.

One method that may be used to facilitate communication of a victim's status is silent signage. For example, when the patient goes to the bathroom to provide a urine sample, there may be a sign instructing them to put a dot next to their name as a way to self-report that they are being trafficked. Providing educational posters within the emergency department is also recommended. Other suggestions have been to give the phone number for human trafficking hotlines on soap, bandages, and lipsticks that can be handed out to victims (van Rooy et al., 2025).

It is crucial that treatment areas be developed so that there are opportunities for the nurse to interact with the patient behind closed doors and outside of the presence of their suspected trafficker (van Rooy et al., 2025).

Therapeutic communication is a method of establishing a relationship and communicating with a patient using verbal and non-verbal means that is compassionate, supportive, and professional. This allows for open communication and facilitates the patient's involvement in their care. Therapeutic communication can be used in any setting by nurses, but is particularly helpful in establishing trust with a patient who is a victim of human trafficking. A nurse theorist, Hildegard Peplau, describes the therapeutic relationship between nurses and patients as a series of three phases: orientation, working, and termination (Ernstmeyer & Christman, 2022).

In the orientation phase, the client acknowledges they need help, and the nurse obtains information. At this time, trust and rapport begin to develop. Nurses should ensure privacy when speaking to their clients. A common model used for the orientation phase is AIDET. This mnemonic stands for Acknowledge, Introduce, Duration, Explanation, and Thank you.

Acknowledge: Greet the patient using the name documented in their medical record. When greeting the patient, smile, make eye contact, and greet any friends or family in the room. At this time, it is appropriate to ask the patient how they prefer to be addressed and their preferred pronouns.

Introduce: The nurse should introduce themselves with their name and role. For example, they might say, "I'm Nick and I'm the nurse taking care of you today".

Duration: When the nurse initiates an interaction to complete a task, they can help build trust by communicating the estimated duration of the activity. For

example, “My name is Courtney, and I will be completing the admission assessment. It will take about 15 minutes.”

Explanation: For any patient, but especially those experiencing trauma, the nurse needs to communicate, step-by-step, what to expect next and offer the opportunity for the patient to ask any questions. An example may be, “I’m going to put the blood pressure cuff on your arm. I will inflate it, and you will feel it squeeze, but after a few moments it will deflate, and I will take it off.”

Thank you: To end the therapeutic communication episode, the nurse should thank the patient and ask if anything else is needed. To help the patient feel secure and promote safety, place the call light within reach and remind them how to use it.

Most of the time a nurse spends with the patient is in the working phase of therapeutic communication. In this phase of the interaction, the nurse uses active listening and motivational interviewing to determine why the patient is seeking care and what is important to them. Assessment findings are gathered and used to develop the plan of care and plan patient education. During this time, nurses may also implement interventions according to the care plan to promote optimal outcomes. By establishing themselves as health educators, counselors, and care providers, nurses can help build trust with the client and help the patient understand their goals (Ernstmeyer & Christman, 2022).

The final phase is the termination phase. This may occur at the end of a shift or when the patient is discharged from care. The nurse should encourage the client to reflect on their progress. This phase is also when the nurse makes referrals to community resources and for follow-up care (Ernstmeyer & Christman, 2022). The ending exchange between the nurse and the patient should be warm. In suspected cases of human trafficking, the victim is more likely to share

information with and trust healthcare workers if they have had a warm experience (van Rooy et al., 2025).

When a nurse is specifically working with a patient who is a suspected victim of human trafficking, it is necessary to use specific techniques to determine if they need help. Nurses should use therapeutic communication to build rapport with their patients. Victims of human trafficking are not used to someone being kind to them without expecting something in return or listening to them without judgment. Kindness can be an impactful approach to help the patient build trust with the nurse. Another technique is to offer the patient choices. In a situation where their self-determination is denied, this trauma-informed approach can help the patient gain a sense of control, personal choice, and respect (Novotney, 2021).

Case Study

Brandon is an emergency department nurse who has recently begun his shift and has received report from the previous nurse that his patient has indicators that they may be a victim of human trafficking. The physician has recently ordered that an IV be placed for fluid administration.

What method can Brandon use to communicate with his patient?

Brandon should use therapeutic communication techniques to establish rapport and build trust with the patient.

How does Brandon implement the AIDET acronym?

