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Michigan: Human Trafficking (383)

Author: Lauren Robertson, BA, MPT

Contact hours: 2

Price: $24

Course Summary

Human trafficking (human slavery) is seen in the United States and across the world. Healthcare professionals may be the only ones available to victims that can help them escape their captors and move from victimhood to survivor. This course presents risk factors for becoming a victim as well as ways to identify a victim in a clinical setting. All health agencies must train their employees on how to proceed when trafficking is suspected. Screening and assessment tools are included.

Course Objectives

When you finish this course, you will be able to:

1. Understand the frequency of human trafficking in the world today.
2. Identify the 6 components of patient-centered, trauma-informed care.
3. Relate the 3 main steps for responding to a disclosure of human trafficking.

1. Trafficking Basics

Human trafficking is present in every country despite worldwide efforts to stop it. More than 180 nations adhere to the *UN TIP Protocol to Prevent, Suppress, and Punish Trafficking in Persons,** which defines trafficking in persons (TIP) and contains obligations to prevent and combat these crimes.

Human traffickers recruit, harbor, transport, provide, or obtain a person through force, fraud, or coercion—for the purpose of exploitation, compelled labor, services, or commercial sex. It is a crime that affects all ages, races, genders, and cultures. Human trafficking is about profit.

The *Trafficking Victims Protection Act of 2000* and the *UN TIP Protocol* focus on the trafficker's (USDOS, 2025, January 20):

1. Acts
2. Means
3. Purpose

An act is when a trafficker recruits, harbors, transports, provides, or obtains another person for labor, service, or commercial sex. An act is sex trafficking when the trafficker patronizes or solicits another person for commercial sex.

Means is when a trafficker uses of force, fraud, or coercion to compel the other person to engage in labor, services, or commercial sex. Purpose is when the perpetrator's goal is to exploit a person for labor, services, or a commercial sex act.

Key Principles and Concepts (USDOS, 2025, January 20)

- *Consent*: Human trafficking can occur even if the victim initially consented to providing labor, services, or commercial sex acts.
- *Movement*: Neither U.S. law nor international law requires that a trafficker or victim move across a border for a human trafficking offense to take place.
- *Debt bondage*: Crimes in which the trafficker's primary means of coercion is debt manipulation. U.S. law prohibits perpetrators from using debts as part of their scheme, plan, or pattern to compel a person to work or engage in commercial sex.
- *The non-punishment principle*: A victim-centered and trauma-informed approach is key to successful anti-trafficking efforts.
- *State-sponsored human trafficking*: Some governments directly compel their citizens into sexual slavery or forced labor schemes.
- *Unlawful recruitment or use of child soldiers*: Occurs when government forces or any non-state armed group unlawfully recruit or use children—through force, fraud, or coercion—as soldiers or for labor or services in conflict situations, including as sex slaves.
- *Accountability in the private economy*: Forced labor is a well-documented practice in the private economy, particularly in agriculture, fishing, manufacturing, construction, and domestic work, but no sector is immune.

WHAT IS HUMAN TRAFFICKING?

HUMAN TRAFFICKING IS...

- Exploiting a person through force, fraud, or coercion
- Anyone under the age of 18 involved in a commercial sex act
- Sex trafficking, forced labor, and domestic servitude
- A highly profitable crime

Exploitation-based and does not require movement across borders or any type of transportation

THERE ARE DIFFERENT TYPES OF HUMAN TRAFFICKING

SEX TRAFFICKING

Victims are manipulated or forced against their will to engage in sex acts for money.

HUMAN TRAFFICKING IS HAPPENING IN THE UNITED STATES

FORCED LABOR & DOMESTIC SERVITUDE

Victims are made to work for little or no pay and are hidden in plain sight. Very often, they are forced to manufacture or grow products that we use and consume every day or forced to work in homes across the United States as nannies, maids, or domestic help.

IT CAN HAPPEN TO ANYONE

NO MATTER AGE, RACE, SEX, ETHNICITY, NATIONALITY, IMMIGRATION STATUS, AND SOCIOECONOMIC CLASS

VICTIMS OF HUMAN TRAFFICKING MIGHT BE AFRAID TO COME FORWARD, OR WE MAY NOT RECOGNIZE THE SIGNS, EVEN IF IT IS HAPPENING RIGHT IN FRONT OF US.

RECOGNIZE AND REPORT HUMAN TRAFFICKING

- To report suspected trafficking to federal law enforcement, call 1-866-347-2423 or submit a tip online at **www.ice.gov/tips**.
- Get help from the National Human Trafficking Hotline by calling 1-888-373-7888 or text HELP or INFO to 233733 (BEFREE).
- Call 911 or local law enforcement if someone is in immediate danger.

WHAT YOU CAN DO

- Visit the Blue Campaign website to learn more about the **indicators** of human trafficking: **DHS.gov/BlueCampaign**.
- Use Blue Campaign **materials** to raise awareness of human trafficking in your community.
- Follow @DHSBlueCampaign on **Facebook**, **Instagram**, and **X**.

BLUE CAMPAIGN

One Voice. One Mission. End Human Trafficking.

Description of human trafficking, how it can happen to anyone, and how it is happening in the United States; that there are different types; how to recognize and report. Source: DHS Blue Campaign. Public domain.

> Human trafficking virtually never begins with kidnapping or other violent acts. Traffickers almost always know their victims. They are friends, acquaintances who offer jobs, members of their own families, or romantic partners (Polaris Project, n.d.).

1.1 Labor and Sex Trafficking (22 U.S.C. §7102)

The *Trafficking Victims Protection Act of 2000* created the modern criminal statutes under which human traffickers are investigated and prosecuted. The Act defines "severe forms of trafficking in persons" by separating the two distinct forms:

- sex trafficking
- labor trafficking

1.1.1 Sex Trafficking

Sex trafficking is the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act*, in which:

1. The commercial sex act is forced, faked, or compelled by force, fraud, or coercion or

2. the person induced to perform the commercial sex act has not reached 18 years of age, regardless of whether force, fraud, or coercion was involved.

It is illegal to receive a benefit from sex trafficking or engage with a person who is trafficked for sex.

*Commercial sex act: any sex act in exchange for which something of value is given to or received by any person.

1.1.2 Labor Trafficking

Labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, using force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (DHS, 2025, May 22). Types of labor trafficking include forced criminality, involuntary servitude, peonage, debt bondage, and slavery.

Construction workers who have worked in natural disaster recovery and reconstruction are significantly more likely to experience labor trafficking and other forms of labor abuse than those who have not worked in this setting. The prevalence of labor trafficking among workers in construction post-disaster was two times higher than those who did not (32% compared to 16%) (Barrick & Pfeffer, 2024).

