



## Common Indicators/Red Flags

Including chief complaints and health consequences of human trafficking

\* denotes indicator mentioned in article or study concerning trafficking of minors specifically

Note: The presence of one red flag or indicator alone is not necessarily enough to suggest trafficking is a part of the patient's experience. The presence of multiple indicators/red flags may amount to a trafficking situation and should lead to further screening.

### Physical Indicators

- Abdominal pain
- Acute intoxication (pesticides or other chemicals)
- Acute tendonitis
- Back pain
- Bald spots
- Branding/tattoos
- Broken bones
- Bruising
- Burns
- Chronic medical conditions
- Chronic pelvic pain
- Cold stress (and related symptoms)
- Cuts
- Frequent bacterial/yeast infections
- Heat stress (and related symptoms)
- History of fractures/significant wounds\*
- History of traumatic loss of consciousness\*
- HIV
- Injuries
- Injuries (e.g. bruises) in various stages of healing
- Malnutrition
- Muscular sprains
- Pelvic inflammatory disease
- Pelvic pain
- Poor dental hygiene
- Pregnancy
- Signs of medical neglect/delay of seeking care
- STDs/STIs (especially multiple and recurrent STIs)
- UTIs
- Vaginal or anal trauma

### Psychological Indicators

- Anxiety disorders
- Attachment disorders\*
- Confusion
- Deficits in verbal and memory skills\*
- Depression

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### Psychological Indicators (continued)

- Developmental delays\*
- Disorientation
- Dissociation
- Feelings of helplessness
- Feelings of shame/guilt, humiliation
- Flashbacks
- Headaches/migraines
- Insomnia
- Intrusive thoughts/memories
- Irritability
- Low self-esteem
- Nightmares
- Panic Attacks
- Poor concentration
- PTSD
- Suicidal ideation
- Fearful
- Highly anxious and/or submissive
- Inconsistent account of information (dates, names, addresses)
- Inconsistent account of injuries and/or illnesses
- Not in control of personal documents
- Not truthful about age/discrepancy between suspected and reported age
- Poor academic performance\*
- Self-destructive and/or aggressive behavior
- Self-harm
- Sleep disorders
- Substance use
- Truancy\*
- Unaware of the time or whereabouts
- Unusually high level of maturity/self-confidence\*
- Use of contraception other than condoms\*

### Behavioral Indicators

- Access to money and goods inconsistent with age\*
- Accompanied by controlling/dominating individual

Sources: 3, 6, 9, 11, 12, 13, 17, 19, 28, 29, 30, 31, 34, 37, 40, 42, 43, 48

### Additional Resource about Identification of HT Victims in Psychiatry Health Setting

- Nguyen, P., Lamkin, J., Coverdale, J., Scott, S., Li, K., and Gordon, M. (2018). Identifying Human Trafficking Victims on a Psychiatry Inpatient Service: a Case Series. *Psychiatr Q*, 89, 341-348

### Additional Resource about Oral and Dental Health Issues Related to Trafficking, Abuse, & Neglect

- Fisher-Owens, S., Lukefahr, J., and Tate, A. (2017). Oral and Dental Aspects of Child Abuse and Neglect. *PEDIATRICS* 140 (2), 1-8.

## Common Risk Factors/Vulnerabilities

\* denotes indicator mentioned in article or study concerning trafficking of minors specifically

### Individual Level Risk Factors

- Access to internet\*
- Current or prior runaway status
- Current/prior involvement with child protective system\*
- Engagement in survival sex
- Experience of sexual abuse in childhood
- Experiencing disability (physical, developmental/cognitive, learning)
- Foster care placement
- History of pregnancy\*
- Homeless/street-involved
- Identification as LGBTQ
- Identity as African-American, American Indian and Alaska Native or other racial minority
- Juvenile justice involvement
- Limited English proficiency
- Low-income status
- Migrant laborer
- Multiple drug use
- Multiple STIs\*
- Prior involvement with law enforcement\*
- Significant mental health history\*
- Substance abuse
- Temporary work visa holders
- Undocumented status

### Relationship/Interpersonal Level Risk Factors

- Experience of abuse (sexual/physical/emotional)
- Experience of intimate partner violence
- Experience of neglect
- Family members involved in sex work\*
- Foreign national/domestic worker in diplomatic household
- Lack of parental supervision\*
- Parental substance abuse\*
- Past experience of violence by parents/caregivers\*
- Past experience of violence with sexual activity
- 'throwaway status'\*