First, Brandon **Acknowledges**. He greets the patient immediately when he enters the patient's room. He then **Identifies** himself, giving his name and role as the nurse caring for the patient this shift. No other people are in the patient's room, but if there were, Brandon would also greet them. Then, Brandon explains the purpose and **Duration** of the next task. Brandon says, "The physician has ordered

an IV placement so that you can receive IV fluids for rehydration. This will take about ten minutes, and I will start the fluids.” He further **Explains** by describing each step of the IV placement process, including disinfecting the insertion site with an alcohol swab, when to expect pain, and explains that the pain will only be brief. Before beginning, he describes how the IV works and that the needle is only used for placement. It does not remain in the patient’s body. Brandon is honest that it is uncomfortable, but it shouldn’t hurt once it is placed. Brandon also explains that he will check the IV site periodically to ensure all is well and the fluids are infusing as they should. Once the IV is placed and fluids are started, Brandon asks the patient if they need anything before thanking them, letting them know he will come back to check on them in about 15 minutes, and leaving the room.

This approach lets the patient understand what to expect and clearly defines Brandon’s role. This helps to build trust and makes the patient more likely to self-disclose if they are experiencing human trafficking.

Section 5 Personal Reflection

What is the first step to helping a patient who may be a victim of human trafficking? What is therapeutic communication? Why is it important? What does the acronym AIDET stand for? Why is kindness and warmth in the nurse’s interaction especially important for patients who may be experiencing human trafficking?

Section 6: Screening

Identifying a potential victim of human trafficking can be challenging for multiple reasons. One reason is that many victims do not initially self-identify as victims. It

is vital that nurses are able to identify common indicators of trafficking. Once a nurse recognizes indicators that their patient may be a victim of human trafficking, it is essential to employ an evidence-based screening tool using therapeutic communication techniques. The nurse must separate the patient from the person accompanying them in order to conduct the screening. If the nurse attempts to screen the patient with the potential trafficker present, they will only give scripted or allowed answers. This could also compromise their safety. This can be complicated when the person suspected of trafficking is a relative of the patient (Novotney, 2021).

As clinical knowledge and public awareness of human trafficking increase, there are many methods and tools to help identify victims of human trafficking. However, few of these screening tools have been validated. Validation means that researchers have established scientific data that supports the claims that the tool, with some reliability, identifies the intended individuals. While more research is needed to identify a gold-standard screening tool, some tools have been validated for this use. The questions used in these screening tools include a variety that address topics such as housing, substance abuse, intimate partner violence, law enforcement interactions, sexual or labor exploitation, immigration status, and physical health (Hainaut et al., 2022).

Validated Screening Tools for Human Trafficking

Commercial Sexual Exploitation of Children (CSEC) Screening Protocol

This screening tool was developed in 2012 by Asian Health Services and Banteay Srei to identify child victims of sexual exploitation. It consists of an interview and is validated for use in females ages 13-23. It is intended for use in the primary care outpatient setting (Hainaut et al., 2022).

Screening Tool for Victims of Human Trafficking

Developed in 2011 by the US Department of Health and Human Services, this tool is designed to identify victims of sex trafficking. It consists of an interview comprised of 13 questions and a silent notification indicator. It has been validated for use in all patient populations and is intended for use in the Emergency Department (Hainaut et al., 2022).

The Short Screen for Child Sex Trafficking

There have been multiple iterations of this particular screening tool developed by Greenbaum et al., and there are some differences between the versions. The 2014 tool is used to identify victims of child sex trafficking or the commercial sexual exploitation of children. It is a questionnaire that consists of six items and is validated for use with adolescents ages 12-18 who are at risk for sex trafficking or commercial sexual exploitation. It can be used in any clinical setting. The 2016 version of this tool can be used for suspected victims of child sex trafficking. This six-question survey is completed by the patient and can be used in any setting where providers care for children. It is validated to screen patients ages 11-17. Finally, the 2017 version of this tool is similar to the 2016 version, but a question is added for transition into sexual history. This tool can be used for children ages 10-18 who are at high risk for this type of human trafficking. The 2017 version is intended for use in the emergency department (Hainaut et al., 2022).

SEXual health identification tool (SEXIT)

This tool was created in 2016 by Hammarström et al to identify adolescents and young adults involved in transactional sex. This questionnaire contains 16 questions, two of which are related to transactional sex. It is validated for individuals ages 15-24 and is intended for use in clinics that serve this population (Hainaut et al., 2022).

Human Trafficking Screening Tool

This tool was developed in 2016 by the Urban Institute to identify victims of sexual and labor exploitation. This questionnaire involves 19 items and is validated for use with high-risk young adults ages 18-21. It is intended for use with runaways and homeless young adults in the child welfare setting (Hainaut et al., 2022).

14-question screening survey

This screening survey was developed in 2015 by Mumma et al to identify victims of adult sex trafficking. It is validated for use with female patients, ages 18-40, and is intended for use in the Emergency Department setting (Hainaut et al., 2022).

