



Stop. Observe. Ask. Respond to Human Trafficking.

## 2014 Pilot Training - Draft

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# Regulatory Language

OMB Control No: 0980-0556

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## *THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)*

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# Learning Objectives

**At the conclusion of this educational activity, participants should be able to:**

1. Describe the scope, diversity, and types of human trafficking in the United States.
2. Recognize the common indicators and high-risk factors for human trafficking.
3. Use trauma-informed techniques when interviewing a potential victim of human trafficking.
4. Identify and engage local, state and national service referral options for trafficking victims.



# Why is this training important?

- Human Trafficking is a crime.
- Human trafficking is found throughout the United States.
- Healthcare Professionals may encounter victims of human trafficking.



# Why is this training important?

- Healthcare professionals want to improve the lives of the patients they encounter
- They need to learn what to do as new issues, such as trafficking, arise
- Identifying and helping victims of trafficking requires specialized training
- This training will help you learn not only how to identify potential victims of trafficking, but also how to properly respond and care for the victim





Stop. Observe. Ask. Respond to Human Trafficking.

**STOP.**  
**OBSERVE.**  
**ASK.**  
**RESPOND to human trafficking.**



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

**STEP 1 = STOP**



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# Trafficking Victims Protection Act

## Action:

## Means:

## Purpose:

Recruiting

Harboring

Transporting

Providing

Obtaining

A person by

Force  
Fraud  
Coercion

For

Sexual  
Exploitation

OR

Labor  
Exploitation





# Trafficking Victims Protection Act

- Force

Use of rape, beatings, confinement to control victims

- Fraud

Use of false offers to induce victims into trafficking situation

- Coercion

Use of threats against the victim or victim's family that can cause an individual to feel as if they cannot leave the situation they are in



# Types of Human Trafficking

**Domestic Sex Trafficking**

**Domestic Labor Trafficking**

**Transnational Sex Trafficking**

**Transnational Trafficking**



# Where does trafficking occur?

## Labor Trafficking

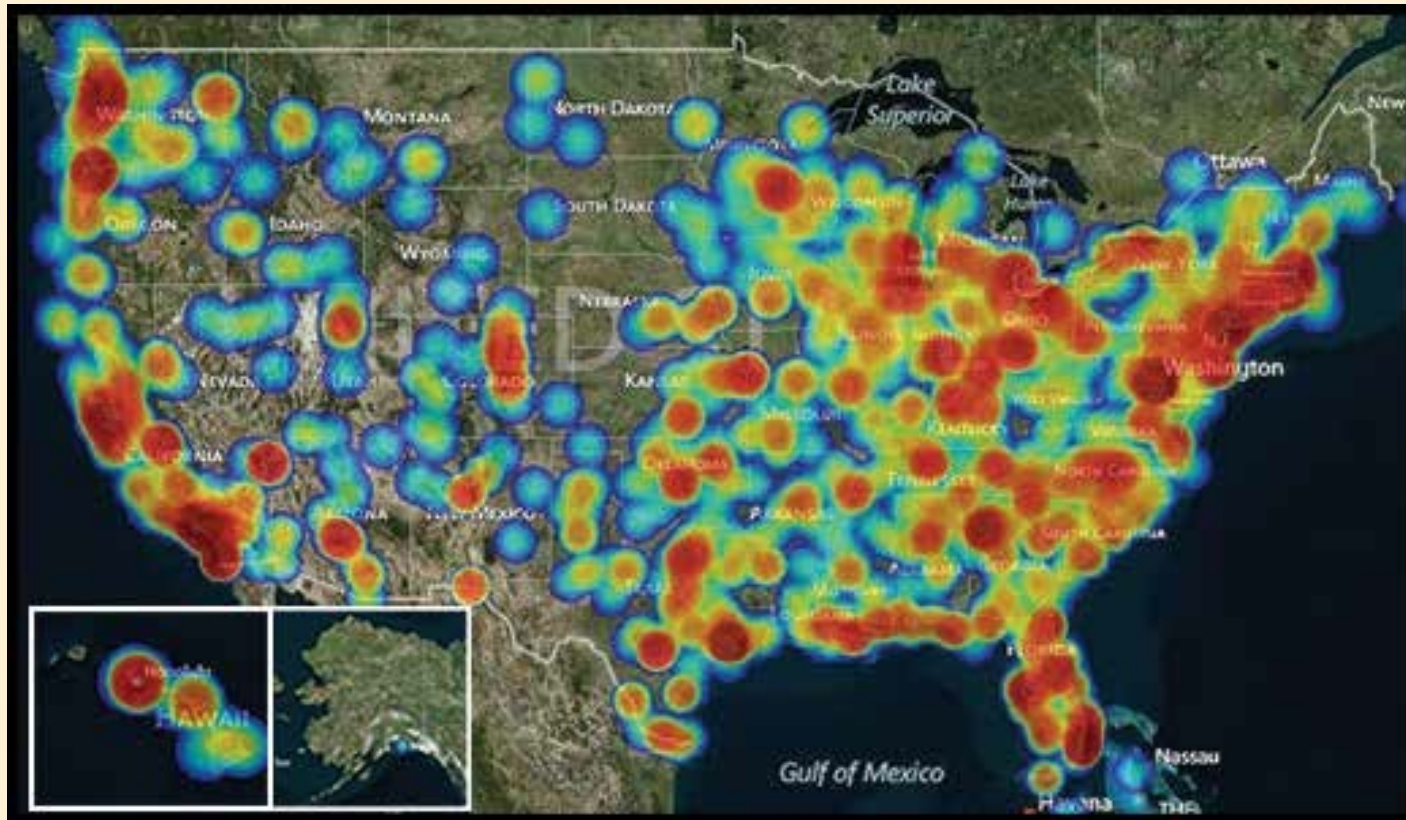
- Domestic servants
- Sweatshops
- Factories
- Janitorial jobs
- Construction sites
- Restaurants
- Hotels
- Agricultural work
- Forestry
- Fishing industry
- Panhandling

