HUMAN TRAFFICKING COMMISSION

Facilitator's Discussion Guide for Health-Care Training Videos on Human Trafficking

JULY 2025

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About this training

In collaboration with Mount Carmel Health System and MetroHealth Medical Center, the Health Care Subcommittee of Ohio Attorney General Dave Yost's Human Trafficking Commission developed training videos and this accompanying Facilitator's Discussion Guide to help health-care professionals throughout Ohio learn how to identify victims of human trafficking and respond appropriately.

This training, intended for care providers, is ideally presented in a classroom setting with a designated facilitator who can engage participants in a discussion about the relationship between health care and victims of human trafficking.

Before beginning the classroom training, facilitators should review the accompanying appendices for material that you will want to reference during the training. The appendices cover the following:

- **Appendix A:** Human Trafficking Defined
- **Appendix B:** Mandated Reporting, Age of Consent in Ohio and Minor's Consent to Rape-Crisis and Health-Care Services
- **Appendix C:** Ohio Guidelines for Child Abuse Reporting of Consensual Sex
- **Appendix D:** Adverse Childhood Experiences (ACEs)

Before starting the first video, quickly review with the group how Ohio law defines human trafficking. *(See Appendix A)*

Once you begin the training, there are pauses built into the scenario videos for group discussion. Before addressing the material accompanying each portion of the video, training facilitators should ask a few general questions of the group:

- *What just happened?*
- *What are some things you noticed about the patient and/or nurse?*
- *How do you think the patient feels?*

For the health-care provider, the goal should always be to treat the medical needs of the patient first and ensure the safety of both the patient and the health-care team. The health-care provider should use a trauma-informed approach, working to establish trust with the patient and, at the same time, maintaining an honest and transparent conversation about whether mandated reporting is applicable.

In doing so, it is understood that important topics — such as talking to law enforcement — and appropriate resources will be discussed when such discussions suit the patient's mental state and physical condition.

Scenario 1: A possible victim of sex trafficking in a Labor & Delivery setting

A pregnant 34-year-old female arrives at a hospital with a female "cousin" and explains that her water has broken. She is taken to the Labor & Delivery unit. The triage nurse reports that the patient appears malnourished and dehydrated and has many visible bruises and scars.

PAUSE 1

Before proceeding, please discuss the following as a group:

- The indicators of sex trafficking
  - It is important to recognize that there are many indicators that a patient might be a victim of sex trafficking.
  - In this scenario, the indicators noticed upon presentation of the patient include:
    - Malnourishment and dehydration.
    - Multiple bruises on her arms and neck.
    - Several miscarriages/pregnancies in the past.
    - No prenatal care for this pregnancy.
    - Open sores in her mouth.
    - Silence. The patient doesn't answer questions, instead allowing the accompanying female to answer the questions for her.
    - Tattoos or markings that might be a sign of ownership by a trafficker.
  - What are additional signs/symptoms that a trafficking victim might present with?
    - Poor hygiene
    - Signs of substance abuse, use or dependence
    - Multiple sexually transmitted diseases, a urinary tract infection, pelvic pain
    - Tattoos (branding), burns, scars, or marks from restraints
    - Poor oral hygiene and/or unaddressed dental concerns
    - Head injury, headache, migraine
    - History of pressure on or around the neck by any means
    - Constipation
    - Rectal trauma
    - Signs of physical, emotional or sexual abuse
    - Scripted or rehearsed responses
    - Sores, fractures, burns or other issues related to occupational health or labor-related injuries
  - What are some common psychological indicators of human trafficking?
    - Anxiety/panic attacks or depression
    - Nightmares
    - Feelings of vulnerability and/or isolation
    - Low self-esteem or self-blame
    - Lack of feeling safe

Victims of sex trafficking or exploitation may exhibit some, most or all of these indicators — or none of them. It is essential to remember that there is no clinical picture for a victim of human trafficking. Only by building a trusting rapport, conducting a thorough assessment and asking appropriate questions can you, as a health-care provider, potentially persuade a patient to disclose this information to you — as this approach helps to create a safe environment for the patient.

- Here are some additional indicators to consider if you suspect that a patient is a victim of sex trafficking. The patient:
  - May not know her address or where she is.
  - May give contradictory or inconsistent information about her history
  - May not speak English.
  - May avoid eye contact.
  - May be fearful, nervous, angry or rude.

- **Who is with the patient?**

  An additional indicator might reveal itself through the person accompanying the patient — specifically, what their relationship looks like. Know the indicators:

  - The patient may let the person in the room answer all questions.
  - The patient may look to the accompanying person before answering questions.
  - The patient may be accompanied by an older "boyfriend" or "girlfriend." Or perhaps the relationship, as defined by the patient and visitor, seems inappropriate.

- **Assessment of all injuries**

  Be sure to thoroughly assess the patient and discuss all injuries noted. In the video, Debbie has multiple bruises and is in severe pain, which could lead to major complications for her baby if the appropriate questions aren't asked — and her answers may require a prompt response.

PAUSE 2

Before proceeding, please discuss the following as a group:

- **Separate the patient from the visitor.**
  - Consider the safety of the patient, staff and facility before proceeding.
  - Does your facility have a policy regarding visitation? If not, advocate for a policy.
  - Make every effort to speak to your patient privately.
    - Say that the patient must go for a procedure (such as an X-ray or lab/urine specimen) and that no visitors are allowed.
    - If possible, move the patient to a different room within the Emergency Department that is out of view from the previous room.
    - Consider asking a team member to take the visitor to the lobby or cafeteria, so the visitor isn't standing outside the patient's room, near the nursing station or otherwise within earshot of discussions about the situation.
    - If the visitor won't leave, you may need to contact your Security Department.

- **Be sure that you or a team member checks in with Security at your facility about the situation.**

  If appropriate, ask for assistance in keeping the visitor out of the patient's room until the situation is cleared with the patient and/or nurse.

- **Always consider the safety of your patient.**
  - Assess and reassess the patient and the ongoing situation.
  - Do not put the patient's name on a board in the unit, even if that is standard procedure.

PAUSE 3

Before proceeding, please discuss the following as a group:

- **Protect the patient's privacy.**
  - Check the area before speaking with the patient to be sure no one can hear your dialogue.
  - Tell the patient that the facility is a safe place; ask how you can help the patient feel safe.
  - Avoid discussing the patient at the nursing station when speaking to other staff.
- **If you suspect that the patient is being trafficked:**
  - Inform the patient of privacy measures that can be taken, such as "no information."
  - Make sure the patient understands that all calls go through nursing/a charge nurse.
  - With her consent, have the patient's name concealed and medical documents made private in the system.
  - Make sure that this is a conversation, not an interrogation. Listen to the patient, and let her share what she is comfortable sharing. You can do this by stating: *You don't need to tell me anything you don't want to; I am here to listen.*

PAUSE 4

Before proceeding, please discuss the following as a group:

- **Assess for indicators of strangulation and traumatic brain injury.**

  Bruising may be an indicator that the patient was shoved or pushed, may have fallen, and/or may have hit her head.

- **Make the patient feel seen.**
  - Discuss the importance of showing the patient that you care for her as much as you care for her unborn baby.
  - Use a trauma-informed approach to care:
    - Sit with the patient.
    - Remain calm.
    - Seek the patient's consent before touching.
    - Be mindful of what the patient is disclosing.

        - Create a safe space. If the patients feel safe enough — as Debbie did in the scenario — the patient might share something fearful.
        - Listen and be open to what the patient has to say.
        - Remain nonjudgmental, regardless of what the patient has disclosed.
    - Point out that, in the video, the nurse — while empathizing with the patient — never makes false promises about the baby or what is going to happen. It is important to be compassionate and supportive and to keep your word, **but do not make false promises**. Doing otherwise might further traumatize the patient.

- **Drug abuse/addiction and human trafficking.**
    - Discuss how drug abuse is often a means of control, and how trafficking and drug use often correlate.
    - Discuss vulnerable populations in general, sharing that substance users and those suffering from addiction are some of the most vulnerable populations for trafficking.
    - Just as important: Explain that, although there is a correlation between drug addiction and trafficking victims, not all victims are drug-addicted. The same trauma-informed approach should be used whenever trafficking or abuse is suspected.

PAUSE 5

Before proceeding, please discuss the following as a group:

- **The patient's nurse**

  The nurse in the video sets a good example. She:

    - Remains calm, taking care not to escalate the situation or heighten the patient's anxiety.
    - Continues to assess the patient, noting the bruises on her neck and arms.
    - Focuses on the patient, making her feel seen. It's important to remember to always provide trauma-informed care.

- **Respect the "no."**
    - Always respect the patient's decision; this might be a rare chance for the patient to say "no." As you continue to build a trusting rapport, the patient is more likely to disclose something.
    - Empower the patient whenever possible.

- **Medical needs of the patient/baby always come first.**
    - By informing Debbie that her medical history is confidential and assessing her privately, the nurse in the video is able to provide appropriate health care.
    - Avoid making promises that the medical team has no control over or cannot keep.
    - Keep the patient informed about the next steps and what to expect regarding care.
    - Remain honest and transparent about the care received.
    - Provide the patient choices that create a sense of safety and control over the visit.
    - Share some strategies for how best to talk to patients when medical questions must be answered. One possibility: *Would it be OK if I ask you a couple of questions so we can best take care of you and your baby?*

- **Non-fatal strangulation must be addressed.**
    - Many victims of human trafficking have been subjected to non-fatal strangulation, which could lead to traumatic brain injuries. Here are some possible strategies for discussing this issue with a patient:
        - Has anyone ever put anything on or around your neck? (If anything is shared that is consistent with a severe injury, you are required to report this to law enforcement. It will be up to you if you decide to speak with them.)
        - Explain that pressure applied to the neck can cause medical problems, and that we want you to know that your body is safe and healthy.
        - Always thank the patient for sharing information.
        - "Strangulation or Suffocation" (ORC 2903.18) is a felony offense within current state assault laws. The penalty ranges from a second-degree to a fifth-degree felony.
    - Available resources:
        - Recommendations for the Medical/Radiographic Evaluation of Acute, Adult, Non-Fatal Strangulation
        - Recommendations for the Medical/Radiographic Evaluation of the Pregnant Acute, Adult, Non-Fatal Strangulation

PAUSE 6

Discussion:

- If you are the health-care provider who spent time with the patient and were able to establish a trusting rapport, consider going to see the patient in another unit if still hospitalized — as a way of continuing to build that trust. The patient may eventually share life-changing information.
- Always keep in mind that asking questions without following through and providing resources can be more detrimental to the patient than not asking at all.
- It is important to recognize the strength it takes to be honest about one's use of heroin. Debbie, in this scenario, could be better informed and connected to ongoing medical services regarding drug use/addiction. This scenario offers a good opportunity for Debbie to become educated about how drugs are often used by others to maintain control over another person. Debbie's ability to trust the medical team can help initiate her healing physically, spiritually and emotionally. Providing Debbie with ongoing medical services and connecting her to mental, social and legal services will support her road to recovery, leading to an improved health outcome for her and her baby.