Rapid Appraisal for Trafficking (RAFT)

The RAFT tool was developed and validated for use with adolescents who present to the Emergency Department as suspected victims of trafficking. It assesses six items to ascertain risk, including alcohol/drug abuse, running away, involvement with law enforcement, significant injuries consistent with abuse, and sexually transmitted infections or over five sexual partners. This tool is recommended for use by the Emergency Nurses Association and the International Association of Forensic Nurses. The following questions are utilized for screening with this tool:

1. It is not uncommon for people to stay in work situations that are risky or even dangerous, simply because they have no other options. Have you ever worked, or done other things, in a place that made you feel scared or unsafe?
2. In thinking about your past experience, have you ever been tricked or forced into doing any kind of work you did not want to do?

3. Sometimes, employers prevent people from leaving an unfair or unsafe work situation. Have you ever been afraid to leave or quit a work situation due to fears 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 to stay, gifts, or food)?

(Braun, 2022)

Questions among the available screening tools can vary. In addition to observing indicators previously discussed, nurses can utilize screening tool questions to assess risk for human trafficking. Some questions commonly found on screening tools may include:

- Is anyone forcing you to do something you do not want to do?
- Have you ever been forced to work (or have sex) to pay off a debt (your own or that of a family member)?
- Is anyone stopping you from coming or going as you wish?
- Has anyone taken your identification documents from you?
- Have you been told to lie about the work you are doing? Or has anyone lied to you about the work you would be asked to do?
- Is anyone forcing you to stay at your job?
- Were you ever threatened with deportation or jail for yourself or a loved one if you tried to leave?

(Braun, 2022)

Most validated tools that have been developed were made to identify victims of sex trafficking. As we know, human trafficking for forced labor is now recognized

as the primary method of human trafficking in the United States. More research is necessary to identify and develop validated screening tools for this type of trafficking. There are many tools available that have not been validated through research. While these tools can be utilized, their clinical reliability for specific populations may vary (Hainaut et al., 2022).

It is important to remember that asking a patient directly if they are being trafficked may not be safe for them, or they may not identify as a trafficking victim. Creating a safe and welcoming environment for them to disclose information on their own is most helpful. If the patient seems to be in immediate danger, call the police (Nikkel, 2024).

NOTE: Human traffickers are violent people. Nurses should never confront a suspected trafficker directly. Nurses should contact law enforcement and utilize the National Human Trafficking Hotline for guidance.

Case Study

Izabella is a nurse in an urgent care facility. She encounters a patient who has indicators that they may be a victim of human trafficking for forced labor. The patient is 19 years old and is experiencing homelessness.

Based on the available screening tools above, which would be the most appropriate for this patient?

Since forced labor is the most likely type of human trafficking the patient is experiencing, Izabella uses the Human Trafficking Screening Tool, which is validated for patients ages 18-21 and is intended for use with young adults experiencing homelessness or other housing instability. The RAFT tool would also be appropriate for use with this patient.

What precautions should Izabella take before implementing the screening tool?

Izabella should not implement the screening tool in the presence of someone who may be a suspected trafficker. Ideally, the patient should be alone with the healthcare worker so they may feel free to disclose honest answers. Screening the patient in the presence of the individual accompanying her to the clinic may put the patient at increased risk for violence.

If the patient indicates they are being forced to work or exploited somehow, can Izabella share this with the accompanying adult?

No. Human traffickers are dangerous individuals. Disclosing this may result in violence toward the patient or members of the healthcare staff.

Section 6 Personal Reflection

Why is it difficult to identify a potential victim of human trafficking? Why must the nurse separate the patient from the suspected trafficker when utilizing human trafficking screening tools? What does it mean for a screening tool to be validated? Why is this important? Why do you think a screening tool may be validated for one population or setting and not another? Why is it important that screening tools to identify victims of forced labor be developed? Why can't clinicians just use the sex trafficking tools? Why is it unsafe to ask a patient directly if they are being trafficked? Why should a nurse never confront a suspected human trafficker directly?

Section 7: Reporting

Nurses must follow the guidelines for reporting suspected human trafficking as outlined by their employer's policies and procedures. In the United States, mandatory reporting of human trafficking is required for all victims under age 18. Patients over 18 may decline the reporting of their circumstances. For adult

patients, nurses must ensure that authorities will not be contacted without the patient's consent (van Rooy et al., 2025).