Specific types of exploitation that were significantly higher among individuals who worked in construction post-disaster include experiences with coercive and deceptive recruitment, having pay or benefits withheld or deducted, completing hazardous work without proper protective gear, emotional or psychological abuse, and threats of violence, among others (Barrick & Pfeffer, 2024).

Did You Know . . .

> [One] study of labor trafficking and other labor abuse in the construction industry indicated that these practices are common. About one-fifth of these workers reported they had experienced labor trafficking victimization (Barrick and Pfeffer, 2024).

1.2 Force, Fraud, or Coercion in Human Trafficking

The concepts of force, fraud, and coercion are the core means by which human trafficking is accomplished, as defined in federal law (22 U.S.C. § 7102). They are the tools traffickers use to compel a person into commercial sex acts or involuntary labor.

1.2.1 Force

Force means the use of a weapon, physical strength, or violence to overcome, restrain, or injure a person. It also includes inflicting physical harm to coerce or compel submission. Force is the threat of physical assault or sexual violence to the victim and others around them, including family members. Force can include:

- assaulting the victim physically or sexually
- confining or isolating the victim
- withholding food, sleep, or medical care
- seizing of identity documents

1.2.2 Fraud

Fraud is the use of a deceitful or willful practice, with intent to deprive another person of their rights, or to injure them in some manner. Fraud is used to trick a victim using deception and misrepresentation. Fraud often involves false promises of jobs or other opportunities.

Examples of fraud include:

- False promises: education, good-paid jobs, debt relief, money to support a person's family, or the promise of a better life.
- Deceptive relationships: false promises of a romantic relationship (grooming) or a parent/mentor relationship.
- Wage theft: misrepresenting or withholding wages or manipulating debt (debt bondage) to make the victim financially dependent and perpetually indebted to the trafficker.

1.2.3 Coercion

Coercion is the use of manipulation or threats designed to control a person psychologically and physically. Common coercive tactics include taking identity documents, threatening arrest or deportation, inhumane treatment, blackmail, shaming, isolation, and addiction. Economic coercion occurs when a trafficker takes advantage of existing debt or creates a debt (DHS, 2025, May 22).

Coercion is defined in federal law as:

- threats of serious harm to or physical restraint against any person
- any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person
- the abuse or threatened abuse of the legal process

1.3 Human Trafficking vs. Human Smuggling

While both human trafficking and human smuggling involve the movement of people, they are fundamentally distinct crimes under the law, defined by consent and intent. The terms are not interchangeable.

A victim of human trafficking is forced into service against their will, whether through direct physical force, deception, fraud, psychological manipulation, or coercion. The lack of free will and restriction of movement are crucial elements of trafficking. Trafficking does not require the crossing of state or international borders. The trafficker profits from ongoing exploitation of the victim.

A person can be trafficked in their own home or in your own country. Consent does not mean human trafficking has not occurred; a minor under 17 years of age cannot legally consent to sex. Victims of human trafficking usually do not reach out for help, often due to fear of retaliation, authority, or deportation or due to shame or guilt.

Human smuggling is the facilitation, transportation, attempted transportation, or illegal entry of a person or persons across an international border, in violation of a country's laws, either clandestinely or through deception. This often includes the use of fraudulent documents.

The person being smuggled consents to the arrangement, pays the smuggler, and seeks the service voluntarily, and is usually free to go when they reach their destination. The smuggler's profit comes from the one-time fee charged for the transportation service. The focus is on the logistics of moving the person. A victim of smuggling can also be a victim of trafficking.

1.4 Sex Trafficking vs. Consensual Commercial Sex

The crucial difference between sex trafficking and consensual commercial sex lies in force, fraud, or coercion, and the individual's age. Sex trafficking is a crime of exploitation—it is non-consensual (forced)—while consensual commercial sex is a negotiated transaction. The core crime of trafficking involves using force, fraud, or coercion to maintain control and prevent the victim from leaving.

Sex trafficking *always involves a third party* (the trafficker/pimp) who profits from the victim's sexual services. Sex trafficking is a federal felony, which entitles the victim to legal protection and other services.

Source: Department of Homeland Security.

Commercial sex is a consensual exchange of sexual services for money or goods, initiated by an adult over the age of 18. The core act is a voluntary agreement to exchange sex for value. Many individuals engaged in commercial sex are driven by vulnerabilities such as poverty, homelessness, addiction, or a history of abuse. This can severely limit their choices and make them highly vulnerable to being coerced by a trafficker.

A person who initially chooses to engage in consensual commercial sex can be subsequently trapped by a pimp or controller using force, fraud, or coercion, making them a victim of sex trafficking. Their initial consent is rendered meaningless if they are unable to leave.

1.5 Anyone Can Be a Victim of Trafficking

Victims of human trafficking can be any age, race, or culture. They are found in any country. Adults and children are exploited in both legal and illegal industries, including in commercial sex, hospitality, restaurants, and traveling sales crews. People working in agriculture, mining, seafood, manufacturing, janitorial services, and construction can be victims.

Healthcare workers, childcare providers, people caring for persons with disabilities, and people doing domestic work or offering salon services can be targets of human trafficking. Workers at fairs and carnivals, those peddling or begging, and those smuggling or distributing drugs are often victims of human trafficking.

Globally, 67% of forced labor victims are men or boys while 33% are women and girls. Within sex trafficking, 78% are women and girls, 22% are men and boys, and 8% are children (DHS, 2025, May 22). Children account for about a quarter of all human trafficking victims globally.

Trafficking occurs in wealthy, middle-class, and poor communities; however, extreme poverty is a significant risk factor because traffickers prey on the need for money, food, and shelter. Victims include both U.S. citizens and foreign nationals (documented or undocumented). Foreign nationals can be vulnerable due to language barriers, fear of deportation, and not knowing their legal rights.

Other groups at risk for human trafficking include:

- runaway, foster, and homeless youth
- victims with a history of trauma or abuse
- people with a history of drug or alcohol abuse
- people involved with gangs
- people with disabilities
- friends or relatives involved in prostitution

1.6 Trafficker Profiles

There is no single profile of a human trafficker except that they are driven by profit at the expense of others. A trafficker is someone who through force, fraud or coercion provides a victim to a buyer. Traffickers often use recruiters to find potential victims.

Buyers often believe they are engaging in a victimless crime, think they won't get caught, have a sex addiction, or that they cannot get their sexual needs met in an appropriate way. Many admit that seeking to buy sex, especially with a minor, started with an addiction to pornography (Unbound Now, 2022).

Traffickers are men and women of all ages. They are often someone the victim knows. They can be relatives, romantic partners, or close family friends. Or they can be the people behind an employment ad or a new friend on social media or from online gaming (DHS, 2025, May 22).

Traffickers use coercion and threats of violence, deportation, or harm to the victim's family to maintain control and prevent victims from leaving or seeking help. They may charge exorbitant fees for travel, housing, or necessities, ensuring the victim is always in debt and feels compelled to work to repay it. They go to great lengths to keep victims isolated.

