

Human Trafficking Response Guideline

Emergency Department



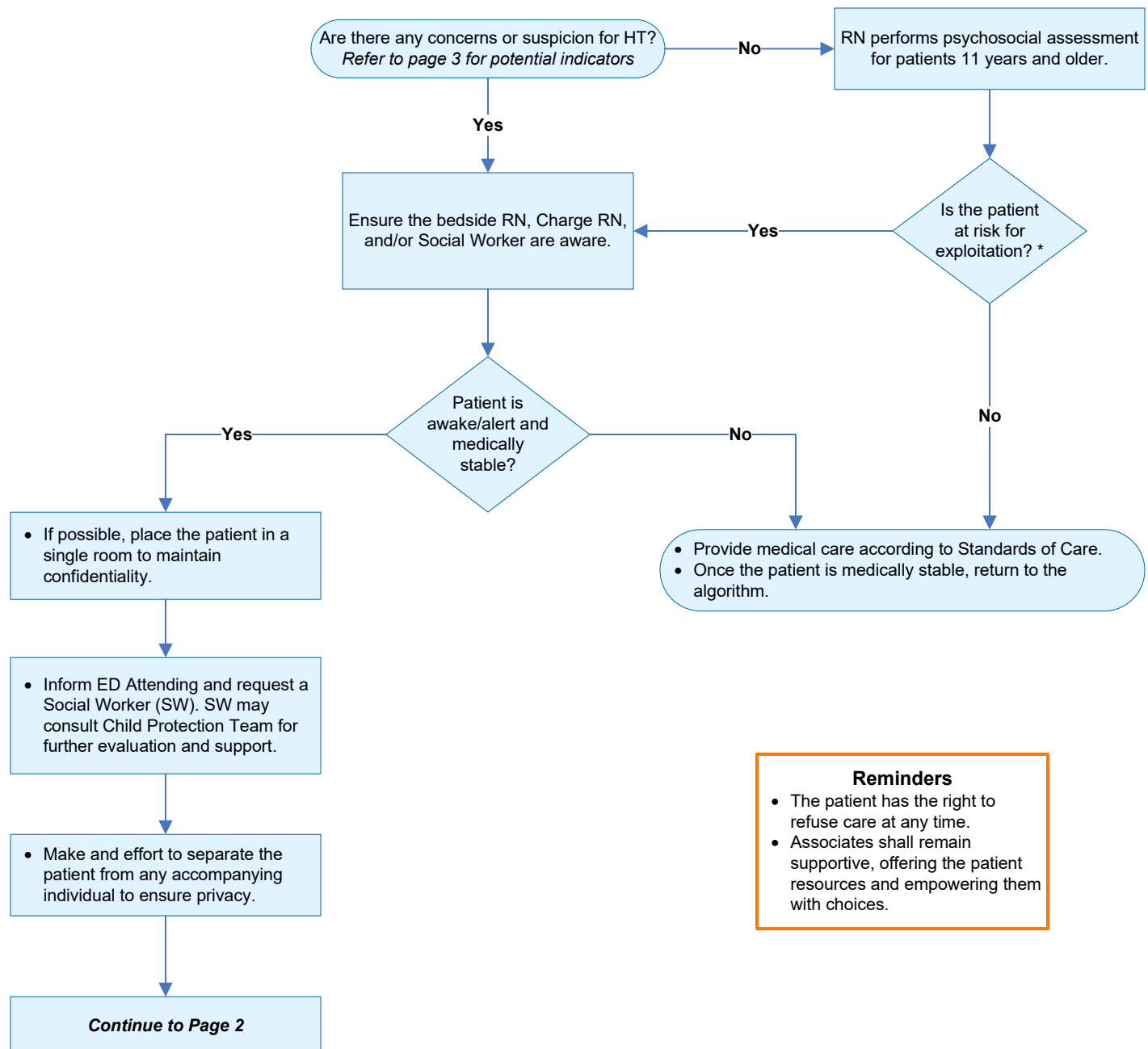
Inclusion Criteria: Patients presenting to the Emergency Department

Definition of Human Trafficking (HT):

- The recruitment, harboring, transportation, provision, or obtaining of an individual for labor or services (including sex) using force, fraud, or coercion. For sex trafficking of minors (under age 18) proof of force, fraud or coercion is not required. Sex trafficking includes the exchange of sex for money, subsistence or luxury items, exchange of sex for monetary or nonmonetary gain of another individual, involvement in production of child sexual abuse materials, and performing in sex- oriented businesses.
- All patients will be assessed; however, law enforcement must be contacted for patients <18 yrs old.