Scenario 2: A minor patient possibly being trafficked by a parent

Brianna is a 15-year-old female who presents to your department (Family Health) for a same-day appointment.

PAUSE 1

Before proceeding, please discuss the following as a group:

- **What is the age of consent in Ohio?**

  The age of consent in Ohio is 16. *(See Appendix B)*

- **Are health-care professionals allowed to treat a 15-year-old without parental consent, or do we need to call the mother for permission?**
  - Ohio law (ORC §3709.241) allows a minor to consent to the diagnosis or treatment of any venereal disease without the permission of a parent or guardian. There is no minimum age specified in the law, but Ohio also defines "Close in Age" — also known as the Romeo and Juliet Exception — which allows teens to consent to sex before age 16 if:
    - The partner is not older than 18.
    - The patient is not younger than 13.
  - Legal consent between teens is possible; however, the provider needs to assess the possibility of a threat of harm or coercion or the sexual partner having authority or control over the patient. *(See Appendix B)*

- **What are possible next steps for this nurse?**
  - Assess the patient outside the presence of any person who arrives to the clinic with the patient. Find a private room where the patient is more likely to disclose pertinent information. **The importance of this point cannot be overstated.**
  - Perform a trauma-sensitive physical exam.
  - Explain why you are performing each portion of the exam, and ask for consent before proceeding with each step of the exam.
  - Keep covered any part of the patient's body that you don't need to examine.
  - Let the patient know that she/he may stop the exam at any time or take breaks.
  - Document the physical exam, paying particular attention to the location and description of injuries (use an injury map or drawings if available) and current, concealed and old injuries.
  - If possible and with written consent, obtain photographic images of any injury or signs of trauma identified during the examination.
  - If, through this process, you have reasonable cause to believe that the patient is a child trafficking victim and the case hasn't been reported by nursing, contact the Department of Children and Family Services in the county in which the patient lives.

- What are the indicators?
  - Common indicators of human trafficking:
    - Poor hygiene
    - Malnourishment
    - Signs of substance abuse, use or dependence
    - Multiple sexually transmitted diseases, urinary tract infection, pelvic pain
    - Tattoos (branding), burns, scars or marks from restraints
    - Poor oral hygiene and/or unaddressed dental concerns
    - Head injury, headache, migraine
    - Constipation
    - Rectal trauma
    - Signs of physical, mental or sexual abuse
    - Scripted or rehearsed responses
    - Sores, fractures, burns or other injuries related to occupational health or labor-related injuries, or injuries that have healed without medical attention
    - Pressure from boss to stay in a job/situation that the patient wants to leave
    - Money issues. The patient might owe money to an employer or recruiter, might not be receiving payment as promised or owed, or might have fictional debt.
    - Limited access to or control of her identification documents or money
    - Consistently long work hours and varying levels of isolation
    - Monitoring by another person when the patient talks/interacts with others
    - Threats of deportation or other harm by her boss
    - Dangerous work environment — one lacking in proper safety gear, training, adequate breaks or other protections
    - Inhumane living conditions provided by employer
    - Forced commercial sex; the patient wants to stop but feels pressured or scared to leave
    - Workplace pressure to perform sex acts for money (as at a strip club or illicit massage business)
  - Common psychological impacts of human trafficking:
    - Anxiety disorders/panic attacks, depression, PTSD
    - Nightmares, sleep disorders
    - Feelings of vulnerability and/or isolation, grief, survival outlook
    - Low self-esteem or self-blame
    - Lack of feeling safe
    - Complex trauma
    - Trauma bond with trafficker

  Those involved in sex trafficking or exploitation may exhibit some, many or all of these indicators — or none of them. It is essential to remember that there is no clinical picture for a victim of human trafficking. Only by building a trusting rapport, conducting a thorough assessment and asking appropriate questions can you, as a health-care provider, potentially persuade a patient to disclose this information to you.

- **How to know whether the accompany visitor is Brianna's grandparent?**
    - Because the health-care provider doesn't need the guardian's consent to test and treat for possible sexually transmitted infections, we do not need to determine at this time whether the accompanying person is, in fact, Brianna's grandparent.
    - It is essential to clarify that the accompanying person is a safe person before discussing personal information with the patient or discharging the patient.
    - It is also important to note that trafficking victims might refer to someone as an aunt, a cousin, a grandmother/etc. when, in fact, that person is the actual trafficker or a representative of the trafficker.

PAUSE 2

Before proceeding, please discuss the following:

- **What are "social determinants of health"?**
    - Social determinants of health (SDOH) are the conditions in place where people live, learn, work and play that can affect a wide range of health and quality-of-life risks as well as outcomes.
    - SDOH have a major impact on people's health, well-being and quality of life.
    - Some examples of social determinants of health:
        - Safe housing, transportation and neighborhoods
        - Racism, discrimination and violence
        - Education, job opportunities and income
        - Access to nutritious foods and physical activity opportunities
        - Polluted air and water
        - Language and literacy skills
- **Have you heard of the ACEs, or Adverse Childhood Experiences?**
    - ACEs are potentially traumatic events that occur in childhood, from ages 0-17 years, that are linked to chronic health problems, mental illness and substance-abuse problems in adolescence and adulthood. *(See Appendix D)*
    - ACEs often play a role in the lives of trafficking victims, traffickers and sex buyers. The phrase "Hurt people hurt people" encapsulates the idea that people who have suffered ACEs often pass the damage on.
- **Have you heard of the PCEs, or Positive Childhood Experiences?**
    - PCEs stem from safe, nurturing and stable relationships and environments and have the power to prevent or protect children from toxic stress and traumatic events leading to a higher ACE score.
    - Some examples include play, quality time and bonding; support from other adults and friends; and nurturing environments.

- **Importance of medical and mental health assessment.**
    - The multiple health consequences that may result in victims of human trafficking are mainly due to factors such as:
        - Food and sleep deprivation.
        - Extreme stress.
        - Violence (physical and sexual).
        - Work hazards.
    - Most victims do not have access to health care. These individuals face a high risk of acquiring multiple sexually transmitted infections and being subjected to multiple forced and unsafe abortions. Additionally, physical abuse often occurs, which can result in burns, broken bones, contusions and dental problems.
    - Victims of human trafficking experience psychological health consequences resulting in high rates of PTSD, depression, suicidal ideation, drug addiction and various somatic symptoms.
    - For all of these reasons, a thorough medical exam and a mental exam are important in this population. Likewise, it's important to provide appropriate resources.

PAUSE 3

Before proceeding, please discuss the following:

- **Patient questionnaire**

  If your facility has a questionnaire for the patient to fill out:

    - Ensure confidentiality and privacy for the patient.
    - Ensure that the patient can read/write.
    - Read out loud and alone to patient if the patient cannot read/write.

- **What do you know about trauma-informed care?**

  Trauma-informed care is the practice and understanding of — and responsiveness to — the impact of trauma. It emphasizes the physical, psychological and emotional safety of both victims and care providers, and creates opportunities for survivors to rebuild a sense of control by implementing these principles:

    - Safety
    - Trustworthiness and transparency
    - Peer support
    - Collaboration of resources
    - Empowerment, voice and choice
    - Cultural, historical and gender issues

PAUSE 4

Before proceeding, please discuss the following:

- **What are some of this patient's vulnerabilities that could lead to her becoming a victim of human trafficking?**
  - In this scenario, Brianna is experiencing many vulnerabilities to human trafficking, including:
    - Having an unstable living situation. *Brianna states that her mom is a "crackhead and is never home."*
    - Having a relative or caregiver with a substance-abuse issue
    - Being a runaway or being involved in the foster care system. *It is noted that Child Protective Services has been involved with the family due to several school absences, possible runaway behaviors.*
    - Facing poverty or an economic need. *Brianna describes the need to provide food for herself and her little sister.*
  - Additional vulnerabilities to human trafficking include but are not limited to:
    - A history of domestic violence.
    - A history of sexual abuse.
    - Addiction to drugs or alcohol.
    - Financial insecurity.
    - Food insecurity.
    - Immigration status.
  - Additionally, almost half of identified cases of child sex trafficking begin with some family involvement. In such cases, minors are exchanged for the purpose of exploitation in exchange for money, goods or services.

PAUSE 5

Before proceeding, please discuss the following:

- **Educate.**
  - Take time to explain what is really happening in this situation and recognize that it is human trafficking.
  - Be sure the patient is aware that she/he does not have to give you information right away if she/he doesn't want to but that the staff is legally obligated to report it.
  - Encourage the patient to always return if she/he feels unsafe or needs any help.
- **Respect the "no." Do not push for answers.**
  - Respecting the patient's choice is essential. Never push the patient for answers.
  - Allow time for silence.

- The patient, perhaps embarrassed or ashamed of her/his behavior, may not be forthcoming with information. Continue to build a rapport and allow the patient to answer what she/he is comfortable with sharing.
- If the patient does not want to disclose information, consider restating questions or statements.
  - One possibility: *I have noticed_____, and I am concerned about you. Or: If you do ever need help, we are here for you, and you can always come back. I will do my best to help you in any way that you need.*
  - Provide resources to the patient, such as the National Human Trafficking hotline number, 911 and/or any appropriate local resources.
  - Plant the seed.

- **What are some possible next questions for this nurse?**

  Ask the patient:

  - How do you arrange these meetings with the neighbors?
  - Does your mother/grandmother take you to meet these men?
  - How long has this been going on?
  - Does your sister also have to have sex with neighborhood men?
  - After you are paid or given anything of value, do you have to give the money/item to anyone else?
  - Is someone else receiving money or anything of value in exchange for the sexual acts?