The National Human Trafficking Hotline was created in 2007 and is operated by the non-profit group, Polaris. This hotline was established to facilitate easy access to reporting of concerns for human trafficking by community members, such as healthcare workers, as well as a resource for victims. In 2021 alone, there were 50,123 contacts, including calls, texts, and online chats with the hotline to report incidents of human trafficking. This significant number represents the utilization of this tool in the effort to eradicate human trafficking. The toll-free hotline is available 24 hours a day, 7 days a week and is accessible in over 200 different languages. Calls are confidential and are answered by trained advocates (NHTH, 2024).

National Human Trafficking Hotline:

Call 1-888-373-7888

Text HELP or INFO to 233733 (BeFree)

Chat via humantraffickinghotline.org/chat

Anonymous tips can be submitted using an online form at humantraffickinghotline.org

(Hotline, 2024)

If an individual is not ready to seek help, nurses can provide patients with the information so that they can seek help when they are ready (Nikkel, 2024).

NOTE: When mandatory reporting is required, such as in cases of trafficking a minor or in states where reporting adult trafficking is also mandated, calling the human trafficking hotline does not meet the reporting requirement. Law

enforcement must be notified. If you are unsure, specialists at the human trafficking hotline can determine the requirements for your state.

Case Study

Bea is a new nurse in the emergency department. When the man accompanying her 17-year-old patient leaves the room to get food, the patient has disclosed that she is a victim of forced marriage. She stated she did not want to get married and was forced to marry a 47-year-old man whom she did not know. She shares that she was told if she refused to marry this man, her family would abandon her and she would be shamed in the community. If that were to happen, she would be homeless and have no access to money or food.

As a new nurse, Bea has never encountered a patient who discloses something like this. What should her next step be?

Bea confirms that her patient feels safe. The patient confirms that her husband is not physically abusive, but does force her to have sexual intercourse with him. She again states she does not want to be married to him and did not agree to the marriage.

What should Bea do next?

Bea informs the charge nurse of the situation and asks what she should do next. The charge nurse explains that since the patient is a minor, it is mandated that this be reported to law enforcement. The charge nurse also recommends that the patient contact the National Human Trafficking Hotline for help and resources. Per hospital policy, once police are contacted, security measures are taken to separate the victim from her husband. Once separated Bea can give the hotline information to the patient, who makes the call to self-report. The hotline staff member is

trained and able to connect Bea to resources to help her escape the forced marriage. Law enforcement begins their investigation of the situation.

Why shouldn't Bea give her patient the hotline information in front of her husband?

This could create an unsafe situation and place the patient at greater risk for harm.

What should Bea do if the patient is not a minor and does not want law enforcement contacted?

If this encounter occurs in a state that does not mandate reporting of adult incidences of human trafficking without the patient's consent, Bea cannot legally report this. However, Bea can discreetly give the contact information for the National Human Trafficking Hotline to the patient. This may be in the form of a phone number written and disclosed in a lip balm tube or disguised as a number for "a patient survey". This would allow the patient to self-report when they are ready.

Section 7 Personal Reflection

How do you report incidents that are suspicious for human trafficking? What cases are mandated in the United States to be reported? How can you share the human trafficking hotline information with a patient who may not feel safe? In cases where reporting is mandated, why is it necessary to call law enforcement in addition to the human trafficking hotline? What can you do if you are unsure if a case is mandated to be reported?

Section 8: Treatment

The nurse's first priority when they encounter a patient whom they suspect is a victim of human trafficking should be to address the immediate physical and psychosocial healthcare needs of the patient and recognize that there may be safety concerns related to the interaction. Once the patient is medically and psychologically stable and physically safe, healthcare workers can begin to refer them to community resources (van Rooy et al., 2025).

One study suggests that a person-centered, trauma-informed approach is the best method to use when working with patients who are victims of human trafficking. Researchers did not find a standardized care pathway but suggest this could be beneficial in the Emergency Department setting for identifying, assessing, and caring for patients who have been trafficked. This approach involves mutual understanding, self-determination, and empowerment. It is evidence-based and works to avoid re-traumatizing the patient. This approach utilizes compassion and fosters trust, safety, and collaboration between the patient and the healthcare team (van Rooy et al., 2025).

Person-centered care is a specific integrated approach to healthcare that utilizes coordination to better address a patient's specific physical, mental, behavioral, and social needs. Person-centered care is specifically intended to respond to an individual's unique goals, values, and preferences using therapeutic communication. This empowers the patient to be an active participant in the planning of their care. In the patient-centered care model, progress is measured by the patient's report. An essential element of person-centered care is that the relationship between the healthcare worker and patient must be built on trust (Centers for Medicare and Medicaid Services (CMS), 2023).