Exploitation Risks

- Alcohol/Drug Misuse
- Concern for pregnancy
- Concern for STI
- Suicidal Ideation or Attempt
- Physical Abuse or Assault
- Sexual Abuse or Assault



Reminders

- The patient has the right to refuse care at any time.
- Associates shall remain supportive, offering the patient resources and empowering them with choices.

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A trained RN will provide the patient with the iPad screening instrument, review and document the results. And ask follow up questions for any positive answers using EMR Form

Positive Screen

Negative Screen

Provide care according to Standards of Care

Response and Reporting

- Notify ED Attending of positive results and request a consultation with the Child Protection Team.
 - Document notifications in the EHR.
- In collaboration with social work, notify Child Protective Services (CPS) (jurisdiction when patient lives) and law enforcement (jurisdiction where event occurred), of all suspected or confirmed cases of human trafficking.

Confidentiality and Safety

- Place patients on a confidential status, if indicated (*refer to Administrative Policy HIM381: Confidential Patient Alias Assignment and Registration*).
- Implement SAFE-T Precautions if indicated.

Clinical Care

- Ensure trauma-informed care is provided consistently throughout the patient's hospitalization.

EHR Documentation

- Document all clinical findings and observations in an objective, factual manner.
- Language such as "suspected human trafficking" may be used when appropriate.
- Use the patient's own words in quotation marks whenever possible.

Reminders

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Discharge Planning

- Ensure multidisciplinary coordination and arrangement for long-term follow-up care if indicated (e.g., medication, follow-up testing).
- Patients to be connected to agencies offering services for victims of human trafficking (*refer to page 3*).

Indicators of Possible Human Trafficking

Physical Health Indicators

- Evidence of physical abuse (e.g., bruises, burns, scars, fractures)
- Branding or multiple tattoos visible or hidden
- Signs of sexual assault or trauma
- Malnutrition, dehydration, or poor hygiene
- Untreated chronic or acute medical conditions
- Repeated sexually transmitted infections (STIs) or multiple pregnancies
- Dental issues
- Occupational injuries inconsistent with patient's stated work (especially in minors)
- Signs of prolonged sun exposure

Behavioral and Psychological Indicators

- Anxiety, depression, PTSD, panic attacks
- Aggressive behavior, acting out, defiant, claiming to be doing what they want
- Panic, distress and worry when separated from person accompanying them (trafficker)
- Flat affect, hypervigilance, submissiveness
- Fear of law enforcement, authority figures, or health care providers
- Avoidance of eye contact or reluctance to speak
- Scripted or inconsistent stories about injuries or background
- Denial of abuse despite clinical evidence
- Substance use
- Attempts to leave against medical advice or elope

Situational Indicators

- Accompanied by an unrelated adult claiming to be a guardian
- Mentions having a significantly older boyfriend / girlfriend
- Multiple cell phones
- Fake or multiple IDs
- No form of identification
- Carrying condoms, lubricant etc.
- Runaway or displaced (e.g., homeless)
- Unable to prove a home address
- Mentions working excessive hours
- Unaware of their location or the current date / time

Other Indicators

- Conflicting accounts of cause of injury
- Not consenting to examination or refusal to be separated from accompanying individual
- Frequent ED visits for vague complaints with no follow-up care
- Discrepancy between reported age and observed physical development

Support Services

- Orange County Child Protective Services: (714) 940-1000 [Other county numbers are found at: [Report Child Abuse](#)]
- Orange Police Department: (714) 744-7444
- Waymakers: (949) 250-0499 (patient must consent prior to contract)
- Project Choice: (714) 619-8413 (24/7)
- Safe Place: (310) 902-2283

Additional Supporting Materials

- The following materials are posted on the Mental Health & High-Risk Behaviors SharePoint
 - Human Trafficking education modules
 - SAFE-T Precautions educational modules and flyers

*** For any concern for Human Trafficking, both CPS and law enforcement must be notified**

References

- Greenbaum, J., Sprang, G., Recknor, F., Harper, N. S., & Titchen, K. (2022). Labor trafficking of children and youth in the United States: A scoping review. *Child abuse & neglect*, 131.
<https://doi.org/10.1016/j.chiabu.2022.105694> (Level V)
- Greenbaum, J., Kaplan, D., Young, J., COUNCIL ON CHILD ABUSE AND NEGLECT, & COUNCIL ON IMMIGRANT CHILD AND FAMILY HEALTH (2023). Exploitation, Labor and Sex Trafficking of Children and Adolescents: Health Care Needs of Patients. *Pediatrics*, 151(1).
<https://doi.org/10.1542/peds.2022-060416> (Level V)
- Mitchell, R., & Stoklosa, H. (2026). Recognizing Child Labor Trafficking as Child Abuse: A Call to Action for Healthcare Providers. *Journal of Human Trafficking*, 1–7.
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