- **Is this human trafficking?**
  - Yes. Under both federal and state law, anyone under the age of 18 engaged in a commercial sex act is a victim of human trafficking.
  - This scenario is an example of minor sex trafficking. The law requires you, as a mandatory reporter, to report this situation even if the patient doesn't want you to.

- **Is this survival sex?**
  - Yes. Brianna and her sister would not eat if she didn't have sex with these people. Survival sex is a dynamic often seen in sex-trafficking cases.

- **How does a commercial sex act differ from a sex act?**
  - Commercial sex is a sex act involving an exchange of something of value (money, drugs or shelter, for example). No one under the age of 18 can legally consent to commercial sex. In this scenario, the patient is a minor engaged in commercial sex – and, therefore, is a victim of human trafficking.
  - A sex act does NOT involve the exchange of something of value; it is legal unless the act was forced, coerced, or involves a person in a position of power over the victim. There are also age-of-consent laws regarding sex acts. See Appendix B for information on the age of consent in Ohio.

    To reiterate: The patient in this scenario is a minor engaged in a commercial sex act – and, therefore, cannot consent.

PAUSE 6

Before proceeding, please discuss the following:

- **Is Brianna's mother trafficking her daughter?**

  Brianna's mother could possibly be trafficking her, or she knows and doesn't care to stop it because of the drug addiction. Brianna's mother could also be arranging her dealer to have sex with Brianna so that her drug supply continues. Whether this is survival sex, prostitution or trafficking, the patient is 15 — and, as a mandated reporter, you must notify Child Protective Services (CPS). *(See Appendix B)*

- **What is age of consent in Ohio?**

  The age of consent in Ohio is 16. *(See Appendix B)*

- **Do you need to call Child Protective Services?**
  - Yes. Any abuse and/or neglect concerns involving a minor must be reported. *(See Appendices B and C)*
  - There is also an opportunity to explain to the patient that CPS might be able to assist with items such as food as well as options for the patient to bring in family income.

- **Do you need to call law enforcement?**
  - Yes. Any abuse/neglect concerns for anyone under the age of 18 must be reported when human trafficking is suspected. If the patient does not disclose but the health-care provider has suspicion, the provider should report it to law enforcement.
  - For more information on Ohio law regarding the reporting of child abuse or neglect, refer to ORC Section 2151.421.
  - Consider that the patient may have varied reactions once you state that you have to call law enforcement.
  - Provide information to law enforcement and answer officers' questions.

- **Give Brianna the choice about discussing this situation with her grandmother.**
  - Keep in mind that, in many cases, several members of the family could be involved in the trafficking of one or more other family members.
  - Have a discussion with Brianna; confirm that her grandmother is supportive, and that the child feels safe with her.
  - Ask Brianna how she would like the conversation with her grandmother to play out?
  - Does she want to tell her grandmother what's going on, or does she want the nurse to start the conversation?
  - Always make sure that staff and other patients remain safe if you fear that disclosure will escalate matters.

- **Do you call the mother to ask her to come to the hospital?**

  No. In this case, Brianna's mother knows that Brianna has been doing this — and is likely a primary reason that this is happening to her daughter. Make sure you have the mother's information, and

report the matter to Child Protective Services and local law enforcement. (Note: In some cases, the mother may know — or she may be so drug-addicted that she doesn't know.)

- **Additional questions to consider:**
  - What is your hospital policy on who gives consent when a minor is brought in for regular appointment versus a life-threatening emergency?
  - If getting a mother's consent puts the child at risk for harm, do you notify the parent? You may want to call your facility's risk management/legal department.
- **Should a sexual-assault evidence collection kit be completed?**
  - Maybe, depending on when the most recent sexual assault occurred. Currently in Ohio, evidence can be collected up to 96 hours for those 13 and older, and 72 hours for those 12 and younger.
  - This patient is possibly a human trafficking victim who wasn't able to get to the hospital within the evidence-collection timeframe. For potential future encounters, she should be educated on Ohio's Protocol for Sexual Assault Medical Forensic Exams.
- **Additional medical services for minors beyond timeframe for evidence collection**

  HIV, syphilis, hepatitis baseline testing and ongoing testing at six-week, three-month and six-month intervals.
- **Safe documentation**
  - Be mindful of what is charted in an electronic medical record and who could have access to the records.
  - Be sure to discuss this with your patient.
- **Peer support**

  Does your facility utilize peer support? If so, consider calling peer support after your discussion with the patient.

Scenario 3: A possible victim of labor trafficking in an ER setting

An 18-year-old Spanish-speaking Argentinian male is brought into the ER with a severe laceration in his left index finger. Miguel is not bilingual. Miguel's "aunt" explains that he was injured in a farming accident. She also states that she is Miguel's only next of kin since his arrival in the United States.

PAUSE 1

Before proceeding, please discuss the following as a group:

- **What is labor trafficking?**

  Refer to Appendix A, which defines human trafficking.

- **Does law enforcement need to be called if labor trafficking is suspected?**
  - Refer to Appendix B, which addresses mandated reporting guidelines for Ohio.
  - Refer to your hospital policy regarding all mandated reporting guidelines.

- **What are the indicators of labor trafficking?**

  It is important to recognize that there are many indicators that a patient might be a victim of labor trafficking.

  - In this scenario, the indicators noticed upon presentation of the patient include:
    - The patient does not speak English.
    - The patient's "aunt" speaks for patient, never allowing the patient to speak for himself.
    - The patient does not make eye contact when the nurse is speaking with him.
  - Some additional indicators that a victim of labor trafficking might present with:
    - Poor hygiene
    - Malnourishment
    - Poor oral hygiene and/or unaddressed dental concerns
    - Head injury, headache, migraine
    - Constipation
    - Signs physical, mental, or sexual abuse
    - Sores, fractures, burns or other injuries related to occupational health, labor-related injuries, or injuries that have healed without medical attention
    - Scripted or rehearsed responses
    - Pressure from boss to stay in a job/situation that the patient wants to leave
    - Money issues. The patient may owe money to an employer or recruiter, might not be receiving payment as promised or owed, or might have fictional debt.
    - Limited access to or control of identification documents or money
    - Consistently long work hours and varying levels of isolation
    - Monitoring by another person when the patient talks/interacts with others
    - Threats of deportation, criminal charges, or other threats of harm from a boss

        - Dangerous work environment — one lacking in proper safety gear, training, adequate breaks, or other protections
        - Inhumane living conditions provided by employer
    - Common psychological impacts of human trafficking:
        - Anxiety disorders/panic attacks, depression, PTSD
        - Nightmares, sleep disorders
        - Feelings of vulnerability and/or isolation, grief, survival outlook
        - Low self-esteem or self-blame
        - Lack of feeling safe
        - Complex trauma
        - Trauma bond with trafficker

    Those involved in labor trafficking or exploitation may exhibit some, many, or all these indicators — or none of them. It is essential to remember that there is no clinical picture of a victim of human trafficking. Only by building a trusting rapport, conducting a thorough assessment, and asking appropriate questions can you, as a health-care provider, potentially persuade a patient to disclose this information to you.

    - Additional indicators to consider if you suspect labor trafficking.

      The patient:

        - May not know an address or where he is presently located.
        - May give contradictory or inconsistent information about his history.
        - May not speak English.
        - May avoid eye contact.
        - May be fearful, nervous, angry, or rude.

- Who is with the patient?
    - An additional indicator might reveal itself through the person accompanying the patient — specifically, what their relationship looks like. Know the indicators:
        - The patient lets the person in the room answer all questions.
        - The patient looks to the accompanying person before answering questions
        - The patient is accompanied by an older “boyfriend” or “girlfriend” who seems suspicious.
        - The relationship, as defined by the patient and visitor, seems inappropriate?
        - May avoid eye contact.
        - May be fearful, nervous, angry, or rude.
    - What is the tone and cadence of the conversation between the patient and the person accompanying the patient? Those details might suggest something is amiss.
    - Be mindful that Miguel and others in his situation may be given a fake ID. Try to ascertain who provided an identification card to your patient.

General tip: Begin to use your assessment skills as soon as you enter the room, remembering that body language often speaks louder than the spoken word.

PAUSE 2

Before proceeding, please discuss the following:

- **Separate the patient from the visitor.**
  - Consider the safety of the patient, staff, and facility before proceeding.
  - Does your facility have a policy regarding visitation? If not, advocate for a policy.
  - Make every effort to speak to your patient privately.
    - Say that the patient must go for a procedure (such as an X-ray or lab/urine specimen) and that no visitors are permitted.
    - If possible, move the patient to a different room within the Emergency Department that is out of view from the previous room.
    - Consider asking a team member to take the visitor to the lobby or cafeteria, so the visitor isn't standing outside the patient's room, near the nursing station or anywhere within earshot of discussions about the situation.
- **Alert security at your facility regarding the situation.**
  - If the visitor refuses to leave, realize that you may need to contact your Security Department. If necessary, ask Security to keep the visitor out of the patient's room until the situation is cleared with the patient and/or nurse.
  - If there is an immediate danger, call 911.
- **Always consider the safety of your patient.**
  - Assess and reassess the patient and the ongoing situation.
  - Do not put the patient's name on a board in the unit, even if that is standard procedure.
- **Other considerations when trafficking is suspected.**
  - Assess all injuries.
    - In this scenario, Miguel presents with an injury to his left index finger. With the patient's consent, though, you should conduct a full-body assessment and discuss any noted injuries. It is imperative to do this assessment without the person accompanying the patient in the room.
    - Take care to uncover each body area only as much as needed. Be mindful of cultural considerations and patient consent.
  - Listen to your gut instinct. If you noted some indicators, are concerned, and do not know the best way to handle the situation, you can discuss your concerns in a private location with:
    - The charge nurse or provider seeing the patient.
    - The forensics team, if available in the facility.
    - Or the case manager or social work team.
  - Know your facility's policies and procedures regarding the use of interpreting services.
    - A family member should never be used in medical situations as an interpreter for a patient.

- If trafficking or other abuse is suspected, try to find a health-care colleague who speaks Spanish (or the language your patient speaks) and have the colleague listen to any conversation between the patient and the person accompanying the patient.

General tip: Remember the nuances of eye contact. Throughout a safety assessment, it's vital for most patients that you make eye contact. If you aren't making eye contact, the patient might think that you aren't listening or aren't really interested — and may not feel safe disclosing information. As you attempt to make eye contact, remember that the patient may be reluctant to make eye contact with you. Many victims have been programmed never to look eye-to-eye with a trafficker or others.

