Human Trafficking: A Guide to Identification and Approach for the Emergency Physician

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Human trafficking is a significant human rights problem that is often associated with psychological and physical violence. There is no demographic that is spared from human trafficking. Traffickers maintain control of victims through physical, sexual, and emotional violence and manipulation. Because victims of trafficking seek medical attention for the medical and psychological consequences of assault and neglected health conditions, emergency clinicians are in a unique position to recognize victims and intervene. Evaluation of possible trafficking victims is challenging because patients who have been exploited rarely self-identify. This article outlines the clinical approach to the identification and treatment of a potential victim of human trafficking in the emergency department. Emergency practitioners should maintain a high index of suspicion when evaluating patients who appear to be at risk for abuse and violence, and assess for specific indicators of trafficking. Potential victims should be evaluated with a multidisciplinary and patient-centered technique. Furthermore, emergency practitioners should be aware of national and local resources to guide the approach to helping identified victims. Having established protocols for victim identification, care, and referrals can greatly facilitate health care providers' assisting this population. [Ann Emerg Med. 2016;■:1-8.]

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INTRODUCTION

Background

Human trafficking is a significant human rights and global health problem. Its true extent is unknown but globally has been estimated to include 20.9 million victims of forced labor, including 4.5 million victims of forced sexual exploitation, with cases reported in at least 124 countries.[1,2] Human trafficking is a $150-billion-a-year criminal industry, with half of the victims coming from industrialized nations.[2] In recognition of the increasing significance of this problem, the United States passed the Trafficking Victims Protection Act of 2000.[3]

According to the US Department of State, the Trafficking Victims Protection Act defines human trafficking as the recruitment, harboring, transportation, provision, or obtaining of a person for one of 3 purposes:

1. Labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery
2. Commercial sex act through the use of force, fraud, or coercion
3. Any commercial sex act if the person is younger than 18 years, regardless of whether any form of coercion is involved

A victim need not be physically transported from one location to another for the crime to fall within these definitions.

There is no age, sex, race, sexual orientation, or socioeconomic level that is spared from human trafficking. According to the United Nations, identified victims included 152 different citizenships across 124 countries worldwide between 2010 and 2012.[1] In 2011, 49% of internationally detected victims of trafficking were women, 21% were girls, 18% were men, and 12% were boys. Men make up the majority (72%) of convicted traffickers.[1]

The United States is not immune to the problem of human trafficking. In 2006, the US Department of State estimated that 14,500 to 17,500 foreign nationals were trafficked through this country per year.[3] This estimate does not include US citizens who are trafficked domestically and thus underrepresents the overall magnitude of the problem. Between January 2008 and July 2010, the US Department of Justice found that 83% of confirmed sex trafficking victims were US citizens.[4] Between 2008 and 2012, National Human Trafficking Resource Center (NHTRC) hotline call analysis revealed that 41% of sex trafficking cases and 20% of labor trafficking cases referenced US citizens as victims.[5] In the United States, an estimated 100,000 to 300,000 children

per year are at risk for exploitation in the commercial sex trade.[6,7] The National Center for Missing & Exploited Children estimates that the average child's age of entry into this exploitative industry is 12 to 14 years.

The available data are limited, given the complexity and clandestine nature of human trafficking, and the numbers very likely underestimate the scope of this problem.

Victims of human trafficking may be lured from their homes with promises of work or a better life. In some cases, parents with minimal resources may send a child to live with a more financially capable family with the hope that the child will have more opportunities for education and financial stability; however, the child is instead exploited as forced labor. In another scenario, a father living in a developing country may be promised a job in a developed country, and then on entering have his passport confiscated and be forced to work as an underpaid laborer. These circumstances can occur locally or across international borders. As an example of domestic trafficking, an adolescent girl may be manipulated by an older man who initially portrays himself as a caring boyfriend and then ultimately exploits her in the sexual trade.[8]

Traffickers maintain control of victims through physical, sexual, and emotional violence and manipulation. Victims may be subjected to beatings; burns, tattooing, or branding for identification; forced drug use; shame; and humiliation. Traffickers may confiscate all forms of identification, including passports, to prevent victims from fleeing. Some victims are in romantic relationships with their traffickers and may identify them as an intimate partner. With migration across state or country lines, victims may be disoriented or may not speak the local language, making it difficult for them to ask for help.