Did You Know . . .

Traffickers are often pathological liars and experts at using psychological tactics to create dependency and a sense of loyalty. They are precise and methodical in cultivating and grooming victims. They often lack empathy for their potential victims and are unable to feel or understand the feelings of others, which allows them to view victims as commodities.

1.7 Recruitment Techniques

Many traffickers, especially sex traffickers, initially approach victims by pretending to be a love interest, friend, or helpful acquaintance. They may shower the victim with attention and gifts to build trust before revealing their true intentions.

Traffickers use highly individualized tactics, but their goal is always to identify and exploit a specific vulnerability (such as poverty, a desire for love, or a need for a job) to establish control through fraud and coercion. One of the most common ways that traffickers access children is using social media sites.

Traffickers advertise opportunities that sound "too good to be true"—high wages for minimal effort, lucrative jobs overseas, or fully paid education. They may require an upfront "recruitment fee" that immediately puts the victim in debt. Once the victim accepts, the reality involves grueling work, no pay, seizure of identification, and threats of violence if they try to leave.

Traffickers seek out locations and platforms where people are desperate or have limited options. This includes homeless shelters, foster care facilities, low-income communities, and refugee camps. The trafficker offers basic survival needs (food, shelter, safety) in exchange for a "favor" or a condition of living with them, immediately establishing dependence.

Traffickers often use an existing victim to recruit new people. This makes the existing victim complicit and isolates the trafficker from the initial recruitment risk.

Traffickers may introduce, encourage, or force victims to use drugs or alcohol. They use the victim's addiction as a means of control, either by withholding the substance or demanding commercial sex or labor for more supply. This makes the victim financially and physically dependent on the trafficker.

Other means used to retain victims:

- using force or threats (coercion)
- threatening to report a victim to the police
- playing on the victim’s weaknesses (manipulation)
- offering special treatment to form a “trauma bond”

1.7.1 Vulnerabilities to Trafficking

While it is technically true that human trafficking can happen to anyone regardless of age, socio-economic status, gender, or nationality, it does not happen at random. Traffickers systematically look for a leverage point—a gap in resources, safety, or legal status—to manipulate and control their targets.

Victims can be anyone from around the world or right next door: adults and children of any sex or citizenship status. Significant risk factors include economic hardship, recent migration or relocation, substance use, mental health concerns, involvement with the child welfare system and being a runaway or homeless youth. Often, traffickers identify and leverage their victims' vulnerabilities in order to create dependency.

Vulnerability to trafficking is heavily concentrated around specific systemic, social, and economic risk factors:

- Individuals who have experienced childhood abuse or neglect (especially sexual abuse)
- Children and youth involved in the foster care and juvenile justice systems
- People experiencing homelessness or unstable living situation
- LGBTQ individuals
- Migrant workers/undocumented immigrants
- Racial and ethnic minorities
- People with low incomes
- People with a history of substance abuse or caregiver with substance abuse issues
- Communities exposed to intergenerational trauma
- Survivors of violence

1.7.2 Caring Romantic Partner (Grooming)

Often the trafficker is a man (though, can be any gender) who poses as a caring boyfriend, girlfriend, or romantic partner. The trafficker *grooms* the victim by providing affection, gifts, and emotional support. Once the victim is emotionally attached (trauma bonding), the trafficker begins to exploit the victim, often framing it as a "test of love" or a temporary sacrifice for their shared future. This creates a relationship in which reward and punishment reinforce the dysfunctional bond.

1.7.3 Familial Trafficking

Parents, guardians, extended family members, or older siblings can engage in human trafficking. In some cases, the family member may have also been a victim or may be struggling with poverty or addiction. Familial trafficking exploits the inherent power imbalance and loyalty within a family, forcing a child into sex work or forced labor to support the family or pay off a family debt.

Children who are no longer with their family of origin may be lured into being trafficked through the false promise of being taken care of by their trafficker and gaining a "family." Youth who run away from their homes are particularly vulnerable to becoming victims of both sex and labor trafficking.

It can be hard to spot a trafficker: they can be classmates, other peers, or family members. Even after trafficked victims have been separated from their trafficker, they may still feel a strong connection to them and not recognize the harm their trafficker caused. It is important, therefore, for foster parents, caregivers, and child welfare staff to learn how to recognize signs of trafficking and how to respond to victims.

1.7.4 Business Owners, Labor Brokers, Small Business Owners

Businesses and farms, factory managers, labor brokers, or even small business owners can engage in human trafficking. They often share the victim's nationality or language to build trust. These individuals recruit workers with fraudulent job offers. They may own legitimate-looking businesses but then subject employees to involuntary servitude, debt bondage, and inhumane conditions.

1.7.5 Online Predators

Online predators operate anonymously, posing as modeling agents, casting directors, wealthy admirers, or job recruiters on social media, dating apps, or online gaming platforms. Technology allows traffickers to reach a large number of potential victims, isolating them from their real-life support networks before meeting in person.

1.8 The Impact of Trafficking on Survivors

It is very common for people who have been trafficked to experience a form of complex trauma that affects nearly every aspect of their physical, psychological, social, and economic well-being. Symptoms often persist long after a survivor has escaped the trafficking situation.

1.8.1 Psychological and Emotional Trauma

Victims are manipulated by their traffickers, making them feel responsible for the abuse. This can create deep feelings of shame that act as a barrier to seeking help and healing. Due to the betrayal, violence, and manipulation from their trafficker, survivors frequently struggle with paranoia and an inability to form healthy, trusting relationships with others.

Sustained psychological abuse, isolation, and control can lead to severe and enduring mental health conditions. Depression and suicidal ideation and profound feelings of despair, worthlessness, and hopelessness are common. These symptoms can significantly increase the risk of self-harm and suicide attempts.

Post-traumatic stress disorder (PTSD) and complex PTSD (CPTSD) are very common in survivors of trafficking, causing flashbacks, nightmares, hyper-vigilance, and severe anxiety. Complex PTSD, resulting from prolonged, repeated trauma, can cause difficulties with emotional regulation, self-perception, and maintaining relationships.

1.8.2 Physical Health Consequences

Dangerous working conditions, injuries, infections, and denial of medical care can cause chronic and sometimes permanent physical injuries and illnesses. A survivor may suffer from broken bones, scars, head injuries, and chronic musculoskeletal pain from physical violence and forced labor. Working in toxic or unsafe environments can lead to respiratory or cardiovascular issues.

Victims of sex trafficking have high rates of sexually transmitted infections, including HIV/AIDS. They also frequently suffer from unwanted pregnancies, forced abortions, pelvic pain, and infertility due to chronic, untreated infections and physical trauma.

Did You Know . . .