PAUSE 3

Before proceeding, please discuss the following:

- **Protect the patient's privacy.**
  - Check the area before speaking with the patient to ensure that no one can hear your conversation.
  - Avoid discussing the patient at the nursing station when speaking to other staff.
- **Make the patient feel seen and give him choices.**
  - Be aware that the power of choice is something Miguel and others in his situation may not have in their day-to-day lives.
  - Consider asking Miguel what he likes to eat or what he has been eating since coming to the United States.

PAUSE 4

Before proceeding, please discuss the following:

- **Use a trauma-informed approach to care.**
  - Sit with the patient.
  - Remain calm.
  - Seek the patient's consent before touching. Many such patients do not feel worthy of being touched.
  - Be mindful of what the patient is disclosing.
  - Create a safe space.
  - Listen and be open to what the patient says.
  - Remain nonjudgmental, regardless of what the patient discloses.
  - Avoid the appearance of interrogating the patient.
- **Respect the "no."**
  - The patient, perhaps embarrassed or ashamed of his behavior, may not be forthcoming with information.

- If the patient does not want to disclose information, consider restating questions or statements.
  - One possibility: I have noticed _____, and I am concerned about you.
  - Or: If you ever do need help, we are here for you, and you can always come back. I will do my best to help you in any way that you need.
- Never push the patient for answers. If the patient says he isn't ready to discuss his situation further, respect his decision. Developing trust is vital.
- Continue to build a rapport and allow the patient to answer what he is comfortable with sharing.
- Empower the patient whenever possible.

- **Provide resources to the patient.** A good starting point: the National Human Trafficking hotline number and appropriate local resources.
- **Pause intentionally.**

  When talking to patients, remember to pause after asking questions.
  - Do not fill the space.
  - Space is for thought.
  - Space is for emotions.
- **Recognize the patient's possible fears.**

  Due to manipulation by a trafficker, the patient might fear:
  - Deportation or criminal charges — or both.
  - Harm to his family in the U.S. or in his home country.
- **Do not make promises that you can't keep.** It is important to be compassionate and supportive and to keep your word, but do not make false promises. Doing otherwise might further traumatize the patient.

General tip: In assessing a patient, avoid a list of check-off questions. At the outset, the patient is more likely to answer routine health-related questions that are general. Save the more detailed questions for later in the visit, after you begin to establish trust with the patient.

PAUSE 5

Before proceeding, please discuss the following:

In this scenario, Miguel wasn't ready to discuss his situation any further with the health-care provider. It is our hope that, because the nurse used a trauma-informed approach and built a rapport with Miguel, he now views the hospital as a safe place for him to return to if needed.

If your patient does begin to disclose information about a trafficking situation, there are questions that can be asked once a rapport has been established.

- **Using a nonjudgmental, trauma-informed approach.**

  The health-care worker should begin an interview with the least-invasive questions and comments:

  - What can I do to make you feel more comfortable?
  - Tell me about your living situation? Sleeping arrangements?
  - Are you safe?
  - Tell me about where you're from.
  - Are you able to come and go as you please?
  - Have you ever been lied to about the type of work you would be doing?
  - Have you ever had to exchange acts of service for money, food, or shelter?
  - If you are undocumented, I am still able to help you.
  - I am not law enforcement — you are safe. I am here to help.
  - Does anyone hold your personal identification, license, or passport?
  - Have you ever been forced or asked to do something you did not want to do?
  - Are you scared of the people you work with or for?
  - Do you feel people are controlling you?

- **If the patient answers yes to any of these questions, the staff member asks:**

  - Are you afraid to get help?
  - Does something hold you back from getting help?
  - Do you know how to get help when you need it?
  - Are you aware of the available resources?

- **If the patient answers yes to any of the previous questions, a safety assessment must be completed.**

  - Is the patient a minor, developmentally delayed or elderly?
  - Is the trafficker or someone sent by the trafficker present?
  - Does the patient believe that he or someone else will be harmed if he doesn't return?
  - If the trafficker is not present, when is the patient expected to return to the trafficker?

- **If the patient is a minor, developmentally disabled or elderly, follow hospital policy and protocol.**

  Be sure that mandated reporting guidelines are followed per hospital policy.

- **If an adult patient is capable of consent and the safety assessment identifies concerns, ensure the patient's safety by notifying hospital security and obtaining consent from the patient to notify law enforcement.**

  If imminent danger is suspected, notify law enforcement immediately.

- **If an adult patient is capable of consent and denies being trafficked, or states that he isn't ready for assistance, resources should be offered and explained to the patient.**

  Such resources include but aren't limited to law enforcement, local shelters, and advocacy agencies. If the patient refuses the resources — or feels it is unsafe to do so in case he is discovered by the trafficker — provide the patient with a handwritten number for 911, local human trafficking task forces, the National Human Trafficking Hotline (1-888-373-7888) or the BeFree Text line (233733). Make sure that no human trafficking indicators or referrals are visible on the patient's discharge paperwork.

- **Whether a patient accepts or declines assistance, report the suspected case.**

  The National Human Trafficking Hotline must be contacted by health-care personnel for national tracking purposes. This can be done in a HIPAA-compliant manner according to hospital policy, always protecting both the patient's privacy and rights.

- **Patient will have appropriate follow-up referrals made.**
  - Medical: Follow-up medical care as indicated.
  - Mental health: Resources in the area or region, as applicable.
  - Legal:
    - Local law enforcement agency for immediate intervention as needed.
    - Legal aid referral service.
    - Private attorney.
  - Safety plan:

    When a patient does not meet mandated reporting criteria (as per ORC Section 2151.421) and the patient declines assistance, patient autonomy must be respected. If the patient verbalizes that he feels safe at this time and can identify or list safe alternatives, document those details in the patient's chart upon discharge.

- **Discuss some of the reasons/barriers people do not disclose their abusive situation.**

  The following list is not exhaustive:

  - Threat to one's own life or family members'
  - lives
  - Emotional blackmail
  - Financial blackmail
  - Trafficker instilling in victim that "Americans do not like brown skin"
  - Fear of deportation (fueled by trafficker)
  - Loss of income for self/family
  - Manipulation, fear, gas lighting
  - Bullying, punishment (physical, emotional) for not doing as told

Scenario 4: A possible victim of sex trafficking in an EMS setting

An EMS unit from a local fire department is dispatched to a female who is having an asthma exacerbation. Upon arrival, EMS personnel take standard precautions and survey the scene, which is a two-story Colonial-style home in an unremarkable suburb. They knock on the door and are greeted by a man who says his girlfriend is having difficulty breathing.

PAUSE 1

Before proceeding, please discuss the following as a group:

- The indicators of sex trafficking
    - It is important to recognize that there are many indicators of sex trafficking and that the presence of one or two indicators doesn't necessarily mean a patient is being trafficked. The totality of indicators identified while surveying the scene — and surveying it a second time — can help clarify the situation.
    - In this scenario, the indicators noticed upon presentation of the patient include:
        - Padlocks on inside doors.
        - Alcohol/prescription bottles in the house, drug paraphernalia (pipes, syringes) and large amounts of sexual paraphernalia (condoms, lubricants, etc.).
        - Cigarette smoking by patient despite being asthmatic.
        - Apparent needle marks on the patient's arm. (**Important to note:** Be sure to ask the patient about possible substance-use disorder using person-first language. Intravenous drug use might help to explain the shortness of breath and open the door to treatment at an emergency room.)
        - The "boyfriend" talking on behalf of the patient, interrupting when EMS specifically questions her.
        - Patient's silence, allowing the "boyfriend" to speak for her.
        - Hesitation from the "boyfriend" regarding the female's personal information, suggesting that he doesn't know it well.
        - The variety of people/adults in the house.
    - What are some physical/health-related indicators that a trafficking victim might present with?
        - Poor hygiene
        - Poor oral hygiene/unaddressed dental issues, possibly due to substance-use disorder
        - Signs of substance abuse, use or dependence
        - Patient history of STIs, UTI, pelvic pain, impacted tampon
        - Tattoos (branding), burns, scars, marks from restraints
        - Head injury, headache, migraine
        - Constipation
        - Rectal trauma
        - Signs of physical, emotional or sexual abuse
        - Sores, fractures, burns or other injuries that could be labor-related
        - Signs of strangulation

- What are some common psychological indicators of human trafficking?
  - Anxiety, panic attacks, depression
  - Feelings of vulnerability and/or isolation — which patients often are too guarded to divulge. (**Important to note:** Meeting basic needs — at the scene or in the squad -- and displaying empathy and compassion can go a long way as you work to build trust with the patient.)
  - Self-blame or low self-esteem
  - Lack of feeling safe — something patients generally won't report. (**Important to note:** Taking measures to ensure the patient's safety is key, as is tending to basic comforts — such as providing the patient a blanket.)
  - A history of mental-health crisis or suicide attempt
- Be aware that indicators of human trafficking can more easily be missed if a house or other location is "known" to EMS.
  - EMS often encounters "frequent flyers." Still, each EMS visit should be regarded as a new contact, without recency bias — to increase the likelihood of identifying trafficking victims.
  - A patient who frequently requires care for a substance-related emergency should raise a red flag. Traffickers often use opioids to control, subdue and even punish their victims. If a person is known to have frequent overdoses, victimization might be involved; traffickers sometimes force repeated overdoses on victims as punishment.

Those involved in sex trafficking or exploitation may exhibit all of these indicators — or none. It is essential to remember that there is no clinical picture for someone involved in human trafficking. Only by building a trusting rapport, conducting a thorough assessment and asking the appropriate questions, can you, as a first responder and health-care provider, encourage a patient to disclose this information to you — because such an approach helps create a safe environment for the patient.

Care-related considerations for EMS personnel

- Before touching a patient — to apply a blood-pressure cuff, for example — be sure to ask to do so. A simple "May I check your vital signs?" should elicit verbal consent.
- Slowly explain what you are doing, step by step.
- As a first responder, keep your antenna up: Is asthma the patient's only issue? Or does something else raise concerns about the patient?

Additional indicators/red flags to watch for if you suspect that your patient is a victim of sex trafficking.

The patient may:

- Not know her address or where she is.
- Give contradictory or inconsistent information about her history.
- Not speak English or not exhibit a dialect/accent that's consistent with the region/community.
- Avoid eye contact.
- Be fearful, nervous, angry or rude.
- Not have personal effects, including a means of communication (such as a phone) or furniture.
- Lack identification or not be in possession of her ID.
- Resist going to a hospital via EMS due to stigma.
- Lack a support structure and/or a direct connection with the community. She may not have a job in the area, attend a nearby school or have family in the community or region.