The most widely recognized form of human trafficking is sexual exploitation, but trafficking exploitation occurs in many different forms in the United States, including "commercial sex, hospitality [hotel work], sales crews, agriculture, manufacturing, janitorial services, construction, shipyards, restaurants, health and elder care [eg, home health aides], salon services, fairs and carnivals, peddling and begging, and domestic service."[8]

Victims of human trafficking are at risk for significant health consequences (Tables 1 and 2), including physical injuries, untreated chronic health conditions, substance abuse, and sexually transmitted infections. Victims may also experience psychosocial distress from repetitive emotional and physical abuse, social marginalization, legal insecurity, and economic exploitation. Victims of human trafficking are among the most marginalized and abused in our society.

Table 1. Physical, sexual, and psychological abuse and substance misuse, and potential health consequences associated with human trafficking.*

Forms of Abuse and Risk	Potential Health Consequences†
Physical abuse	
Physical deprivation (ie, sleep, food, light, and basic necessities)	Fatigue, exhaustion
Physical restraint or confinement	Poor nutrition, malnutrition, starvation
Withholding medical or other essential care	Disability, physical and emotional
Physical assault	Injuries, acute and chronic
Murder	Death
Sexual abuse	
Rape	Sexually transmitted infections
Forced prostitution	Urinary tract infections
Forced unprotected sex	Changes in menstrual cycle
Forced TOP, unsafe TOP	Acute or chronic pain during sex
Sexual humiliation	Vaginal injuries
Coerced misuse of oral contraceptives or other contraceptive methods	Unwanted pregnancy
	Complications from unsafe TOP
	Irritable bowel syndrome, stress syndromes
Psychological abuse	
Intimidation	Depression, anxiety, and aggression
Lies, deception, blackmail	Suicidal thoughts, self-harm, suicide
Emotional manipulation	Memory loss, dissociation
Unsafe, unpredictable, uncontrollable events and environment	Somatic complaints
Isolation and forced dependency	Immunosuppression
	Loss of trust in others or self, problems with or changes in identity and self-esteem, guilt, shame, difficulty with intimate relationships
Substance misuse	
Forced and coerced use of drugs and alcohol	Substance addiction and dependence
	Drug or alcohol overdose
	Direct health effects and complications of alcohol and drug use

TOP, Termination of pregnancy.

*Adapted from: Zimmerman C. *Trafficking in Women. The Health of Women in Post-Trafficking Services in Europe Who Were Trafficked Into Prostitution or Sexually Abused as Domestic Labourers*. Open-access material. PhD thesis. University of London; 2007.

†Many of the forms of abuse overlap, as do their consequences. In particular, negative mental health consequences frequently result from each of the different forms of abuse. To avoid repetition, these will be highlighted primarily under "psychological abuse."

Emergency providers are in a unique position to identify victims of human trafficking, who frequently seek medical care, with 28% to 88% reporting a visit to a medical provider during their period of exploitation.[9-12] In particular, among a US sex trafficking survivor cohort, 63.3% stated they had interfaced with emergency departments (EDs) during their time of exploitation.[9] However, victims may not self-identify or report their abuse when seeking care, and

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Table 2. Additional forms of abuse and risk and potential health consequences associated with human trafficking.*

Forms of Abuse and Risk	Potential Health Consequences†
Social restrictions and marginalization	
Restrictions on movement, time, and activities	Depression and anxiety
Frequent relocation	Deterioration of health and existing health problems associated with lack of treatment or delayed treatment
Denial of or control over access to health and other services	Alienation from available health services
Cultural and social exclusion	Increased physical and psychological dependence on abusers or exploitative employers
Limited access to public services, legal assistance, and health care	Adopting unhealthy coping strategies
Public discrimination and stigmatization	
Reduced income, weak negotiating power	
Economic exploitation	
Indentured servitude	Inability to afford basic necessities and health care
Usurious charges for travel documents, housing, food, clothing, condoms, health care, other basic necessities	Potentially dangerous self-medication or forgoing of medication
Control over and confiscation of earnings	Heightened vulnerability to sexually transmitted infections, other infections, and work-related injuries
Turning victims over to authorities to prevent them from collecting wages	Physical or economic retribution for not earning enough, withholding earnings, or escape attempts
Forced or coerced acceptance of long hours, large numbers of clients, and sexual risks to meet financial demands	
Legal insecurity	
Confiscation of travel documents, passports, tickets, and other vital documents	Exposure to dangerous conditions, dependency on traffickers and employers
Threats to expose to authorities	Poor access to medical services for acute, chronic, and preventive care
Concealment of legal status	Fear of authorities
Poor working and living conditions	
Abusive work hours and practices	Injuries
Dangerous work and living conditions	Vulnerability to infection, parasites, and communicable diseases
Abusive interpersonal relationships, lack of personal safety	Exhaustion, dehydration, poor nutrition, and starvation
Nonconsensual marketing or sale, exploitation	