### Community Level Risk Factors

- Food and housing insecurity
- Minimal police presence/involvement
- Potential for peer recruitment at school
- Presence of transient male adults

### Societal Level Risk Factors

- Discrimination
- Extreme poverty
- Failure to identify DMST victims\*
- Lack of awareness
- Lack of response to crimes against children

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### Societal Level Risk Factors (continued)

- Sexualization of children in media
- Social marginalization
- Stigma
- Tolerance of sexism in entertainment industry

Sources: 4, 5, 6, 11, 12, 15, 17, 20, 24, 25, 26, 29, 30, 31, 36, 37, 51, 52

## Other Helpful Resources

- **HEADSS Tool for Screening High-Risk Youth – Box 3 (p.55)**
- **Tips for Medical Documentation and Communication with Investigators (Box 4) and Triage Decisions for the Sexual Assault Medical Exam (Box 5) (p. 56)**
- **Decision Tool for Medical Management of Youth at Risk for Trafficking - Flowchart (p.58)**  
(Rabbitt, Angela. (2015). The Medical Response to Sex Trafficking of Minors in Wisconsin. *WMJ*, 114 (2), 52-59.)
  
- **Sample Forensic Interview Questions for Potential CST Victims – including rational and cautions for each question – Table 3 (p. 22-23)**  
(Edinburg, L., Pape-Blabolil, J., Harpin, S., and Saewyc, E. (2015). Assessing exploitation experiences of girls and boys seen at a Child Advocacy Center. *Child Abuse Negl*, 46, 47-59.)
  
- **Ecological Framework for Contextualizing and Conceptualizing Commercial Sexual Exploitation of Children – Figure 1 (p. 20)**  
(Ijadi-Maghsoodi, R., Cook, M., Banert, E., Gaboian, S., and Bath, E. (2016). Understanding and Responding to the Needs of Commercially Sexually Exploited Youth: Recommendations for the Mental Health Provider. *Child Adolesc Psychiatr Clin N Am*, 25 (1), 107-122.)
  
- **University of Kansas Human Trafficking Medical Assessment Tool – Figure 1 (p. 186)**  
(Schwarz, C., Unruh, E., Cronin, K., Evans-Simpson, S., Britton, H., and Ramaswamy, M. (2016). Human Trafficking Identification and Service Provision in the Medical and Social Service Sectors. *Health and Human Rights Journal*, 18 (1), 181-191.)
  
- **Health Problems Associated with Human Trafficking (Physical, Reproductive, and Mental Health) – Table 2 (p. 583)**  
(Macias-Konstantopoulos, Wendy. (2016). Human Trafficking: The Role of Medicine in Interrupting the Cycle of Abuse and Violence. *Ann Intern Med*, 165 (8), 382-388.)
  
- **Potential Examination Findings Associated with the Trauma of Human Trafficking – Table 5 (p. 43-44)**  
(Hachey, Lisa & Phillippi, Julia. (2017). Identification and Management of Human Trafficking Victims in the Emergency Department. *Advanced Emergency Nursing Journal*, 39 (1), 31-51.)
  
- **Assessment Guideline Flowchart – Figure 1 (p. 4)**  
(Donahue, S., Schwein, M., and LaVallee, D. (2018). Educating Emergency Department Staff on the Identification and Treatment of Human Trafficking Victims. *Journal of Emergency Nursing*, 1-8.)

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**- Phase-Based Model of Trauma Treatment in Primary Care Practice – Table 1 (p. 660)**

(Judge, A., Murphy, J., Hidalgo, J., and Macias-Konstantopolous, W. (2018). Engaging Survivors of Human Trafficking: Complex Health Care Needs and Scarce Resources. *Annals of Internal Medicine*, 168 (9), 658-663.)

**- Example Decision Flowchart for ED Staff – Figure 1 (p. 170)**

**- Human Trafficking – Forensic Nurse Response (Flowchart) – Figure 3 (p. 172)**

(Vietor, T. & Hountz, R. (2018). RIGHTS: Response Initiative Guiding Human Trafficking Services. *Journal of Forensic Nursing*, 14 (3), 167-173.)

**- Physical Assessment Findings Associated with Human Trafficking - Table 3 (p. 286)**

Wyatt, T. & Sinutko, J. (2018). Hidden in Plain Sight: A Guide to Human Trafficking for Home Healthcare Clinicians. *Home Healthcare Now*, 36 (5), 282-288.)

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