Who is with the patient?

An additional indicator might reveal itself through the person accompanying the patient — specifically, what that person's relationship with the patient looks like. It's important to know the indicators.

The patient may:

- Be accompanied by a suspicious person, such as an older partner; or the relationship, as defined by the patient and visitor, might seem inappropriate.
- Let the person in the room answer all questions for her.
- Look to the accompanying person before answering questions.
- Give responses to questions that seem scripted or rehearsed.

Always keep the safety of the patient, yourself and your peers uppermost in mind. Separate the patient from the accompanying person as much as possible. If the patient must be transported to a hospital, use your agency's EMS policy regarding "riders" to your advantage, insisting that only EMS personnel go with the patient in the ambulance and that "family members" or "friends" obtain other means of transportation.

Assessment of all injuries

Always be sure to thoroughly assess the patient and to note in your EMS Patient Care Documentation any observed injuries, issues or concerns.

Safety considerations

- If the accompanying person continues to interrupt, the situation could escalate — so you may need to get yourself and the patient out of the house.
- Per your agency's policy, you may decide to contact law enforcement. Remember that safety — the patient's, yours and your co-workers — is paramount.
- Be aware that the situation could be more dangerous than it appears.
- Never allow someone to place himself between you and a means of egress in any room. Situational awareness, a diminishing skill if not practiced, can assist you in identifying dangerous situations before they become overtly apparent.
- If you fear for your safety or that of others, call for law enforcement.
- Find a way to speak with the patient privately.
    - Isolating the patient in the back of the medic unit and performing a secondary survey may reveal indicators that weren't initially apparent.
    - The isolation, along with the rapport you've worked to establish with the patient, can foster an environment in which the patient opens up about her situation, providing information to you.

PAUSE 2

As firefighters and EMS professionals, you are often called to places where law enforcement is less welcomed. You and your crews have warrantless entry and, as such, are the largest intelligence-gathering apparatus in the country: You see and observe what goes on inside countless buildings and homes that law enforcement would need warrants or exigent circumstances to enter. This makes your work vital to the fight against human trafficking.

In this scenario, your crew agrees that the patient should be transported to a hospital. You could treat her at the scene, but, as the interview and assessment continued, crew members agree that something more is occurring. The "boyfriend" continued to speak on behalf of the patient, and, during the EMS crew's 10 minutes on the scene, other women passed by the room in the hallway. None appeared to be related to the patient or the "boyfriend," and none hung around the room for long — which seems odd, as most people are generally drawn to situations involving firefighters and EMS personnel.

You tell the patient that you will be taking her to the hospital, where she will be set up with medications and a doctor to guide her long-term asthma treatment, which she currently lacks. The "boyfriend" says that he cannot go to the hospital with her but would like her to have company; he offers to have his "sister," who is downstairs, go with her. You and your crew find the situation suspicious but aren't sure what's going on.

Before proceeding, please discuss the following as a group:

- Should you allow the boyfriend's sister to go to the hospital?
    - The uncertainty reinforces the need to isolate the patient. As mentioned, you could state that EMS policy does not allow anyone to ride in the ambulance with the patient.
    - If potential indicators emerge, take note of them so you can relay them to Forensic Nursing, Social Work and/or Peer Support upon arrival at the hospital.
- Other considerations:
    - Whether or not other children are involved
    - The ages of others in the house
    - A patient's "no." This may be the rare opportunity that the patient has to say "no," so be sure to respect her decision. As you continue to gain her trust and build a rapport, the patient may later disclose something.
    - The patient's choice and voice. Encourage both whenever possible.
    - With the patient's consent, consider calling a local human trafficking task force to come to the hospital, especially if a forensic nurse or social worker is unavailable.
- What hospital should you go to and why?
    - Based on EMS protocols — if appropriate, go to an emergency department with forensic nursing.
    - Define forensic nursing for the EMS workers — and ask whether they know what hospitals in their area have forensic departments/nurses?
    - Some places will take people to their preferred hospital. Know your resources.
    - Talk to your patients: "Yes, you can go to X hospital, but are you aware that Y hospital has this resource?"
    - If the patient usually goes to a freestanding hospital, explain why a "full" hospital may have greater resources for patients.

- Understand that the patient may be unaware of the area and the hospital they want to go to.
- Call the commander if transferring the patient outside of your jurisdiction — and follow up by creating protocols for such scenarios if possible.
- If you're able to develop a rapport in the time it takes to get to the hospital, talk to the patient about disclosing information.
- Avoid asking the patient outright if she is being trafficked; allow her to divulge that information.
- Be sure to report any suspicions to the forensic unit, if one is available; if not, the information should be reported to an RN, a medical doctor or a social worker. (**Important to note:** Reiterate that these conversations should never happen in front of possible traffickers.)

PAUSE 3

The EMS crew preps the patient for transport to a hospital with a forensic nursing program — also known as a SANE (sexual assault nurse examiner) program — because of suspicions that there may be human trafficking issues at this residence. Remember that EMS encounters myriad situations, and if you can justify that reporting your concerns is in the best interest of the patient, you will never be at fault. You are your patient's advocate for the duration of the EMS call and transport. Keep in mind: "Everyone matters, or nobody matters.

The boyfriend isn't happy to learn that no one is allowed to ride with the patient in the medic unit. You respond: "Hey man, we're just the fire department, and we have bosses and rules to follow. I hope it's cool."

You have successfully moved the patient into the back of the medic unit, where she is now isolated from others at the house. The patient is silent, and you want her to talk some more so you can assess her breathing; she seems disconnected. Despite your best efforts, the patient remains silent. Your instincts tell you that, yes, there are much deeper issues at play. Attempt to build a rapport with the patient in any way possible. You might start by asking whether there's anything you can do to make her more comfortable or safe.

Before proceeding, please discuss the following as a group:

- Take time to write down a statement that could be made to the patient that is compassionate and conveys an understanding of what may be going on. Ensure that the statement is non-accusatory and sets the patient up for potential disclosure to the forensic/SANE nurse upon arrival.
    - Make sure that you are not immediately contacting law enforcement — create a safe environment.
    - Address other safety concerns that the patient might like to discuss that she did not feel safe discussing at the house.
    - Discuss reporting options, emphasizing concern for the patient's safety.
    - Discuss options for shelter/housing. Does the patient want to return to the residence?
    - Ensure the patient that you are equipped to help her connect to resources and, if warranted, share concerns with nurses.

- If the patient is a minor:
    - Understand mandated reporting requirements and be transparent with the patient about your duty to report safety concerns.
        - Any abuse/neglect concerns for anyone younger than 18 must be reported when human trafficking is suspected.
        - If the patient does not disclose but the health-care provider has suspicion, the provider should report it to law enforcement.
        - For more information on Ohio law regarding the reporting of child abuse or neglect, refer to the Ohio Revised Code Section 2151.421.
        - Be aware that the patient may have varied reactions once you discuss the mandated reporting.
        - Provide information to law enforcement and answer officers' questions.
- If there is concern that a parent is the trafficker:
    - Have the parent ride in the front seat if he/she must go with the child (because the patient is a minor).
    - If the parent insists on hearing what is going on in the back, tell the parent that he/she cannot sit in the back because seatbelts are required for passengers.
- Ensure that the handoff to the hospital emergency department staff is as smooth as possible and that the patient knows what to expect.
- Practice trauma-informed care throughout the process.

PAUSE 4

In this scenario, the patient and her "boyfriend" are adults. It's not a situation involving a child or elder abuse; had it been, EMS personnel would be legally required to report their suspicions to the receiving hospital.

Before proceeding, please discuss the following with students:

- What indicators of human trafficking are present that could/should be conveyed to staff at the receiving hospital?
- Are there any other indicators you might have noticed with previous cases/patients that can be discussed?
- What other situations have you experienced in which human trafficking indicators weren't outwardly clear?
- Consider relaying the following true story from a Cleveland-area agency:

    Many of the presentations and behaviors of the patient featured in the video were inspired by those of a real patient identified in northeastern Ohio. In interacting with the patient, two firefighters identified various signs and indicators of human trafficking. After briefly discussing the situation and sharing their observations, together they realized that they were dealing with a much larger issue — potential human trafficking. The patient had been missing for more than a year. Their work helped to identify the patient as a victim, who was reunited with family and connected to support services.

- EMS observations definitely can help law enforcement in human trafficking cases.
- Human trafficking can occur in any area — rural, suburban and urban.
- Traffickers often want houses in nicer areas — a place that sex buyers will want to go.
- Substance-use disorder is almost always a part of human trafficking.
    - Be mindful of overdose-/opioid-related emergencies, as they may underscore a human trafficking situation. Realize that substance-use disorder often veils the human trafficking, making the latter easy to miss.

Scenario 5: Identifying human trafficking in a harm-reduction setting

A young woman is brought by her boyfriend to a mobile harm-reduction unit. She presents with a suspected xylazine-related wound on her right forearm from intravenous drug use. She appears ill, likely due to infection. The boyfriend remains outside, pacing near their car. The woman is brought into the unit for wound care and meets with two Project DAWN mobile unit workers.

During the interaction, staff observe several red flags and community indicators that raise concerns about possible human trafficking.

PAUSE 1

Before proceeding, please discuss the following as a group:

Indicators of human trafficking

- Environmental/Behavioral indicators
    - The "boyfriend" remains outside, pacing and displaying aggressive nonverbal behavior.
    - He brought her to the mobile unit specifically for supplies (wound care, syringes), not to an emergency department (ED) or a comprehensive-care facility.
    - The woman is hesitant to speak openly.
    - She expresses fear of the Emergency Department and withdrawal, suggesting manipulation or misinformation. She recalls past mistreatment due to stigma related to IV drug use and her medical history.
    - She defers to the boyfriend's decisions and submits to his controlling behavior.
- Physical/Health indicators
    - Suspected xylazine-related wound (necrotic, slow-healing)
    - Signs of infection: fever, swelling, fatigue, increased pain, and reports of increased drug use to manage pain
    - Active substance use disorder (SUD); she implies that the boyfriend controls her drug access and may withhold substances
    - Poor hygiene and untreated medical conditions

      Note: Xylazine wounds may not only appear at injection sites. Asking about open wounds can initiate harm-reduction conversations and reveal trafficking or other medical concerns.
- Psychological indicators
    - Severe fear of withdrawal and past stigma from health-care providers
    - Low self-esteem and self-blame
    - Fear of judgment or being dismissed
    - Anxiety and guarded behavior
    - Dubious that medical professionals will help
    - Fear of separation from the boyfriend or inability to leave freely

Second scene

A victim-advocacy specialist is called to the unit and speaks privately with the woman. She eventually agrees to go to the Emergency Department for wound care but expresses fear of withdrawal. She shares that her boyfriend convinced her that, due to stigma and previous negative experiences, the ED wouldn't help.