*Adapted from: Zimmerman C. *Trafficking in Women. The Health of Women in Post-Trafficking Services in Europe Who Were Trafficked Into Prostitution or Sexually Abused as Domestic Labourers*. Open-access material. PhD thesis. University of London; 2007.
†Many of the forms of abuse overlap, as do their consequences.

providers are often ill equipped to recognize signs of human trafficking (Figure 1). Most health care providers are unaware of the scope and complexities of human trafficking, making identification very difficult. Surveys of health care providers demonstrate significant misconceptions about the characteristics of trafficked persons and providers' knowledge of their role in responding to cases of trafficking.[13] One study found that a mere 4.8% of emergency medicine clinicians reported being confident in their ability to recognize a victim of human trafficking.[14] Furthermore, clinically validated screening tools for any health care setting are lacking.[15-17]

Several guidance documents have been produced that are aimed at helping clinicians identify both signs of human trafficking and potential health complications associated with it (Appendix E1, available online at www.annemergmed.com).[18,19] Understanding what to look for is a key first step because emergency health care providers can play a critical role in identifying and referring patients who may have been trafficked.

Although anyone can become a victim of trafficking, and some victims will not display any obvious indicators of abuse, certain populations are at greater risk. In the United States, populations identified as vulnerable to trafficking include "children in the child welfare and juvenile justice systems; runaway and homeless youth; children working in agriculture; American Indians and Alaska Natives; migrant

The person accompanying your patient is reluctant or unwilling to leave the patient with the care team. Traffickers may present themselves as a partner, family member, friend, or advocate. Traffickers may also actually be a partner or family member.

The patient has a vague or inconsistent history of present illness or injury, or the history is inconsistent with the complaint or injury.

A trafficked patient may have an unexpected demeanor; he or she may be irritable or anxious, have a flat affect, or offer poor eye contact.

A trafficked patient may become apprehensive or hostile when law enforcement is referenced.

A trafficked patient may not know his or her home address or how to get home from the ED.

A trafficked patient may not be in possession of his or her identification card(s) or may have unexpectedly few personal items.

Figure 1. Red flags and signs that indicate a patient in the ED may be a victim of human trafficking.

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laborers; foreign national domestic workers in diplomatic households; employees of businesses in ethnic communities; populations with limited English proficiency; persons with disabilities; rural populations; and lesbian, gay, bisexual, and transgender individuals."[8] Psychosocial risk factors for trafficking victims include previous physical, sexual, and emotional abuse; poverty; limited education; and substance misuse.

Youths at risk of human trafficking may have a history of pregnancy, multiple sexually transmitted infections, significant mental health history, or substance misuse.[20] Runaway and homeless youths are at high risk of sexual exploitation, with 10% to 50% of them engaging in sexual acts in exchange for food, shelter, drugs, or money.[21]

Aside from addressing acute illness and injury, the primary goal of an encounter with a possibly trafficked patient is to establish the ED as a haven from trauma or exploitation and to offer available resources if possible. The goal for the encounter is not necessarily disclosure or rescue.

Some key principles ED clinicians know from caring for survivors of intimate partner violence can be applied to caring for trafficked patients as well: ED practitioners should approach the history with a potentially trafficked person with patience and respect. It is key to foster trust and build rapport by sitting at eye level with the patient. If someone accompanies the patient, the patient should be separated from that individual. This can be achieved naturally during times when the patient is being examined or receiving tests, or by having the person accompanying the patient fill out paperwork in another area.[19] If the patient speaks a foreign language, practitioners should use official interpretive services. Clinicians should ask specific, nonjudgmental questions about their safety. Figure 2 offers specific questions and tips to help guide these sensitive conversations. Having a patient-centered approach during the ED encounter can assist in building a trusting relationship with the patient.[19]

It is important to consider the safety of the patient, health care team, and other ED patients because some situations can become volatile. Having standardized protocols in regard to caring for human trafficking victims in the ED can help with ensuring safety and a comprehensive plan for intervention. Figure 3 offers examples of key components of protocols from select institutions.