> In early 2026, Justice Department files revealed that Jeffrey Epstein and his associates kept a list of doctors that treated their victims for depression, anxiety, STDs, prescribed birth control pills, and inoculated them against HPV.

Traffickers often restrict access to food, leading to severe malnourishment, weight loss, and chronic dental problems. Many survivors are forced by their traffickers to use drugs or alcohol to ensure compliance, or they develop an addiction as a form of self-medication to cope with the pain and trauma.

1.8.3 Social and Economic Isolation

Victims of human trafficking also suffer financial consequences from trafficking. They are often left destitute, in debt, and have lost possessions such as cars or homes. If they were mistakenly arrested or deported related to the trafficking, victims can face difficulties in securing a job, housing, or education to name a few (DHS, 2025, May 22).

Trafficking destroys a victim's social structure and potential future earnings. Survivors frequently face stigma and judgment from the community and sometimes even their own families. Victim can find themselves isolated and have difficulty reintegrating into society. Because traffickers often seize personal documents, a survivor then cannot obtain legal employment, housing, or access services once they are no longer victims of trafficking.

For child victims, there can be significant gaps in their education, limiting their long-term economic and career opportunities. This is compounded by a lack of resources, documentation, family support, and the risk of homelessness, which can expose them to re-exploitation.

2026: Michigan Updates Law on Trafficking

The Michigan legislature passed a law that strengthens earlier legislation and spells out specific crimes to ensure that traffickers are met with justice in the State of Michigan. Not only can victims ask for all costs suffered as a consequence of their bondage, such as medical costs, but they can also ask for a restitution order that finally recognizes the value of the years of their life lost due to the crime (MCL §750.462a).

1.8.4 Re-Trafficking

The risk of re-trafficking is a critical yet underexplored issue. Many survivors remain at risk of re-trafficking due to limited economic opportunities, stigmatization, and unresolved psychological trauma (Nkwanzi et al., 2025).

For female trafficking survivors, adverse childhood experiences contribute to an increased likelihood of re-trafficking. Childhood adversity disrupts emotional regulation and decision-making, making individuals more susceptible to coercion and exploitation. Survivors facing economic instability and social marginalization, which are key aspects of re-trafficking vulnerability, may experience heightened anxiety, depression, and PTSD due to chronic stress and uncertainty (Nkwanzi et al., 2025).

Re-trafficking is not uncommon, with one study indicating that 63.4% of survivors have high levels of vulnerability to re-trafficking. Younger women, particularly those aged 18 to 24 years, at higher risk for trafficking. Those who have been formerly trafficked are at increased risk of re-trafficking due to economic dependence, poverty, lack of social support, limited education, and challenges reintegrating into society after their trafficking experience (Nkwanzi et al., 2025).

2. Identifying and Screening Victims and Survivors

Most human trafficking victims (about 66%) interact with the healthcare system while being trafficked, yet healthcare providers often fail to recognize the signs of trafficking or are unsure how to help. Trafficked persons are unlikely to disclose their situation.

A healthcare provider's ability to identify the presence of trafficking and their knowledge of support services can turn a very bad situation into a positive one. For this reason, all staff in all departments should be familiar with strategies used to identify signs of human trafficking, just as organization trains staff members to spot child and elder abuse.

Human Trafficking Response Protocol
The Michigan Department of Health and Human Services has issued this document as a toolkit for hospitals that see patients who may be victims of traffickers. Based on comprehensive data from clinical workers, it outlines ways to recognize and respond to suspected criminal activity (MMDHHS, no date).

2.1 Patient-Centered and Trauma-Informed Strategies

Identifying and engaging with a patient who might be the victim of human trafficking requires sensitivity and good judgment. It can be described as a thoughtful, patient-centered, *trauma-informed*,* and safety-focused approach. The goal should be to build trust and create a safe environment for the victim.

*Trauma-informed: focuses on the impact of trauma; promotes physical, psychological safety, and emotional safety; and provides opportunities to regain control.

Trauma-informed care focuses on:

1. Physical and psychological safety.
2. Trustworthy and transparent operations and decisions.
3. Peer support (survivors connecting with other survivors for help and support).
4. Collaboration (staff and clients work together).
5. Empowerment (recognizing individual strengths and experiences, shared decision-making).
6. Humility and responsiveness.

2.1.1 Establish Trust and Safety

Offering the opportunity to speak privately, away from a controlling companion, can be the first step in establishing trust. Frame the request neutrally:

> "I need to ask a few routine health questions in private. May I ask your companion to wait in the hall for a few minutes?"

Let the person know that fear, hesitation, and mistrust are normal and understandable.

Inform the patient that you may be mandated to report potential abuse if the patient is a minor or is in *imminent harm*.* Reassure them that you will not share information with the person who accompanies them unless the patient explicitly asks you to.

*Imminent harm: an immediate, impending threat of serious physical injury, death, or significant damage that is about to occur at any moment.

2.1.2 Trauma-Informed Communication

Trauma-informed communication uses a nonjudgmental approach that focuses on a patient's choices. Avoid the impulse to "rescue" the victim and be careful not to make promises that cannot be kept, such as over-promising services.

Trauma-informed communication is built around these four key practices:

1. Realize: understanding how trauma can affect a person.
2. Recognize: being able to recognize the signs of trauma.
3. Respond: adopting practices that take trauma into consideration.
4. Resist re-traumatization: understanding that some practices may re-traumatize patients.

Trauma-informed care gives the patient as much power and control as is possible. This can be accomplished by asking,

> "Where would you like to sit."
> "You can stop this conversation at any time."
> "Would you prefer I examine you now, or would you like to talk first?"

The initial interview should focus on the person's experience as a potential victim of trafficking. Avoid language that labels their experience as criminal activity. Try not to judge or demand details. Do not ask a victim to recount the details of their victimization, which can be particularly difficult for children.

Because trauma can affect memory, a person may struggle to recall certain events. You can reassure the patient by saying,

> "Trauma often makes it hard to remember things clearly. It's alright if you don't recall all the details right now."

2.1.4 Plan for Next Steps (Referral)

If a patient is identified as a survivor, or you have strong suspicion, a *supported referral** should be made. Assess whether the patient is in immediate danger. If the trafficker is present or danger is high, follow your organization's established protocols (calling on social work or security). *Prioritize the patient's immediate safety.*

* Supported referral: connecting a person with social services, housing, healthcare, or other specialized services.

Let the patient decide what to do next but, at the very least, provide a phone number for a national trafficking hotline or local advocacy group. If needed, you can write the number down on a piece of paper that looks like a casual note or appointment reminder.

Document all findings objectively in the medical record, focusing on injuries, inconsistent history, and patient statements, but avoid using the term *trafficked* unless the patient identifies that way or it is confirmed by law enforcement. This protects the person's privacy and legal status.