Trauma-informed care is provided through four basic principles. First, the nurse must understand and acknowledge how trauma affects individuals. They must

then recognize the trauma, which is why it is essential that nurses understand indicators of human trafficking. Next, nurses must respond to the trauma. This step involves providing opportunities for the patient to self-disclose through screening tools and open-ended questions in a safe setting. The final aspect of trauma-informed care is avoiding retraumatization. Retraumatization happens when a person who has experienced trauma is exposed to a situation that causes them to re-experience the traumatic event in a psychological way. An example may be if a victim of sexual abuse is asked to change clothes in front of other people. This can trigger vivid memories of their traumatic experience. If the patient declines help, providing access to resources can help the patient feel supported, even if the patient is not ready to access those resources (van Rooy et al., 2025).

The healthcare professional must also practice self-care when working with patients who may be victims of human trafficking. In order to do this, the nurse must remain calm and promote a calm environment. Establishing clear boundaries, participating in debriefing sessions, and being approachable are all ways the nurse can care for their own well-being when interacting with a patient who is experiencing significant trauma (van Rooy et al., 2025).

A study published in 2021 evaluated the efficacy of trauma-focused cognitive behavioral therapy for victims of human trafficking who had been exploited as minors for commercial sex work. The study protocol included twelve trauma-focused cognitive behavioral therapy sessions and weekly journaling by the survivors to document their experiences with the therapy. They had specific weekly prompts that helped them tell more about their experiences as a survivor and their coping mechanisms. The study found that for two of the three participants, there was a significant reduction in symptoms of post-traumatic stress disorder (Schmidt et al., 2022).

Nurses and other healthcare workers must understand that trafficking is a complex trauma that is further complicated by other traumatic experiences and marginalization. Finding opportunities to give the patient choices and autonomy is crucial. Nurses can utilize other trauma-informed members of the healthcare team, such as social workers, to help advocate and support the patient. A multidisciplinary framework is essential for treating survivors of human trafficking. As a result of their experience, they may require multiple approaches, including medication, physical therapy, nutritional rehabilitation, or intensive trauma therapy. They may need assistance in meeting essential needs, such as housing, transportation, and clothing, before they can progress in psychological and physical treatment (Nikkel, 2024).

Long-term care may be necessary for holistic healing. This may involve having someone, such as a social worker, accompany the patient to appointments that may trigger painful memories for survivors. No single organization is equipped to care for all the needs of a human trafficking survivor. The hospital or an after-care shelter will not be able to address all aspects of needed care. Therefore, a multi-organizational approach will be required. Access to a case manager is vital so that care can be coordinated between multiple agencies (Nikkel, 2024).

Case Study

Natalie is a new graduate nurse in a med-surg unit who is being precepted by Beverly, an experienced nurse. Her patient, Miss Williams, was admitted last night after disclosing to the emergency department nurse that she is a victim of sex trafficking.

How should Natalie approach Miss Williams's care?

Natalie remembers that she should provide person-centered, trauma-informed care, but isn't very sure what that looks like in this setting.

How can Beverly explain this approach to Natalie?

Beverly explains that person-centered care means they must be especially intentional in asking Miss Williams about her goals and involving Miss Williams in the care planning. She explains they will use therapeutic communication to establish trust and open-ended questions to allow Miss Williams to advocate for her own needs. She also explains they will need to focus on not retraumatizing Miss Williams. This may involve not assigning male nurses to Miss Williams without her consent or forcing her to participate in a therapy program she states she is not ready for.

What are ways Natalie can empower her patient?

Natalie gives her patient choices as often as possible. She also asks Miss Williams for permission before contacting local resources for help.

How is the multidisciplinary team utilized in a situation like this?

Nurses will be necessary for care planning and care delivery. Physicians will need to ensure Miss Williams' medical needs are being met so that her condition does not worsen. The social worker will be instrumental in helping identify resources to help Miss Williams secure housing, food, and employment. The pharmacist and social worker will need to work together to make sure that any discharge medications are accessible for Miss Williams. They can all work together with Miss Williams to create a discharge plan that is safe and effective.

Section 8 Personal Reflection

What is the nurse's first priority when encountering a suspected victim of human trafficking? What is the best method for treating patients who have experienced human trafficking? What is person-centered care? What is trauma-informed care? How do these approaches work together to support patients who have

experienced human trafficking? Why should the healthcare worker practice self-care in these situations? What does trauma-focused cognitive behavioral therapy involve? Why do you think multiple healthcare disciplines are necessary to treat patients who have experienced trafficking? Why do you think it is not realistic for one organization to meet all the needs of a human trafficking survivor?