Trafficking victims include children, adults of both sexes and all sexual orientations, and individuals from all socioeconomic levels and racial or ethnic backgrounds. Identifying an ED patient as being trafficked from history alone can be difficult.[22] A victim may have been coached on responses to common questions, as well as a "socially acceptable story," to avoid triggering suspicion. Children are often afraid to disclose that they are living away from their legal guardians. They may fear law enforcement or being returned to an abusive home environment. However, a purposeful evaluation can be key in noting the red flags that may be observed among victims of trafficking (Figure 1).

Trafficked patients may present to the ED with any number of chief complaints.[12,23] Evidence from a large

Interviewing Tips

Always separate the potential victim from accompanying persons.

Foster trust and build rapport with the patient.

Sit at eye level when asking questions.

Maintain eye contact.

Meet immediate physical needs (eg, food, water).

Use a trained interpreter when needed.

Ask specific questions about safety.

Do Not Be Afraid to Ask

Where do you live?

Who takes care of you?

Do you feel trapped in your situation?

Is anyone forcing you to do things you do not want to do?

Has anyone threatened your family?

Tell me about your tattoo.

Has anyone at home or work ever physically harmed you?

Have you ever been denied food, water, sleep, or medical care?

Terms to Avoid

Coercion

Sex worker

Trafficking victim

Call girl

Escort

Pimp

Figure 2. Tips for interviewing potential victims of human trafficking in the ED.

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List of clinical indicators that should arouse suspicion for trafficking

Clinical priorities for caring for a victim of trafficking

Institutional contacts (social work, forensic examiners, security) to help care for a victim of trafficking

Institutional security plan for identified victims of trafficking

Local mandatory reporting laws

NHTRC hotline: 1-888-373-7888

Local human trafficking resources for referral

Local forensic examiner information and guidelines for referral

Local and national law enforcement contact information and guidelines for referral

Figure 3. Key components of ED and institutional protocols for caring for trafficking survivors.

labor trafficking study showed that common problems faced by victims were injuries related to the type of labor they are engaged in, as well as posttraumatic stress disorder, anxiety, depression, and suicide attempts.[24] Physical complaints reported included headaches, dizziness, dental problems, loss of consciousness, nausea, back pain, and fatigue.[24] Patients may also present with weight loss, eating disorders, sleep disturbance, and insomnia.[18] Victims of sex trafficking may present with sexually transmitted infections, injuries related to assault, malnutrition, complications of pregnancy or abortions, depression or suicide attempts, drug ingestion and substance misuse, or consequences of untreated chronic medical problems such as diabetes and asthma.[18,25] Because the chief complaint itself is unlikely to alert ED clinicians to the possibility of trafficking, other contextual clues must be sought.

A clinically relevant but thorough physical examination cannot be overemphasized; the findings suggesting trauma and assault are often key indicators of an exploitative situation even when the story seems benign. ED providers often miss cases of trafficking and exploitation because of a less than complete physical examination. The examination should be guided by the patient's stated needs and only with his or her permission at each stage. Trafficking victims have every aspect of their lives controlled by traffickers, so they must be empowered in their exchange with health care providers.[26]

ED clinicians should be alert for the general signs of malnutrition, dehydration, and physical exhaustion.[27] With patient permission, a complete skin examination should be performed, exposing areas in segments to allow the patient to maintain modesty. ED providers may appreciate burns, bite marks, ligature wounds, bruises, traumatic alopecia, scars, and unhealed wounds during the examination. The presence of a tattoo, especially of a male name or a nickname, in unusual locations such as the inner thigh, underarm, breast, or back of neck, may suggest branding. A genitourinary examination may reveal sexually transmitted infections, injuries, rash, foreign bodies, or complications from trauma and unsafe abortions. ED evaluation of victims includes addressing acute medical issues, evaluation of possible untreated chronic medical problems, documentation of acute and remote injuries, treating and testing for sexually transmitted infections, and consideration of a sexual assault medical forensic examination and evidence collection.

As with intimate partner violence, not all trafficked persons are ready to leave their exploitative situation or even acknowledge that they are being exploited. This happens for a variety of reasons, including concern for the safety of family or self. When adults are not yet ready to leave their trafficked situation, their decision must be respected. This facilitates a sense of trust and safety with the provider team, and ED providers should deliver resources in a safe way and encourage patients to return when ready or for further medical care.