Personal Account

At 20 years old, I was pregnant by my pimp. When I could no longer sell sex, he got violent. At seven months, I was hospitalized with broken teeth and other injuries. When staff asked if I needed help, I was afraid to tell the truth but before I left, a nurse gave me the number for the National Human Trafficking Hotline.

After my discharge, I called the hotline. They helped me plan how to protect myself and my baby. That call planted the first seed of hope. After my son was born, I was forced back into selling sex. I realized if I stayed, I could not keep my child safe. Although I was terrified, I followed the plan we had made and reached out for help. Because I was already prepared, I was able to begin building a safer future for my son and myself.

Source: Adapted from Gomes, 2020

National Human Trafficking Hotline
In the United States, call 1-888-373-7888 (available 24/7, confidential, and multi-lingual).

2.2 Clinical Settings in Which Trafficked Persons Are Encountered

Most victims of human trafficking interact with the healthcare system at some point. Because of this, healthcare providers are often one of the few points of contact for victims outside the control of their trafficker. A controlling companion who refuses to leave the patient's side, speaks for them, or holds their identification documents are strong indicators of the presence of human trafficking.

The most common settings in which a person being trafficked interacts with the healthcare system include:

- emergency departments (acute injuries and illnesses)
- primary and urgent care clinics
- mental health and substance abuse facilities
- reproductive health and maternity services (pregnancies and sexually transmitted diseases)

For a patient seeking healthcare services, several points of contact exist. The "front line" includes the lobby, clerical staff, or enrollment specialist. The "mid-line" is where a patient meets doctors, nurses, therapists, lab techs, or case managers. The "finish line" is where the next appointment is scheduled, insurance or fees are paid, and the patient exits the building. Each employee, at each point of contact, has an opportunity to interact with a potential victim of human trafficking.

2.3 Clinical Indicators of Human Trafficking (Red Flags)

Although no single clinical indicator is proof of human trafficking, certain physical and behavioral indicators should raise suspicion—especially when they occur in combination. Indicators are broadly divided into acute injuries (recent trauma), chronic conditions (long-term neglect and abuse), and behavioral indicators.

2.3.1 Acute Injuries and Presentations

Treatment for an acute injury is often the reason a trafficked person is brought into an emergency department or clinic. Traumatic injuries are like those you might see in a victim of domestic abuse.

These can include:

- bruises, fractures, burns, or lacerations in various stages of healing
- head injuries or concussions resulting from blunt force trauma
- rope burns or ligature marks suggesting restraint or confinement
- oral health issues, including broken teeth
- unexplained memory loss
- signs of substance overdose or acute withdrawal symptoms

Injuries from sexual assault/genital trauma can include:

- unexplained or recurrent STIs
- unwanted or complicated pregnancies
- request for abortion

Injuries related to labor trafficking include:

- skin or respiratory issues related to exposure to unsafe chemicals
- workplace injuries
- overuse injuries
- hypothermia or heat related injuries

Injuries due to acute illness, communicable diseases, and infections can be severe if left untreated (neglected wounds, lack of hygiene).

2.3.2 Chronic Conditions and Subtle Physical Signs

Chronic conditions often reflect long-term deprivation, physical stress, and poor living conditions. Look for subtle physical signs of chronic malnourishment, dehydration, or exhaustion. Pay attention to non-specific complaints like severe headaches, back pain, or stomach pain with no clear physical cause (these are often due to trauma).

During the initial evaluation, be aware of:

- poor dental hygiene or untreated decay
- untreated chronic diseases
- tattoos or branding that may signify ownership or control (names, symbols, or phrases like "Daddy" or "For Sale")
- musculoskeletal injuries resulting in chronic pain from forced strenuous labor or repetitive motions

2.3.3 Behavioral, Mental, and Contextual Red Flags

The most revealing indicators of human trafficking may be the patient's demeanor or behavior. The trafficked patient is likely accompanied by a controlling companion who refuses to leave the patient alone, speaks for them, or is aggressive toward staff.

Victims of human trafficking often appear fearful, timid, or anxious. They may avoid eye contact or be fearful of authority figures. The victim’s report of the history of the illness or injury may be inconsistent with the physical findings; likewise, the explanation may sound scripted or rehearsed.

The trafficked patient probably does not possess their own ID, passport, or money, and may not know their home address. Victims are often wearing clothing that is not appropriate for the weather, or they may show up wearing the same clothing over multiple visits.

These patients often exhibit severe, complex trauma symptoms, including dissociation, PTSD, or suicidal ideation. Signs that medical care has been delayed or limited is revealed by injuries that are old or illnesses that are advanced. It is not uncommon for victims of human trafficking to leave a clinic or emergency department against medical advice.

2.4 Challenges and Opportunities for Providers

A critical first step in combating human trafficking is for service providers to identify and respond to survivors with a trauma-informed, victim-centered approach. This involves navigating significant challenges while maximizing opportunities through best practices like ensuring privacy and utilizing professional interpreters.

2.4.1 Challenges for Providers

Providers face systemic, organizational, and victim-related challenges in identifying and assisting survivors of human trafficking. Trafficking is a hidden crime in which abusers intentionally conceal their actions through isolation, threats, and coercion. Victims are often unaware of their rights and are fearful of seeking help.

Many people, including healthcare providers, do not recognize the signs of human trafficking or believe it exists in their community. Because of a lack of awareness and training, most victims who interact with healthcare providers are not identified.

Fear of retaliation. Victims of human trafficking are understandably reluctant to share details about their situation due to real fears of retaliation and threats of violence from the trafficker. They may be concerned they will be arrested or deported.

Lack of services. A lack of funding for specialized services, long waitlists for housing, and few clinicians trained in trauma-informed care mean that victims of human trafficking may not receive the services they need.

Shame and stigma. Victims of human trafficking suffer from complex physical, psychological, and social needs, which often require unique and comprehensive interventions. They may feel a great deal of shame, stigma, and guilt for being in a situation where they have little control.

2.4.2 Opportunities for Providers

Because healthcare settings are one of the most common points of contact for trafficked persons, healthcare providers are in well-positioned to intervene. They can build trust and through a non-judgmental, compassionate approach. The healthcare setting can be a safe space that encourages disclosure over time. This can be especially effective when organizational policies provide a systematic, consistent response to potential victims.

Healthcare organizations can also collaborate with other agencies and specialists. This provides the opportunity to partner with law enforcement, anti-trafficking organizations, and social services to ensure comprehensive care.

2.4.3 Strategies for Private Conversations

Creating a safe, private, and non-coercive environment is crucial for disclosure. If a potential victim is accompanied by a third party (who may be the trafficker or their associate), find an excuse to speak with the patient alone. For example, you can say the patient needs an x-ray, a lab test, or a procedure in an area where visitors are not allowed. If the accompanying person is aggressive or refuses to leave, contact security and follow institutional safety protocols.