Section 9: Prevention

Human trafficking is preventable. Increasing community awareness through education is the primary way response efforts are working to prevent this crime. Nurses who understand the risks and protective factors of this crime can contribute to the prevention of human trafficking. The prevention effort is multimodal. Communities should encourage health behaviors and relationships, create safe homes and neighborhoods by focusing on economic conditions, housing, and education, identify and address risk factors identified when working with patients, and end business profits from trafficking-related activity (CDC, 2024).

In the United States and in other countries around the world, the “3P” paradigm of preventing crime is used to combat human trafficking. The three p’s are:

- Preventing the crime
- Protecting victims
- Prosecuting traffickers

National human trafficking laws are essential in accomplishing this strategy. However, few countries have adopted this paradigm and continue to need legislation that criminalizes all forms of human trafficking. Many nations also still need methods and resources to prevent trafficking, protect victims, and to

cooperate with other countries to combat this global crime (Office to Monitor and Combat Trafficking in Persons, 2025).

Outside of healthcare, several new developments are working to prevent human trafficking activity. One promising technique involves utilizing machine learning to identify human trafficking risk in commercial sex supply chains. This technology uses data from the deep web collected from commercial sex supply websites worldwide. Through a machine learning framework, active learning, and network analysis, this tool is helping researchers identify how and where the recruitment of sex workers occurs. It is also being used to determine when deceptive patterns are being used for recruitment, which can help to identify possible human trafficking routes and help inform efforts to combat exploitation (Ramchandani et al., 2025).

Accountability in supply chains is an emerging concept that seeks to prevent human trafficking, specifically regarding forced labor. Governments are being encouraged to hold all entities that benefit from human trafficking accountable. In the United States, it is illegal for any business to benefit financially from human trafficking (US Dept of State, 2025). As a result, businesses are forced to take steps to ensure goods and supplies are obtained through sources that do not utilize any type of human trafficking.

Inhibiting the factors that lead to trafficking is essential. When poverty is reduced, there is significantly less incentive for victims to be forced or coerced into trafficking. This can be accomplished through changes in legislation, responding to variables that contribute to the vulnerability of particular groups of people, targeted pursuit and prosecution of traffickers, which increases the risk of this crime to the criminal, and strengthening the community's ability to identify and prevent situations that can lead to trafficking before it occurs. Research has found that prevention strategies that are focused on the symptoms of trafficking, rather

than targeting the frameworks that contribute to trafficking, are far less impactful. Fundamental drivers of trafficking, such as poverty and marginalization, must be addressed to effectively prevent human trafficking (Massey & Rankin, 2020).

In an effort to combat human trafficking for organ removal, there has been discussion on strategies to increase the legal supply of donated organs, which would remove the financial incentive of trafficking humans for organ removal. One idea is to transition from opt-in organ donation, which is currently utilized, to an opt-out system. Expanding paired exchanges that match donors and patients is another method. Education targeting potential donors is being developed and used to address barriers to altruistic donation. Education regarding human trafficking in this area is also necessary to increase awareness and provide guidance for healthcare workers and law enforcement. Increasing the capacity of law enforcement to investigate these types of cases is also needed. Advocates for reducing human trafficking for the purpose of organ removal are also working to improve overall transparency and reporting in all aspects of organ transplantation (US Dept of State, 2024).

In cases of forced criminality, strategic litigation is being utilized to combat this growing area of human trafficking. Strategic litigation is an approach to prioritize investigations and prosecutions that target high-level individuals within organized crime networks who are benefiting from human trafficking for forced criminality. Currently, most efforts are allocated to prosecuting lower-level offenders, but disrupting the broader criminal structure can be more impactful. Partnerships with other regions through specialized task forces and education are also being implemented to match the level of networks used by organized crime networks. These partnerships can help better identify and understand human trafficking, as well as related crimes such as money laundering, cyber-enabled crimes, and corruption (United Nations, 2024b).

In preventing cases of human trafficking of children for armed conflict, strategies that target fundamental drivers are most effective. One strategy is ensuring humanitarian access for children to reduce the risk of recruitment strategies that target children trying to meet their physical needs. Decreasing the vulnerability of children can decrease the power traffickers may have in enticing them with food or money (United Nations, 2024a).

Not all states require nurses to complete education regarding human trafficking. If you work in a state that does not have this requirement, you can make a difference by advocating for training in your workplace. Nurses can also stay informed regarding policy changes and advocate for training requirements in their state (Nikkel, 2024).