Involving social workers, case managers, and advocates early in suspected cases of human trafficking is highly recommended.[19,28] Several studies have highlighted their unique position to build a trusting relationship with victims because they often become the point of contact in directing care and services needed during disclosure and recovery.[29,30] Their training in handling diverse and culturally sensitive situations is essential in assisting survivors in navigating their path of recovery.[29]

Medical documentation is an important consideration during cases of suspected human trafficking. In some circumstances, it may be used in future legal proceedings. Thoughtful documentation by an ED provider can allow a patient to receive specific support services for the consequences of sexual assault and human trafficking.[31]

In the history section, it is important to state only the medically relevant facts and supporting details. Keeping the history simple can prevent insignificant points from becoming a disputed fact in a legal case. A more detailed outline of events should be obtained only by providers trained in medicolegal documentation or by legal

authorities. When appropriate, patients' own words should be placed in quotation marks.

The physical examination is the place to be particularly thorough. Careful documentation of all signs of abuse, old scars, surgical incisions, birthmarks, skin lesions, tattoos, and piercings should be made. Leaving out obvious physical examination findings can call the provider's chart into question and potentially the patient's integrity. Photographs and drawings are often helpful.[19] Details of a mental health examination should also be documented, if addressed or recognized during the examination, because many survivors experience disorders of mental health and ultimately will need treatment.[8,31]

Before taking photographs, providers should always obtain consent. Consent strengthens the patient-provider relationship and allows survivors control over their care.[19,31,32] Some general guidelines should be followed in regard to photographing physical examination findings: the first image should contain the patient's face and area involved, and additional close-up pictures can be taken as necessary.[19] The photograph should include a piece of paper with the date and a ruler or common object next to the lesion to establish its size.[19] Documentation should include who took the photographs.[19]

Last, the assessment and plan should use language that describes physical examination findings as, for example, "not/possibly/likely consistent with the history." Physical examination findings not related to the abuse sustained by human trafficking should be explained to maintain credibility of the history and examination. Providers should use caution when assessing the age of ecchymosis because the healing process can vary between individuals.[19,32] When providers suspect human trafficking, and even if a patient denies being trafficked, documentation should include a diagnostic statement similar to "suspected human trafficking."[19]

After determining a patient is experiencing human trafficking, clinicians must assess and respect the patient's goals for the ED encounter. The first obligation is always to ensure appropriate emergency medical care for the chief complaint and life- or limb-threatening presentations. Adult patients requiring hospitalization for medical stabilization and treatment should be encouraged to stay.

Empiric sexually transmitted infection treatment and emergency contraception may be indicated if sexual assault is reported, and such treatment is recommended in cases of sexual exploitation.[33] When a case of suspected human trafficking has been identified, a sexual assault medical forensic examination can be useful if it is clinically appropriate and the patient consents. Studies have shown that such examinations, collection of evidence, and documentation lead to better outcomes for the patient in regard to their well-being and legal support.[19,34,35] EDs without these services should consider transferring patients who may be victims of human trafficking to an appropriate crisis center.

The ED care team must ensure the safety of the trafficked person, the ED staff, and other patients, particularly if the trafficker has accompanied the patient. Unless there is an immediate safety concern, clinicians should provide necessary medical interventions for patients before respectfully but honestly addressing the possibility of or need for law enforcement involvement. Law enforcement should be involved in state-specific mandated reporting scenarios, by patient request, or when clinicians appreciate imminent danger to staff or the patient(s). In suspected cases of human trafficking in which the patient requires hospitalization, hospital security should be notified.

When human trafficking is suspected or confirmed, a provider on the ED care team should call the NHTRC hotline at 1-888-373-7888 to further facilitate the next appropriate nonmedical steps. Staff members of the NHTRC hotline are trained to speak with health care providers in a manner compliant with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. They can help providers or survivors receive available local resources, which may include shelter, legal services, and law enforcement assistance (Appendix E1, available online at www.annemergmed.com).

Potential law enforcement engagement with suspected human trafficking cases should be approached thoughtfully. Many trafficked persons have a poor relationship with law enforcement officials because of previous arrests, fear of arrest or deportation, or abuses imposed by authority figures in general.[18] A trafficked patient's development of rapport and trust with an ED team is fragile, and incautious early involvement of law enforcement can hinder the health care relationship and prevent the victim from seeking further care. It is vital to allow adult patients to make decisions about disclosures to service organizations and legal authorities. In cases of vulnerable populations (eg, minors, the disabled, the elderly) or when assault or weapons are involved, state-specific mandatory reporting laws should be followed.