To ensure confidentiality and privacy, conduct the conversation in a private room with a closed door and make sure no one is within earshot. Explain the limits of confidentiality (e.g., mandatory reporting laws) to maintain transparency and trust. Inform the patient of privacy measures, such as concealing their name on whiteboards or making their documents private in the system.

A physician talking to a potential victim of human trafficking. Source: generated by author using Midjourney AI.

Use non-judgmental language, express concern for a person's well-being, and prioritize safety and comfort. Ask permission before touching, making referrals, or contacting law enforcement. Respect the person's decisions, including if they decline assistance.

Avoid interrogating the patient. Start with general questions related to safety, living conditions, and freedom of movement. For example, "Are you comfortable? Do you feel safe at home?"

2.4.4 Importance of Using Professional Interpreters

Federal law requires healthcare providers who receive federal funding to offer interpretation services to patients with limited English proficiency and those who are deaf or hard of hearing. These services help all parties understand medical instructions and create a more comfortable, trusting environment for patients.

The use of professional, trained interpreters ensures that complex and sensitive topics are accurately conveyed, including cultural nuances, which is vital for informed consent and proper diagnosis. For suspected victims of human trafficking, never allow an accompanying individual to interpret. This is a critical safety measure, because the person accompanying the victim may be the trafficker, or someone who may not maintain confidentiality.

Ideally, interpreters should be trained in trauma-informed care and understand the complexities of human trafficking disclosure. Using a professional, impartial interpreter builds trust and reinforces the provider's commitment to victim safety and care.

2.5 Best Practices for Documentation and Operational Protocols

Navigating the response to human trafficking requires providers to adhere to meticulous best practices in documentation and operational protocols, ensuring a high standard of trauma-informed care while prioritizing the safety and autonomy of the patient.

2.5.1 Best Practices for Appropriate Documentation

Documentation serves a dual purpose: providing continuity of care and potentially providing evidence for future legal action. The patient's safety and confidentiality as the highest priority.

2.5.1.1 Informed Consent

Always discuss and obtain the patient's consent for documenting sensitive information. Explain the risks and benefits (e.g., potential for use in a legal case vs. risk if the trafficker gains access). This empowers the patient and builds trust, upholding autonomy within legal limitations (like mandatory reporting).

2.5.1.2 Safety Measures

Use coded language or abbreviations (e.g., HT for human trafficking) in the medical record rather than explicit terms and utilize "confidential" sections of the electronic health record where available. This protects the patient's privacy in case the trafficker gains access to common documents like “After Visit Summaries”.

2.5.1.3 Objective Detail

Document specific observations and non-clinical data objectively and factually, such as:

- Direct quotes from the patient.
- Physical signs (branding, tattoos, multiple injuries in different stages of healing.)
- Behavioral cues: (fearful, scripted answers, being constantly observed by an accompanying person.

Objective documentation is stronger evidence and less likely to be seen as judgmental.

Information related to a patient's injuries and treatment must be fully and accurately documented in the patient's records. If visible injuries are present, photographs are crucial for evidence and medical follow-up. Photos should be dated, include a ruler for scale, and be securely stored according to facility protocol. Photos also require explicit, informed consent.

2.5.2 Operational Protocols for Safety

Each organization must have in place victim-centered, trauma-informed protocols that fit the unique needs of the organization. This includes clear guidelines for reporting abuse.

A comprehensive protocol covers both patient and provider safety. The overall goal is to treat, educate, and empower patients and staff. Key elements are:

- Developing a screening tool for your organization
- Ensuring staff are trained to use the screening tool
- Establishing a network of referral partners
- Outlining reporting requirements
- Developing staff training

To keep patients safe, implement a clear procedure for separating the patient from any accompanying individuals (who may be the trafficker). This must be done discretely, often under the guise of medical necessity (e.g., "The patient needs to go for a lab draw/scan alone").

If the patient discloses that they are a victim of human trafficking or you suspect this is the case, work with the patent and a social worker or victim advocate to develop a safety plan. This includes providing the National Human Trafficking Hotline number (1-888-373-7888) discreetly (e.g., written on a prescription slip for a follow-up appointment or simply memorized).

If the patient chooses to leave the trafficking situation, coordinate a referral to an anti-trafficking organization or shelter. Never discharge the patient back to the person who accompanied them if trafficking is suspected. An identified escort team (e.g., security, social worker) should accompany the patient to a safe location.

2.5.3 Measures to Keep Providers Safe

All staff involved should be discreetly made aware of any security concern. Have a specific, established security protocol or code word to alert security personnel if a suspected trafficker becomes aggressive or refuses to leave the patient's side.

Providers should never give out personal contact details or attempt to house a patient themselves. All assistance must be provided through approved institutional channels and resources. Providers should never Intervene directly: they are clinicians, not law enforcement. The role of a provider is to identify, stabilize, and link to specialized resources, not to attempt a "rescue" or confront a suspected trafficker.

2.5.4 Implications of Law Enforcement Involvement

The decision to involve law enforcement has profound and complex implications and should be driven by the victim-centered approach. Always partner with the patient on the decision to involve law enforcement, unless a mandated report for a child or person in immediate life-threatening danger overrides that autonomy.

2.6 Screening and Identification Strategies

If a healthcare provider suspects their patient is being trafficked, the provider should try to speak with the patient privately without anyone who is accompanying them. Safe, private conversations can establish trust and allow the patient to share information about their situation. Healthcare organizations should establish protocols on responding to human trafficking, including screening methods and questions to ask potential trafficked persons.

When screening for potential trafficking, ask patient-centered questions such as, “are you able to come and go as you please?” “Do you have control of your own money and identification documents?” “Do you receive pay for the work you are doing?”

Additional examples of patient-centered questions:

- Do you owe anyone a debt you must work off?
- Has anyone threatened you or your family if you try to leave?
- Have you been hurt by the person you work or live with?
- How did you get this job or meet this person?

The Michigan Department of Health and Human Services (MDHHS) offers comprehensive information about all aspects of trafficking for healthcare providers with its Human Trafficking Response Protocol: A Tool for Hospitals. Other screening tools include the Commercial Sexual Exploitation-Identification Tool (CSE-IT), the Short Child Sex Trafficking Screen for the Healthcare Setting, and the Adult Human Trafficking Screening Tool and Guide.

3. Responding to Disclosure

When you suspect a patient is being trafficked or when the patient discloses that they are a victim of human trafficking, the first step is to provide medical care while ensuring the patient's immediate safety and privacy.

If the patient is in immediate, life-threatening danger, follow your organization's policies for reporting to law enforcement. Whenever possible, try to work with the patient in deciding to contact law enforcement. Follow mandatory state reporting laws related to abuse of children, older adults, or a person with a disability. This includes reporting if a child is not accompanied by an adult.