PAUSE 2

Before proceeding, please discuss the following as a group:

Key considerations for multidisciplinary teams

- Building trust and safety
    - Offer non-judgmental care and affirm the patient's right to treatment.
    - Provide comfort items (blanket, water, hygiene supplies).
    - Use trauma-informed language and ask for consent before touching or treating.
    - Normalize emergency care and explain what to expect at the ED.
- Safety & security considerations: managing the presence of a suspected trafficker

  In scenarios in which a suspected trafficker — often presenting as a boyfriend, companion, or caregiver — is present during outreach or clinical care, **staff safety and patient protection must be prioritized.** These situations, which can escalate quickly, require proactive planning and coordination.
- Key safety measures for mobile units, outreach, and clinical settings
    - Ensure that a **panic-alert/emergency-alert system** (e.g., panic button or silent alarm) is available and tested regularly.
    - Coordinate with **law enforcement or protective services** to be on standby during high-risk encounters.
    - Train staff in **de-escalation techniques** and establish clear protocols for emergency response.
    - Position **EMS or transport vehicles visibly nearby** to reinforce the seriousness of the medical situation and provide a safe exit strategy.
- Separation strategy: coordinating care and transport
    - Explain that medical assessments are conducted privately.
    - Emphasize the seriousness of the patient's condition (e.g., infected wound, suspected xylazine exposure) to justify immediate transport to the ED.
    - Politely but firmly request that the companion meet the patient at the ED, allowing staff to separate them and continue screening privately.
    - Use this time to build rapport, assess for coercion, and offer support services without the influence of the suspected trafficker.

Navigating escalation and changing dynamics during interactions

- Understanding the challenge

  Patients may initially agree to seek medical care when separated from a controlling companion. However, once the dynamic shifts — such as preparing to leave the mobile unit or inadvertently reintroducing the trafficker — **fear, coercion, or trauma responses** may prompt the patient to change her mind or retract consent.

- **Staff preparation and response strategies**

  - **Normalize hesitation.** Reassure the patient that fear or second thoughts are common and that she remains in control.
  - **Have a backup plan.** Discuss in advance what to do if:

    - The patient changes her mind.
    - The trafficker becomes aggressive.
    - The situation becomes unsafe.

  - **Use calm, clear communication with the companion**. "Her wound is serious and needs hospital care. It's best if you meet her there so we can get her treated quickly."

  - **Offer options** if the patient hesitates:

    - A peer support worker or advocate to accompany her
    - A follow-up plan if she declines immediate transport
    - A private conversation with a provider at the ED

  - **De-escalate** using non-confrontational language.

  - **Prioritize safety:**

    - Do not physically intervene.
    - Activate emergency protocols if needed.
    - Protect staff and patient above all else.

    Traffickers may escalate the situation if they feel they're losing control. Having a clear, practiced plan in place protects both the patient and the care team.

Transport and medical care

- Encourage ED visit for **wound care and infection management.**
- Address **withdrawal fears** by explaining that the ED can provide medication-assisted treatment (MAT) and supportive care (e.g., substance use navigator (SUN) or peer support).
- If possible, transport the patient to a **trauma-informed facility** offering forensic, addiction, and behavioral health services.
- Reassure the patient that **stigma should not prevent her from receiving care.**
- Arrange for a **peer-support worker or an advocate** to accompany her. Encourage the companion to **drive separately.**

Support services

- Involve a **forensic nurse, victim advocate,** and/or **social worker** early.
- Document all observations and concerns.
- If the patient consents, coordinate with the ED for a **warm handoff** and trauma-informed care.
- Address addiction early; connect to **SUD and mental-health services.**
- Encourage ED staff to treat withdrawal promptly to prevent the patient from leaving **against medical advice.**
- Encourage **MOUD/MAT** (e.g., buprenorphine) to manage cravings and withdrawal.

Additional indicators/red flags

Be attentive to the following signs that may suggest a patient is being exploited or trafficked. Although these indicators may not have been present in the current scenario, when observed they should raise concern and warrant further assessment for potential human trafficking.

- Patient indicators
    - Appears fearful, avoids eye contact, and/or is hypervigilant.
    - Is reluctant to speak or leave their companion.
    - Doesn't know her address or provides inconsistent information.
    - Lacks identification, money, or personal belongings.
    - Possesses multiple cellphones and/or hotel keys.
- Clinical indicators
    - Inconsistent or scripted explanations of injuries or illness
    - Accompanied by someone who insists on staying during the exam
    - Signs of physical or sexual abuse, including:
        - Untreated injuries
        - Sexually transmitted infections (STIs)
    - Frequent relapses or unexplained absences from treatment
    - Visible signs of physical abuse, such as:
        - Bruises in various stages of healing
        - Lacerations, scars, or patterned burns
        - Tattoos or branding (e.g., names, barcodes, symbols)
- Companion indicators
    - Overly controlling or refuses to leave the patient alone
    - Speaks on behalf of the patient or discourages her from receiving care
    - Appears agitated, evasive, and/or defensive when questioned

Recommended actions for staff

When red flags for human trafficking are present, staff members should take the following steps using a **trauma-informed, survivor-centered approach:**

- Immediate actions
    - **Screen privately** and ensure that the patient is separated from any accompanying individual(s).
    - **Use trauma-informed care principles** to build trust and reduce re-traumatization.
    - **Apply validated screening tools,** such as:
    - **PEARR Framework** (Privacy, Educate, Ask, Respect, Respond)
    - **HT-SOS** (Human Trafficking – Screening, Outreach, and Support)
    - **Document findings carefully** and **report suspicions** according to institutional protocols.
    - **Have a clear response plan** in place for suspected trafficking cases.

- Multidisciplinary coordination
    - **Refer to mental-health and substance use disorder (SUD) services** for integrated care.
    - Coordinate with social workers, case managers, and trafficking response teams to ensure a comprehensive, survivor-centered response.

- Validated tools & frameworks

    - **PEARR Framework**

      Provide privacy.
      Educate the patient about her rights and available resources.
      Ask direct but sensitive questions.
      Respect the patient's autonomy.
      Respond with appropriate support and referrals.

      The purpose is to create a safe, respectful environment that encourages disclosure and connects individuals to help. The PEARR principles can be utilized to have trauma-informed conversations about substance use.

    - **HT-SOS model**

      Screening: Use validated tools to identify trafficking indicators.
      Outreach: Engage vulnerable populations proactively.
      Support: Provide trauma-informed care, safety planning, and referrals.

      The purpose is to equip professionals with tools and protocols to recognize and respond to trafficking effectively and compassionately.

Health-care guide: What to know about substance use and human trafficking

- Purpose

To equip professionals in health care, behavioral health, social work, community outreach, and harm reduction with the knowledge to recognize how traffickers use substances to exploit and control vulnerable individuals. This guide emphasizes the importance of identifying trafficking risks in settings such as:

- Community services.
- Recovery programs.
- Detox facilities.
- Dual diagnosis units.
- Treatment centers.
- Emergency shelters.

Professionals in these environments are uniquely positioned to **intervene early, build trust,** and **connect survivors to safety and support.**

- Why this matters

It is essential for health-care teams to understand the **powerful role that substances play in human trafficking.** Traffickers often use addiction as a tool of control — through coercion, manipulation, and forced dependency.

Conversely, it is equally important for those working with trafficking survivors — particularly **forensic nurses** and **trauma-informed providers** — to **advocate for proper treatment of substance use disorders.** Addressing addiction compassionately and effectively can significantly reduce the control that traffickers hold over victims and support long-term recovery and safety.

Substances commonly used in human trafficking exploitation

Substance category	Examples	Reasons for use	How it's used to exploit victims
Stimulants	methamphetamine, cocaine, amphetamines	To enhance energy, suppress appetite, prolong activity	Introduced as a "gift" or reward to build dependency and increase compliance
Opioids	fentanyl, heroin, prescription opioids (oxycodone, hydrocodone), buprenorphine	Sedation, pain relief, physical dependency	To punish, sedate, or create addiction; withdrawal symptoms are used to reinforce control
Benzodiazepines	Xanax (Alprazolam), Valium (Diazepam), Ativan (Lorazepam), Klonopin (Clonazepam)	Anxiety reduction, sedation, memory suppression	To impair memory, reduce resistance, or induce compliance; often combined with other substances
Alcohol	Beer, wine, liquor	To lower inhibitions, impair judgment	Commonly used with youth to facilitate exploitation; may be used as a reward or withheld to induce withdrawal
Hallucinogens & cannabis	MDMA (Ecstasy), LSD, marijuana	To alter perception, manipulate emotions	To calm, confuse, or emotionally bond victims to traffickers; may be framed as recreational or bonding experiences

Narcan (naloxone) as punishment

While **naloxone** is a lifesaving medication used to reverse opioid overdoses, there **is emerging evidence and survivor testimony** indicating that traffickers have misused it as **a tool of coercion and control.**

- Reported tactics by traffickers
    - Induced overdose intentionally, then withheld Narcan to instill fear or reinforce dependency.
    - Administered Narcan only after allowing the victim to experience the distress of overdose or near-death, creating a cycle of trauma and control.
    - Threatened or forced withdrawal by using or withholding Narcan as a form of punishment and extreme coercion.
- Discussion prompts
    - How might health-care providers recognize signs that naloxone is being misused in this way?
    - What trauma-informed approaches can be used when a survivor discloses this type of abuse?
    - How can forensic nurses and harm-reduction teams advocate for safe, ethical use of naloxone in high-risk populations?

Case summary for training use

In a 2023 case from Minneapolis, a man was charged with sex trafficking and criminal sexual conduct after threatening a woman with a syringe of Narcan. The victim, known to be an opioid user, was recorded on video crying and pleading as the trafficker threatened to inject her with Narcan after she said she wanted to leave. Administering Narcan to someone not experiencing an overdose can trigger immediate and severe opioid withdrawal, making it a powerful tool of coercion and punishment in trafficking situations.