One method to reduce human trafficking is through legislation. There have been four federal acts implemented since 2015 to address human trafficking. The Justice for Victims of Trafficking Act of 2015 expanded the vocabulary used associated with the modes of commission of traffickers to include terms like “solicits” and “patronizes” to improve the ability to prove the trafficker’s intent to force, fraud, or coerce. It also eliminated the need for the defendant to have known the victim was a minor if they were able to observe the victim. A significant aspect of this legislation was that it added the production of child sex abuse material to the definition of illicit sexual conduct, which improved the ability to hold these types of traffickers accountable. This act also directed the Attorney General to create and maintain a National Strategy to Combat Human Trafficking. The Trafficking Victims Protection Act of 2017 provided additional funding mandates to support victims. It also increased the transparency of federal anti-trafficking work. The Trafficking Victims Protection Reauthorization Act of 2017 expanded the US government’s ability to assess foreign government compliance in anti-human trafficking efforts and increased collaboration between the government and industries. The Frederick Douglass Trafficking Victims Prevention

and Protection Reauthorization Act of 2018 increased the government's focus on forced labor as a method of human trafficking. This amendment prohibits forced labor in diplomatic households, or households owned and run by foreign diplomats. It also increased reporting obligations regarding the prohibition of goods produced through forced labor. This act focuses on decreasing the demand for forced labor and amended the Child Soldiers Protection Act to include "police or other security forces" as entities that could be perpetrators of human trafficking (US Dept of Justice, 2023). Legislation currently in process includes an iteration of the Frederick Douglass Trafficking Victims Prevention and Protection Reauthorization Act to provide continued funding for anti-trafficking and to support victims and survivors. There is also a federal Trafficking Survivors Relief Act (H.R.7137) and the Protect Our Workers from Exploitation and Retaliation (POWER) Act (H.R.1828) that are currently in the legislative process (Polaris Project, 2024).

Other recommendations for the prevention of human trafficking include working with the Consumer Financial Protection Bureau (CFPB) to hold credit reporting agencies accountable regarding provisions in the Debt Bondage Repair Act of 2021. This Act prohibits adverse information incurred during human trafficking and debt bondage from negatively affecting a person's credit. There is a recommendation to fully fund the Department of Justice's Human Trafficking Prosecutions Unit to continue federal training programs for judges on mandatory restitution. There is also an initiative to ensure the Financial Crimes Enforcement Network (FinCEN) within the US Department of the Treasury issues guidance to financial institutions on its priority of human trafficking (Polaris Project, 2024).

Case Study

Marie is an 18-year-old woman currently living out of her car who presents to urgent care with symptoms of a urinary tract infection. She works as a house cleaner when she can find work, but she explains that it is not enough to pay rent anywhere. She expresses concern that when the weather gets cold, she will not be able to sleep in her car anymore.

Marie is at increased risk for human trafficking. How can trafficking be prevented in her case?

It is important to address the drivers of trafficking in Marie's situation. Marie lacks housing stability, is experiencing food insecurity, and is uncertain how she will continue to meet her needs. By connecting Marie with resources to address these needs, Marie's vulnerability can be decreased, which will reduce her risk of becoming a victim of human trafficking.

Section 9 Personal Reflection

What are some protective factors that communities can implement to prevent human trafficking? What is the "3P" paradigm? Why do you think many countries have not yet passed legislation that criminalizes all forms of human trafficking? How is technology being used to prevent human trafficking? Why is accountability in supply chains necessary? How does inhibiting the factors that lead to human trafficking prevent people from becoming victims? How does strategic litigation reduce trafficking for forced criminality? What are strategies to reduce human trafficking for the purpose of organ removal? How can the trafficking of children for armed conflict be prevented? Why do you think it is important for states to require human trafficking education for healthcare workers? How can this help prevent human trafficking? What can you do if your state does not require human trafficking education?

Comprehensive Case Study

Robert is a 17-year-old who presents to the emergency department with a fracture of his forearm. He does not speak English and relies on the woman who accompanied him to the hospital for translation. The woman states she is Robert's employer's wife and brought Robert to the emergency department because he does not drive. The woman states that Robert works as a field worker on their farm. She shares that Robert has no family, so she brought him. She states Robert broke his arm in a farming accident when he fell from a ladder, but he does not have medical insurance. When asked for ID, the woman gives it to hospital staff, explaining that she keeps it because Robert will likely lose it on the farm. While interviewing for patient history, the woman translates for Robert and relays answers. When asked directly, Robert defers to the woman. The nurse, Gary, suspects there may be something "off" about this situation.

What risk factors are present? What should Gary do?