Encourage patients to call or text the National Human Trafficking Hotline if they want to talk to someone or need help.

- National Human Trafficking Hotline phone: 888-373-7888
- National Human Trafficking Hotline text: 233733

If the patient believes it is dangerous to have the numbers written down, help them memorize the numbers. A common technique is to break the phone number into smaller segments, such as 888-37-37-888. The text number 233733 spells *BeFree.*

3.1 Best Practices for Survivor-Centered, Multidisciplinary Referrals

Best practices for referrals of human trafficking survivors focus on a survivor-centered, multidisciplinary approach. This means prioritizing the survivor's autonomy, safety, and individual needs while coordinating services both inside and outside the healthcare setting.

3.1.1 Internal Healthcare Referrals

Each healthcare organization should have a team that is responsible for managing all internal referrals. Continuity of care is critically important for a patient who may be in a dangerous or precarious situation.

The referring provider should introduce the survivor to the next provider (e.g., the social worker) to maintain trust and continuity. Using this sort of "warm handoff" is more supportive of a patient than simply providing a phone number, address, or website.

Coded language or abbreviations such as HT for human trafficking protect the survivor's privacy and prevent easy identification by unauthorized staff. Internal referrals should be flagged for special handling including increased security awareness. Access to referrals should be restricted only to essential personnel.

3.1.2 Community Partner Referrals

It is essential that healthcare organizations have formal partnerships in place with community-based organizations that have proven expertise in:

- Victim advocacy and trauma-informed care.
- Emergency housing/shelter.
- Legal aid (for issues like T Visas*, victim compensation, or vacating criminal records).
- Cultural competency to serve diverse populations.

*T Visa: (T nonimmigrant status) provides legal protection and temporary stay in the U.S. for victims of severe human trafficking, allowing them to remain, work, and potentially get a Green Card while helping law enforcement investigate trafficking crimes.

Provide survivors with information about what each group offers and allow them to choose. Referrals to community partners must be handled with extreme caution and respect for the survivor's autonomy. Be sure to get the survivor's consent before sharing information or making referrals. Never make an involuntary referral (unless legally mandated, such as for a minor).

Consent must be (Ft Bend Antitrafficking Collective, 2025):

- Informed: The person understands what info will be shared, with whom, why, and for how long.
- Voluntary: Services or safety cannot be conditioned on saying yes.
- Time-Limited: The consent expires after a defined time or event.
- Documented: Ideally written; verbal allowed only in emergencies with follow-up documentation.

Provide the National Human Trafficking Hotline (1-888-373-7888) discreetly as a confidential, external resource that can be accessed when the patient feels safe.

Document that the community-based organization received a referral, whether the survivor connected with the organization, and if services have started. Prioritize referrals that meet the survivor's immediate needs:

- Safety/housing, shelter access.
- Food, clothing, and basic necessities.
- Legal/immigration to protect their status.

3.1.3 Multidisciplinary Care Coordination

Multidisciplinary care coordination means there are policies and procedures that coordinate services between all service providers. A designated case manager or social worker is the primary point of contact for the survivor and the hub for all internal and external referrals. This person prevents duplication of services and ensures seamless transitions between service providers.

Routine case consultation meetings involving the healthcare team and community-based partners allow providers to review the survivor's progress, identify emerging needs, and adjust the plan of care. The plan should document the survivor's self-identified goals and preferences, not just clinical recommendations. The plan must be flexible and evolve as the survivor moves through the stages of recovery.

3.2 Mandated Reporter Obligations for Suspected Child Abuse, Abuse of Older Adults, and Individuals with a Disability

Certain professionals are mandated to report known or suspected abuse, neglect, or exploitation of vulnerable populations. The legal specifics of who must report, what they must report, and the reporting timeline vary by state. Healthcare and social service providers are nearly universally included as mandated reporters in both child and adult protection laws.

3.2.1 Child Abuse and Neglect (Child Protective Services)

The *Child Abuse Prevention and Treatment Act* (CAPTA) requires that every state implement statutory requirements for the mandatory reporting of child abuse and neglect. Professionals must report when they have reasonable cause to suspect that a child is being or has been abused or neglected. This suspicion does not require proof or a full investigation.

The state's interest in protecting the child supersedes the parent's or the child's wish for confidentiality in most circumstances. Reports must be made immediately, often within hours, to the state's *Child Protective Services* (CPS) hotline or to law enforcement.

Children As Victims of Human Trafficking

Under Michigan law, any child who has been recruited, enticed, harbored, transported, provided or obtained for forced labor is a victim of labor trafficking. Labor trafficking can include, but is not limited to, domestic servitude, forced labor in restaurants or salons, forced agricultural labor or debt bondage. Michigan law includes a provision that allows the identification of child victims of labor trafficking, regardless of the presence of force, fraud or coercion, keeping these children in line with sex trafficking victims (MIHHS, 2017a).

3.2.2 Adults, Older Adults, and Individuals with Disabilities (Adult Protective Services)

Vulnerable adult laws cover older adults and individuals with physical or mental disabilities who are unable to care for themselves or protect themselves from harm. Reporting requirements typically cover abuse, neglect (by a caregiver or self-neglect), abandonment, and financial exploitation.

Adult Protective Service (APS) laws often include provisions for respecting the adult's self-determination and autonomy. In many states, if a competent adult is a victim of abuse but chooses not to accept services or legal intervention, adult protective services may be limited in their ability to intervene, unless the adult lacks capacity and is in danger. While not abuse by another person, self-neglect is often reportable, and APS can intervene to offer resources.

Reports are made to the state's Adult Protective Services or a designated elder/disability abuse hotline, typically within a short timeframe (e.g., 24-48 hours). Law enforcement is often a required report only for crimes like sexual or serious physical assault.

3.2.3 The Role of Law Enforcement

Law enforcement is the first responder when there is a threat of immediate physical harm. Law enforcement personnel investigate the alleged abuse, neglect, or financial exploitation as a potential crime. They gather evidence, identify perpetrators, and pursue arrest and prosecution.

In many jurisdictions, mandated reporters are required to report to both Protective Services and law enforcement if the suspected abuse constitutes a felony or serious physical or sexual assault (particularly for child abuse). Representatives from law enforcement execute protective orders, remove alleged perpetrators from the home, and provide physical security for CPS/APS workers during difficult investigations.

The critical distinction is that Protective Services focus on safety and family or individual welfare, whereas law enforcement personnel focus on crime and legal accountability. Providers must be aware of when a report requires dual notification to meet their full legal obligation.

3.3 Local, State, and National Resources

Identifying and responding to human trafficking requires access to a strong network of specialized resources. Below are key national, state, and local resources available for survivors, providers, and those wishing to report tips.

Source: VA.gov. Public domain.