Recruitment from recovery, detox, and shelter settings

- How traffickers target these environments
    - **Pose as romantic partners, friends or family** offering emotional support or an escape.
    - **Loiter near detox centers, shelters, or 12-step meetings** to identify vulnerable individuals.
    - **Offer drugs, housing, or employment** to those in withdrawal, newly sober, or recently released from incarceration.
    - **Exploit relapse** by reintroducing substances and offering “help” in exchange for labor or sex.
    - **Use peer recruiters** — other victims or former victims — to lure new individuals.
    - **Force recruitment** by extorting, coercing, or manipulating individuals in treatment or incarceration to recruit others.
    - **Accrue drug or financial debts** to create dependency and control.
    - **Threaten to expose relapses** to probation officers, Child Protective Services, or law enforcement to maintain control.
    - **Befriend individuals under false pretenses,** preying on vulnerabilities in treatment or incarceration.

- Why these populations are vulnerable
    - **High trauma exposure** and co-occurring **mental-health disorders.**
    - **Lack of stable housing, employment, and/or support systems.**
    - Stigma around addiction and trafficking may prevent disclosure to health-care providers or authorities.
    - Desperation during withdrawal increases susceptibility to manipulation.
    - Shame related to addiction, lifestyle, trafficking, and/or separation from family and responsibilities.

Final notes for learners

Every encounter is an opportunity to identify and support a potential victim of human trafficking. Individuals with substance use disorders are particularly vulnerable to exploitation.

- Avoid assumptions based on a patient's appearance, behavior, history of multiple visits, addiction, or previous mental-health diagnoses.
- Document thoroughly and communicate observations with hospital staff or law enforcement when appropriate, following organizational protocols.
- Refer to appropriate resources that can provide follow-up care and connect the patient with long-term support services.
- Promote multidisciplinary education on the intersection of human trafficking and substance use disorder. Advocate for the integration of both forensic and addiction services, which are essential in supporting this vulnerable population.
- Establish a collaborative response plan for when a patient is identified as at risk. Ensure that all staff members are trained and educated on trauma-informed, coordinated-care practices.

Conclusion

The intersection of substance use disorder and human trafficking is a complex, deeply rooted public health crisis that demands informed, compassionate, and coordinated action. Traffickers exploit addiction as both a recruitment tool and a method of control — weaponizing withdrawal, dependency, and stigma to keep victims trapped in cycles of exploitation.

As health-care professionals, we are often the first — and sometimes only — point of contact for individuals experiencing both SUD and trafficking. This places a profound responsibility on our shoulders to recognize the signs, respond with empathy, and advocate for comprehensive care.

Education is the foundation of this response. Cross-training all health-care providers — including emergency staff, behavioral-health teams, forensic nurses, and harm-reduction workers — on the role of substances in trafficking is essential. Understanding the tactics traffickers use and the vulnerabilities they exploit empowers us to intervene early and effectively.

Reducing stigma is equally critical. Survivors of trafficking and addiction often face judgment that prevents them from seeking help. By fostering trauma-informed, nonjudgmental environments, we create safe spaces that allow healing to begin.

Medication-assisted treatment (MAT) must be recognized not only as a clinical intervention but as a lifesaving, autonomy-restoring tool. Advocating for access to MAT and integrated behavioral-health services can break the chains of chemical control on which traffickers rely.

Finally, collaboration is key. No single provider or agency can address this issue alone. It requires a multidisciplinary, survivor-centered approach that bridges health-care, social-services, law enforcement, and community organizations.

Together, through education, advocacy, and compassion, we can dismantle the systems of control traffickers use — and help survivors reclaim their freedom, dignity, and health.

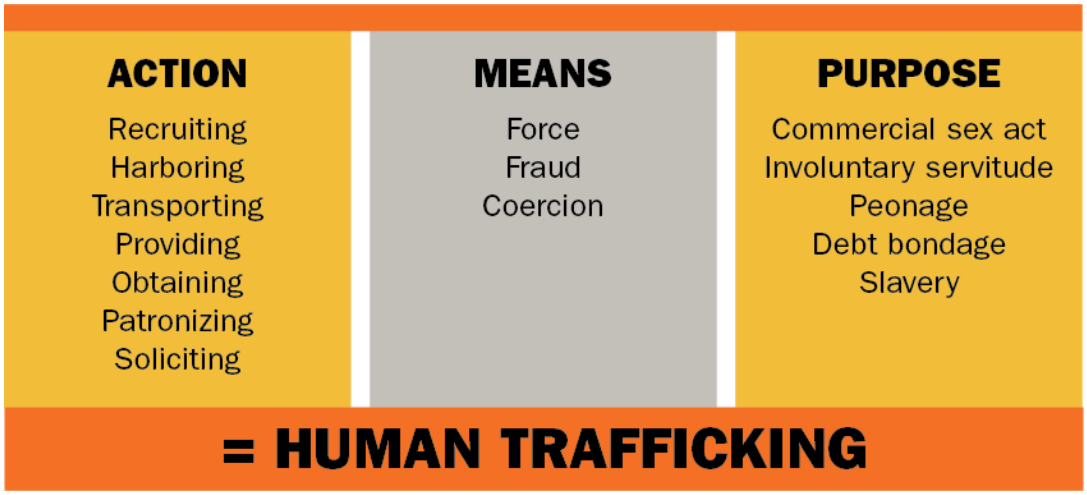
APPENDIX A: Human Trafficking Defined

Federal law

Human trafficking is a crime involving the exploitation of a person for commercial sex, labor or services. The federal Trafficking Victims Protection Act of 2000 identifies two primary forms of human trafficking:

- **Sex trafficking** is the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person for the purpose of a commercial sex act that is induced by force, fraud or coercion, or in which the person induced to perform the act is younger than 18 years of age.
- **Forced labor trafficking** is the recruitment, harboring, transportation, provision or obtaining of a person for labor or services through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.

Human trafficking consists of three components: an action, a means and a purpose.



ACTION defined

Applicable to both sex and labor trafficking:

- **Recruiting:** proactive targeting of vulnerability, grooming behaviors
- **Harboring:** isolation, confinement, monitoring
- **Transporting:** movement and arranging travel
- **Providing:** giving to another individual
- **Obtaining:** forcibly taking, exchanging something for ability to control

Exclusive to sex trafficking:

- **Soliciting:** offering something of value
- **Patronizing:** receiving something of value

MEANS defined

These DO NOT need to be present in the sex trafficking of a minor:

- **Force** includes physical restraint, physical harm, sexual assault and beatings. Monitoring and confinement are often used to control victims — especially during early stages of victimization, to break down the victim's resistance.
- **Fraud** includes false promises regarding employment, wages, working conditions, love, marriage or a better life. Over time, there may be unexpected changes in work conditions, compensation or debt agreements, or the nature of the relationship
- **Coercion** includes the threat of serious harm to or physical restraint of any person, psychological manipulation, document confiscation, as well as shame- and fear-inducing threats to share information or pictures with others or to report the victim to authorities.

PURPOSE defined

- A **commercial sex act** is any sex act performed in exchange for something of value given to or received by any person.
- **Involuntary servitude** is any scheme, plan or pattern intended to cause a person to believe that, if the victim doesn't accept a certain condition, that person or another person will suffer serious harm or physical restraint; or the abuse or threatened abuse of the legal process.
- **Debt bondage** includes a pledge of services by the debtor or someone under the debtor's control to pay down known or unknown charges (e.g. fees for transportation, boarding, food and other incidentals; interest, fines for missing quotas, and charges for "bad behavior). The length and nature of those services are not respectively limited and defined, causing the individual to be trapped in a cycle of debt that can never be paid down.
- **Peonage** is a status or condition of involuntary servitude based on real or alleged indebtedness.
- **Slavery** is the state of being under the ownership or control of someone in which the victim is forced to work for another.

Ohio law

Ohio Revised Code 2905.32 | **Trafficking in persons**

(A) No person shall knowingly recruit, lure, entice, isolate, harbor, transport, provide, obtain, or maintain, or knowingly attempt to recruit, lure, entice, isolate, harbor, transport, provide, obtain, or maintain, another person if either of the following applies:

(1) The offender knows that the other person will be subjected to involuntary servitude or be compelled[1] to engage in sexual activity for hire, engage in a performance that is obscene, sexually oriented, or nudity oriented, or be a model or participant in the production of material that is obscene, sexually oriented, or nudity oriented.

[1] Under division (A)(1) of this section, the element "compelled" does not require that the compulsion be openly displayed or physically exerted. The element "compelled" has been established if the state proves that the offender overcame the victim's will by force, fear, duress, intimidation or fraud, by furnishing or offering a controlled substance to the victim, or by manipulating the victim's controlled-substance addiction.

Ohio law, as it relates to minors

(2) The other person is less than eighteen years of age or is a person with a developmental disability whom the offender knows or has reasonable cause to believe is a person with a developmental disability, and either the offender knows that the other person will be subjected to involuntary servitude or the offender's knowing recruitment, luring, enticement, isolation, harboring, transportation, provision, obtaining, or maintenance of the other person or knowing attempt to recruit, lure, entice, isolate, harbor, transport, provide, obtain, or maintain the other person is for any of the following purposes:

(a) For the other person to engage in sexual activity for hire with one or more third parties.

(b) To engage in a performance for hire that is obscene, sexually oriented, or nudity oriented.

(c) To be a model or participant for hire in the production of material that is obscene, sexually oriented, or nudity oriented.

APPENDIX B: Mandated Reporting, Age of Consent in Ohio and Minor's Consent to Rape-Crisis & Health-Care Services

Mandated Reporting

Human trafficking of an individual 18 years of age or older is not a mandated report in the state of Ohio. However, it may overlap with other offenses such as sexual assault, domestic or interpersonal violence, or strangulation.

Always talk to an adult patient before calling law enforcement and follow your institution's policy regarding mandated reporting for other offenses. Patients younger than 18 who disclose being trafficked must be reported to law enforcement, as this crime is a felony.