Robert is a minor and was accompanied to the hospital by a non-family member. He works in agriculture, does not speak English, and is not allowed to carry his identification. Gary suspects that it is likely true that Robert works on a farm, as his injury is, in fact, consistent with the story that is related. His clothing also appears like something someone would wear for that type of work. Robert isn't sure about human trafficking, but thinks it is odd that the employer's wife would be the one communicating personal health information for the patient and that the patient consistently defers to the woman. He starts by calling an interpreter to speak more directly with the patient.

Once the interpreter arrives, Gary attempts to ask Robert direct questions. Robert continues to defer to the woman throughout the rest of the history. During the physical assessment, Gary notes several more minor injuries. Based on the

physical assessment and vital signs, it also appears that Robert is dehydrated. Gary would like to speak candidly with Robert.

How can Gary ensure Robert feels safe sharing information? What communication technique should Gary implement? How can Gary involve the multidisciplinary team?

After communicating his concerns to the physician, the physician states she is also concerned that this could be a case of human trafficking. She states she would like to assess Robert without the woman present. Gary explains to Robert and the woman that Robert needs to accompany Gary to a procedure room for a lab draw and IV placement since he is dehydrated. Once separated from the woman, Gary reintroduces the interpreter. Gary utilizes therapeutic communication and the language interpreter to explain the medical procedure. He also explains that the physician will be coming in to do a physical assessment. Both medical professionals use communication techniques to build trust with Robert. Gary also involves the social worker.

What validated screening tool would be appropriate to use with Robert?

Gary and the physician decide to use the RAFT screening tool. Using this tool, Robert shared that he is forced to work on the farm. He states he was told the pay was good, but the workers have not been paid recently. He was also told he could not leave, and the employer would not let him have his ID. He feels unsafe if he leaves because he won't have any identification, which he needs to get another job. He states he has not been forced to have sex, but does owe the employer money for work clothes he needed and for expenses, but he hasn't been told what the other expenses are. He also hasn't been told exactly how much he owes. He states that the work he is doing is consistent with what he was told, but he has to work long hours, and they do not receive any days off. He says when he insisted that he be allowed to leave, the employer said he would make sure Robert is

deported if he does. Based on the screening tool, it is clear that Robert is a victim of human trafficking.

What indicators of human trafficking are present?

In addition to Robert being a minor accompanied to the emergency department by a non-family member and his physical symptoms, the healthcare team is concerned that Robert is not allowed to leave his work and is not allowed to carry his identification. He works long hours without breaks, and the pay is inconsistent. He also owes his employer a debt that he doesn't really understand.

What should happen next?

Robert is only 17 years old, so the case must be reported to law enforcement. He is placed in contact with the National Human Crisis Hotline, which can communicate with him in his preferred language. The social worker helps connect Robert with a case worker who can help him navigate the next steps and identify resources.

How could this particular instance of trafficking have been prevented?

Trafficking for forced labor is utilized because it is financially beneficial for the trafficker. Steps must be taken to eliminate the appeal for traffickers to use this type of labor. Verifying supply chain labor sources is critical to ensure that not only food products are manufactured without forced labor, but also the industries involved in earlier steps of manufacturing, such as agriculture, are not using forced labor. Eliminating the vulnerabilities for individuals like Robert is also necessary to inhibit traffickers' access to potential victims.

Section 10: Conclusion

Although human trafficking is not a new concept, it is emerging into the public's awareness as a real problem. Nurses who are knowledgeable about human trafficking can help to educate others, as well as identify patients who may be victims. While there are different types of human trafficking, nurses can identify the framework common to all types of trafficking. This framework of acts, means, and purpose can help to determine if a patient is experiencing human trafficking and to educate them on the signs of trafficking. When nurses can identify populations at risk and indicators of human trafficking, they can most effectively implement screening tools that can be used, when appropriate, to help empower patients to seek care. A person-centered trauma-informed approach must be utilized to provide effective care and avoid retraumatizing the patient. Prevention strategies must be targeted at the drivers of human trafficking to reduce the vulnerability of the victims and decrease the incentive of traffickers to engage in this type of crime. Legislation is also an essential aspect of human trafficking prevention. Nurses can utilize their voice in advocating for legislation that protects, provides resources for victims and survivors, holds traffickers accountable for their crimes, and targets the driving factors of human trafficking.

Nurses are consistently identified as the most trusted profession. This, accompanied by the position nurses have as care providers, especially in emergency settings, allows nurses access to individuals who are victims of human trafficking that most people in the community do not have. This gives nurses an advantage and responsibility to help identify and share resources with victims of human trafficking. Nurses and other healthcare workers are essential in the effort to reduce human trafficking around the world.

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