3.3.1 Michigan State and Local Resources

Michigan Human Trafficking Commission (MHTC)

Offers a specialized training for health professionals developed with the Wayne County Medical Society. It includes a one-hour video to help providers recognize warning signs.

https://www.michigan.gov/mhtc

VOICES4 Hotline

A confidential, anonymous 24/7 hotline (866-238-1454) for survivors and those supporting them, offering immediate crisis counseling and local referrals.

https://www.michigan.gov/voices4

Sexual Assault Nurse Examiner (SANE) Services

Providers can locate specialized forensic nurses through the Michigan SANE Services Directory to assist with medical and evidentiary exams.

MDHHS Human Trafficking Page

Provides links to assistance programs including Medicaid, housing services, and refugee assistance for survivors.

https://www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect/human-trafficking

LARA Training Requirements

The Department of Licensing and Regulatory Affairs (LARA) mandates a one-time human trafficking training for all Michigan healthcare licensees.

https://www.michigan.gov/lara/bureau-list/bpl/licensing-requirements-help-guides

Clinical & Educational Tools

UM Human Trafficking Collaborative

Offers a free continuing education module that covers clinical scenarios, trauma-informed care principles, and the "PEARR" screening tool.

https://humantrafficking.umich.edu/

Michigan State Medical Society (MSMS)

Offers courses specifically designed to fulfill LARA's training standards.

https://www.msms.org/

Regional & Local Resources

Southeast Michigan

Avalon Healing Center (Detroit): Provides 24/7 crisis medical services and relocation assistance.

https://avalonhealing.org/ (313) 964-9701

Oakland County TIP Line

Providers can report suspected crimes directly to the Oakland County Sheriff at 248-858-0411.

West & Southwest Michigan

Battle Creek / Kalamazoo Area Anti-Human Trafficking Coalition

Connects providers to local protocols and procedure training.

https://www.kaahtc.org/ 888 3737-888

Kent County Essential Needs Task Force

Local coordination and reporting resource via the Kent County Sheriff.

https://entfkent.org/

Northern Michigan & UP

Hope Shores Alliance (Alpena)

Provides medical advocacy across Alcona, Alpena, Iosco, Montmorency, and Presque Isle counties.

https://hopeshores.org/ (989) 356-6265

Copper Shores Community Health (Houghton)

Features a SART team and SANE-trained nurses for the Western Upper Peninsula.

https://www.coppershores.org/ (906) 523-5920

[Continue to next page for references]

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[Continue to next page to start quiz]

5. Quiz: MI Human Trafficking (383)

1. Sex trafficking is the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

a. True b. False

2. Labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, using force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

a. True b. False

3.Victims of human trafficking are mostly young people living in poor countries.

a. True b. False

4. Survivors of human trafficking often experience:

a. Emotional trauma and re-trafficking.
b. Physical health consequences.
c. Social and economic isolation.
d. All of the above.

5. The goal of patient-centered and trauma-informed screening includes:

a. Establishing trust and safety.
b. Using trauma-informed communication techniques.
c. Assuring multidisciplinary care coordination.
d. All of the above.

6. Certain physical and behavioral indicators should raise suspicion of human trafficking, especially when they occur in combination. This includes:

a. Acute injuries (recent trauma).
b. Chronic conditions (long-term neglect and abuse).
c. Behavioral indicators.
d. All of the above.

7. A provider who suspects a patient is the victim of human trafficking must adhere to meticulous best practices in documentation and operational protocols, ensuring a high standard of trauma-informed care while prioritizing the safety and autonomy of the patient.

a. True b. False

8. If a healthcare provider suspects their patient is being trafficked, the provider should speak with the patient together with anyone who is accompanying them.

a. True b. False

9. In Michigan, any professional who suspects that an adult aged 65 or older, or a person with disabilities is being abused, neglected, or financially exploited, has a legal obligation to make a report to protective services.

a. True b. False

[Continue to next page for answer sheet]

Answer Sheet: MI Human Trafficking (383)

Name (Please print)_____

Date_____

Passing score is 80%

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

[Continue to next page for course evaluation]

Course Evaluation: MI Human Trafficking Today

Please use this scale for your course evaluation. Items with asterisks * are required.

5 = Strongly agree 4 = Agree 3 = Neutral 2 = Disagree 1 = Strongly disagree

*Upon completion of the course, I was able to:

1. Understand the prevalence of human trafficking in the world today. 5 4 3 2 1
2. Identify the 6 components of patient-centered, trauma-informed care. 5 4 3 2 1
3. Relate the 3 main steps for responding to a disclosure of human trafficking. 5 4 3 2 1

*The author(s) are knowledgeable about the subject matter. 5 4 3 2 1

*The author(s) cited evidence that supported the material presented. 5 4 3 2 1

*Did this course contain discriminatory or prejudicial language? Yes No

*Was this course free of commercial bias and product promotion? Yes No

*As a result of what you learned, will you make any changes in your practice? Yes No

If you answered Yes above, what changes do you intend to make? If you answered No, please explain why.

*Do you intend to return to ATrain for your ongoing CE needs?

_____Yes, within the next 30 days. _____Yes, during my next renewal cycle.

_____Maybe, not sure. _____No, I only needed this one course.

*Would you recommend ATrain Education to a friend, co-worker, or colleague?

_____Yes, definitely. _____Possibly. _____No, not at this time.

*What is your overall satisfaction with this learning activity? 5 4 3 2 1

*Navigating the ATrain Education website was:

_____Easy. _____Somewhat easy. _____Not at all easy.

*How long did it take you to complete this course, posttest, and course evaluation?

_____60 minutes (or more) per contact hour _____59 minutes per contact hour

_____40-49 minutes per contact hour _____30-39 minutes per contact hour

_____Less than 30 minutes per contact hour

I heard about ATrain Education from:

_____Government or DOH website. _____State board or professional association.

_____Searching the Internet. _____A friend. _____An advertisement.

_____I am a returning customer. _____My employer. _____Social Media

_____Other _____

Please let us know your age group to help us meet your professional needs.

_____18 to 30 _____31 to 45 _____46+

I completed this course on:

_____My own or a friend's computer. _____A computer at work.

_____A library computer. _____A tablet. _____A cellphone. _____A paper copy of the course.

[Continue to next page for registration and payment]

Registration and Payment: MI Human Trafficking (383)

Please answer all of the following questions (* required).

*Name: _____

*Email: _____

*Address: _____

*City and State: _____

*Zip: _____

*Country: _____

*Phone: _____

*Professional Credentials/Designations:

_____

*License Number and State: _____

Payment Options

You may pay by credit card, check or money order.

Fill out this section only if you are paying by credit card.

2 contact hours: $24

Credit card information

*Name: _____

Address (if different from above):

_____

*City and State: _____

*Zip: _____

*Card type: Visa Master Card American Express Discover

*Card number: _____

*CVS#: _____ *Expiration date: _____