Age of Consent in Ohio

Section 2907.04 | **Unlawful sexual conduct with a minor**

Ohio Alliance to End Sexual Violence's Statutory Rape Fact Sheet

The legal age to consent to sex in Ohio is 16. Even if a teenager and an adult claim they're both willing participants in the relationship/ sexual encounter, in some situations the sexual conduct is still considered rape under Ohio law. To determine whether Ohio's age-of-consent laws have been violated, refer to this chart:

VICTIM'S AGE	SUSPECT AGE	IS IT LEGAL?/PENALTY
Under 13 years old	18 or older	No/F1
13 years old	13-17	Yes*
	18-22	No/F4
	23 and older	No/F3
14 years old	13-17	Yes*
	18-23	No/F4
	24 and older	No/F3
15 years old	13-17	Yes*
	18	No/M1
	19-24	No/F4
	25 and older	No/F3
16 years old	13-17	Yes*
	18 and older	Yes*

* The act is legal unless the act was forced or coerced, or the perpetrator is in a position of power over the victim – say, a teacher, coach, parent or guardian.

In cases in which a relationship does not violate Ohio's statutory rape laws as explained previously, parents may intervene with other charges that aren't sex offenses, such as:

- Contributing to the unruliness or delinquency of a child: ORC Section 2919.24
- Interference with custody: ORC Section 2919.23

Minor's Consent to Rape-Crisis and Health-Care Services

Generally, parents have the right to consent to the medical care that their children will receive. There are exceptions, though. The chart below identifies instances in Ohio in which minors can decide their health-care/mental-health needs without the permission of a parent or guardian.

TYPE OF CARE	CAN A MINOR CONSENT?	MINOR'S RIGHTS	LIMITS
Sexual assault forensic exam	Yes	Can consent to an exam for purposes of gathering evidence Should be informed of services for venereal disease, pregnancy, medical and psychiatric care. Cannot be charged for services Minor's decision cannot be overridden by a parent	Hospitals required to give written notice to parent(s) or guardian(s) that the examination took place.
Rape-crisis center counseling services	Yes, for minors 14 or older	Can seek counseling at an outpatient center, such as a rape-crisis center, as long as the services do not include medication Treatment is confidential, and care providers cannot notify parents (See Limits)	Care is limited to six sessions or 30 days, whichever comes first. (Thereafter, parent must give permission to continue services.) Care provider can notify parents if provider believes there's a likely probability of minor harming self or others

IMPORTANT NOTE: Although a minor does have legal rights for STI testing and treatment, a guardian or controlling person may intercept a minor's notification of confidential lab results. Each facility must address a process to obtain a confidential contact number from the minor and educate the minor that his/her guardian may receive a bill for services and may have access to medical records.

APPENDIX C: Ohio Guidelines for Child Abuse Reporting of Consensual Sex

Guidelines for Child Abuse Reporting of Consensual Sexual Activity

A report of sexual abuse may be required when minors engage in consensual sexual activity. Under Ohio Law, the need to report is based upon the ages of the participants, any history of force, misuse of authority, as well as other issues. Due to a high risk for abuse, a sensitive assessment for sexual abuse is indicated when evaluating young sexually active adolescents.

When evaluating children for possible sexual abuse, obtain a history of the sexual activity, the age of the child's partner(s), any history of force or coercion and identify the relationship between the patient and partner(s) (i.e., authority figure, relative, etc.).

The section below is a guideline for reporting sexual abuse when patients describe consensual sexual activity.

Patient Age 12 or younger

Children under 13 years old cannot legally consent to sexual activity in Ohio. All children under 13 who report consensual sexual activity must be screened for sexual abuse. Note: Any patient age 15 and younger should be treated according to the Pediatric Sexual Abuse Protocol and in a pediatric facility.

File a report of sexual abuse if:

- The sexual partner is 13 years old or older.
- The sexual partner used force or coercion.
- The sexual partner misused their authority (i.e., baby sitter, etc).
- There is a significant difference in maturity levels between the patient and the sexual partner (i.e., victim is mentally retarded or there is a large difference in ages).
- There are protective issues (i.e., the child lives on the street or there is a significant lack of supervision which puts the child at risk for abuse, injury, etc.).

Age 13, 14, 15 years

Note: Any patient age 15 and younger should be treated according to the Pediatric Sexual Abuse Protocol and in a pediatric facility.

File a report of sexual abuse if:

- The sexual partner is four or more years older than the patient.
- The sexual partner used force or coercion.

- The sexual partner misused their authority (i.e., parent or authority figure) .
- There was a significant difference in maturity levels between the patient and sexual partner (i.e., victim is mentally retarded).
- There was mental or cognitive impairment (i.e., developmental delay, intoxication) rendering the person unable to consent.
- There are protective issues (i.e., the child lives on the street or there is a significant lack of supervision which puts the child at risk for abuse, injury, etc.)

Consider reporting if:

- The sexual partner is over the age of 18 but less than 4 years older than the patient. In this situation, the police might charge the partner with the corruption of a minor.
- The decision NOT to report consensual sexual activity may be considered when:
- There is less than four years age difference, a thorough history eliminates the above criteria, and the parent and child agree not to file a report.

The guidelines above may not prove applicable in all situations. Professional judgment must be used. In 13, 14 and 15 year olds, abuse may be present even when the age difference between partners is only 2-3 years. The professional must carefully assess the situation before deciding against reporting and may want to seek consultation with the child abuse team or with the police jurisdiction.

Age 16 or Older

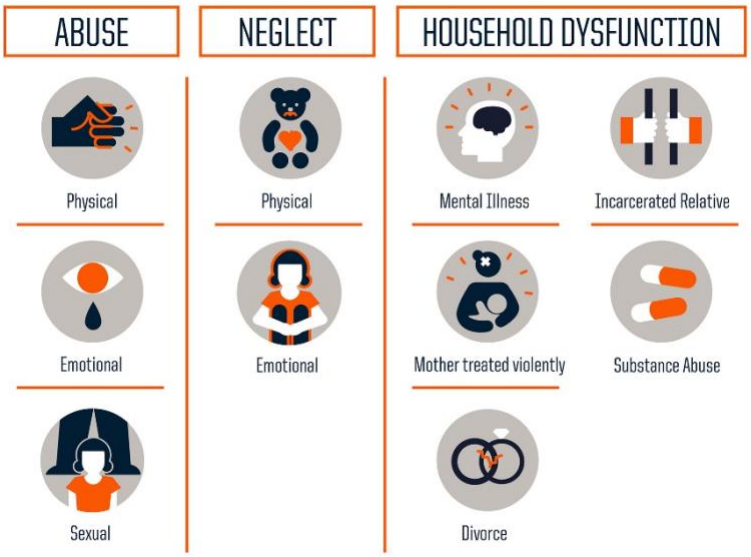
Sixteen is the age of consent in Ohio (O.R.C. 2907.04). However, if the girl is 16 and her partner is 18 or older, a parent can file charges with Juvenile Court prosecutors. The misdemeanor charge would be contributing to the unruliness or delinquency of a minor. In this situation, we would not file an abuse report.

When interviewing an adolescent, be alert for issues of force, coercion, deception, identify the relationship of the sexual partner (relative, authority figure, etc.) and history of physical or mental impairment (such as intoxication or drugs). When these factors are present, a report of sexual abuse should be made.

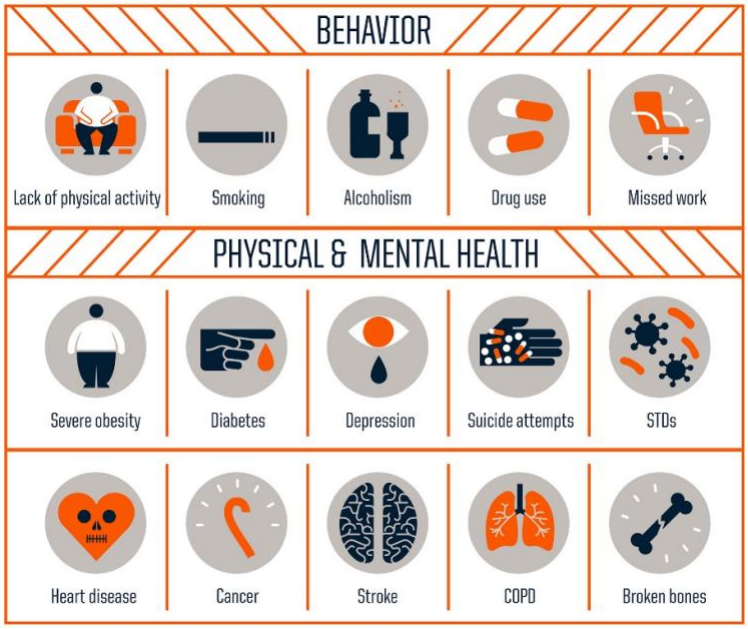
National Child Alliance: http://www.nationalchildrensalliance.org
National Association to Prevent Child Sexual Abuse: http://www.napsac.us
US Department of Health and Human Services, Administration for Children and Families,
http://www.childwelfare.gov/systemwide/laws_policies/state/can/

APPENDIX D: Adverse Childhood Experiences (ACEs)

The study "Adverse Childhood Experiences and the Propensity to Participate in the Commercialized Sex Market" found a connection between childhood sexual abuse and the selling of sex. Victims often have underlying vulnerabilities stemming from ACEs that can increase the likelihood of future victimization. The more health-care providers work to understand ACEs, the more likely they are to recognize a patient's vulnerability for victimization. There are three types of ACEs:



According to the ACE study, the higher your ACE score, the higher your risk for these problems:



Finding your ACE score

Here's the list of questions used to determine a person's ACE score. The questions apply to the individual prior to her/his 18th birthday:

1. Did a parent or other adult in the household **often or very often**...
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?

   Yes No If yes enter 1 _____

2. Did a parent or other adult in the household **often or very often**...
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?

   Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**...
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Attempt or actually have oral, anal, or vaginal intercourse with you?

   Yes No If yes enter 1 _____

4. Did you **often or very often** feel that ...
   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other?

   Yes No If yes enter 1 _____

5. Did you **often or very often** feel that ...
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

   Yes No If yes enter 1 _____

6. Were your parents **ever** separated or divorced?

   Yes No If yes enter 1 _____

7. Was your mother or stepmother:
   Often or very often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit at least a few minutes or threatened with a gun or knife?

   Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

   Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

   Yes No If yes enter 1 _____

10. Did a household member go to prison?

    Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

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HUMAN TRAFFICKING COMMISSION

Facilitator's Discussion Guide for Health-Care Training Videos on Human Trafficking

JULY 2025

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