In cases of child exploitation, a multidisciplinary approach is essential to ensure proper identification and response to this extremely vulnerable population.[36-38] With cases of minors, it is important for providers to explain mandatory reporting and strive to involve patients in discussion of care, using age-appropriate language before reporting.

Providing survivors with unlabeled telephone numbers of the NHTRC hotline and local resources can be useful in empowering a trafficked patient, especially for those opting

to leave on a particular encounter without receiving resource information and assistance. These numbers can be written on discharge papers or given on business cards. Small pieces of paper can be hidden in purses or a shoe.[9] In addition to the NHTRC hotline, Polaris offers a service for survivors in which they can text a message to BeFree (233733) to obtain advice and information on resources in their area. Survivors have used BeFree at twice the rate as calling the hotline number.[39] The NHTRC hotline is available 24 hours a day, 365 days a year. The BeFree text line is available 3 PM to 11 PM Eastern Standard Time every day (Figure 4).

Although it can be useful to provide this information, providers must remember that each situation is unique. When alone with patients who are not ready to leave their situation, ask them how the information should be provided. Sometimes such information can be a threat to a patient's safety, so he or she may ask that the number be provided as a "follow-up number" in the presence of the person who has accompanied them.[18]

Information about human trafficking can also be displayed in the ED. Restrooms are often a good location where information can be posted because human trafficking victims can review the information alone. Some local organizations have small items, such as lip balm, pens, matchboxes, and soap, that contain resource numbers.

Survivors of human trafficking have an array of experiences and needs, and require extensive services for the intense process of recovery. A multidisciplinary approach can help establish needed support: a safe place to live, access to health care, substance misuse treatment, and legal assistance. Survivors are also often in need of learning life- and work-related skills that will allow them to integrate back into society. Without appropriate support, survivors are at high risk of being retrafficked.[36]

Human trafficking is a significant global and domestic problem that is often associated with psychological and physical violence. Because of the high likelihood that victims of human trafficking will seek emergency medical attention, and given the severity of medical and psychological consequences of ongoing assault, ED providers are in a unique position to recognize potential victims and intervene.

Evaluation of possible trafficking victims is challenging because patients who have been exploited rarely self-identify and may have no obvious risk factors or indicators of abuse. Emergency clinicians should maintain a high index of suspicion when evaluating patients who appear to be at risk for abuse and violence, and assess for indicators of trafficking. Potential victims of trafficking should be evaluated with a multidisciplinary and patient-centered approach. Emergency physicians should be aware of local and national resources to guide the approach to helping identified victims. Having established protocols for human trafficking victim identification, care, and referrals can greatly assist health care providers caring for victims of human trafficking.

NHTRC

1-888-373-7888 (24 hours/day)

Text: BeFree (233733) (3 PM–11 PM Eastern Standard Time)

Figure 4. Contact information for the National Human Trafficking Resource Center (NHTRC) hotline and BeFree texting line to help victims of human trafficking.

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APPENDIX E1

Additional guidelines and resources for ED clinicians caring for survivors of trafficking

NHTRC

https://traffickingresourcecenter.org/

Polaris

https://polarisproject.org

Protocol example from NHTRC

https://traffickingresourcecenter.org/resources/human-trafficking-assessment-medical-professionals

Health, Education, Advocacy, Linkage (HEAL) compendium of resources for health care providers

http://healtrafficking.org/education/educational-programs/

http://healtrafficking.org/medical-literature/

International Organization for Migration's handbook for health care providers (Trafficked Persons Guidance for Healthcare Providers)

http://publications.iom.int/system/files/pdf/ct_handbook.pdf

Brief Webinar training for health professionals on trafficking

http://traffickingresourcecenter.org/resources/recognizing-and-responding-human-trafficking-healthcare-context

Quick reference materials (brochures, posters, pocket cards)

Department of Health and Human Services: Rescue and Restore Campaign materials for health professionals

http://www.acf.hhs.gov/programs/endtrafficking/resource/rescue-restore-campaign-tool-kits

National Health Collaborative on Violence and Abuse 2014 Webinar

Human trafficking: the role of the health care provider

http://nhcva.org/2014/04/15/webinar-human-trafficking/