## Sex Trafficking

- Street prostitution
- Escort Services
- Massage parlors
- On-line exploitation
- Truck stops
- Latino brothels
- Asian Massage parlors
- Topless bars
- Internet listings



# Scope of the Problem



**Location of potential human trafficking cases 2007-2012**

*“Trafficking Trends in the United States, National Human Trafficking Resource Center 2007-2012”  
The Polaris Project (2013)*



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# Case Study 1

L is a 31 year-old male from Tonga who arrived at the Emergency Room with pain and swelling in his right foot. He stated the pain started as a small injury several months earlier. Diagnosis revealed a severe infection and L was admitted to the hospital for several days.

Case by Nicole Littenberg, M.D.  
Hawaii Medical Center West



# Case Study 1

What is the one unusual aspect of this case that might lead you to **stop** and consider whether there is more to the story than what appears?

- a. The infection started from a small wound
- b. That the infection required hospitalization
- c. The delay from initial infection to presentation



# Definition of Human Trafficking

## *Human Smuggling vs. Transnational Human Trafficking*

- Human Smuggling
  - Is a crime against a country's borders
  - Once the border is crossed smuggled are free to leave
  
- Transnational Human Trafficking
  - Is a crime against a person
  - Once the border is crossed, the person is placed into either labor or commercial sex



# Potential Victims

## *Foreign Nationals in the U.S.*

- Refugees
- Documented: work/ student/ tourist visas
- Undocumented
- Married to U.S. citizens
- Boys, men, girls, women of all ages





# Potential Victims

## *Domestic*

- U.S. citizens and lawful permanent residents
- Vulnerable populations
  - Persons with disabilities
  - Native American women and girls
  - Runaway and homeless youth
  - Children who have experienced prior abuse and neglect
  - Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) youth
  - Systems-involved youth (Foster Care, Detention, etc.)
- Domestic labor and sex trafficking affects all ages, gender, ethnicity, race, nationality, and socio-economic levels



# Virginia - *U.S. vs. Jose Ciro Juarez Santamaria*

A MS-13 gang member forced a 12-year-old runaway to engage in commercial sex with clients at various businesses, homes, apartments and hotels in VA, MD, and DC.

He met the girl at a Halloween party when she approached him looking for a place to stay.

He gave other gang members access to the girl.

He was sentenced to life in prison.



# Vulnerability of Victims

## *Risks*

### Domestic Victims

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- Prior Abuse
- Homelessness
- Poverty
- Discrimination
- Disabilities
- Cognitive impairment

### Foreign National Victims

---

- Poverty
- Lack of economic opportunity
- Displacement
- Prior abuse
- Disabilities
- Discrimination

# Alaska - *U.S. vs. Webster*

A 51 year-old-man from Anchorage targeted women and minors who were homeless, drug-addicted, in low-paying jobs, or runaways and invited them to work for his “escort services,” a front for prostitution.

The victims lived in a house together and were forbidden to speak to anyone outside of the “family.”

The girls were given aliases and referred to the man as “Daddy” or “Jerry.” Many did not know his real name.

Jerry used violence, threats, drugs, and sexual abuse to control the women and girls.



# Michigan - *U.S. vs. Jean-Claude “Kodjo” Toviave*

2006-2011, brought four children from Togo, West Africa to the U.S. with false passports, claimed to be his but used for domestic labor.

Regularly beaten with broomsticks, a toilet plunger, ice scrapers, and phone chargers if they failed to obey his orders to cook, clean, hand wash, and iron his laundry, polish his shoes, and wash and vacuum his car.

Also used food and sleep deprivation as punishment for the minors.



# Types of Traffickers

## Systemic

- Organized crime
- Corporations
- Operations/ industries
- Diplomats & governments
- Gangs

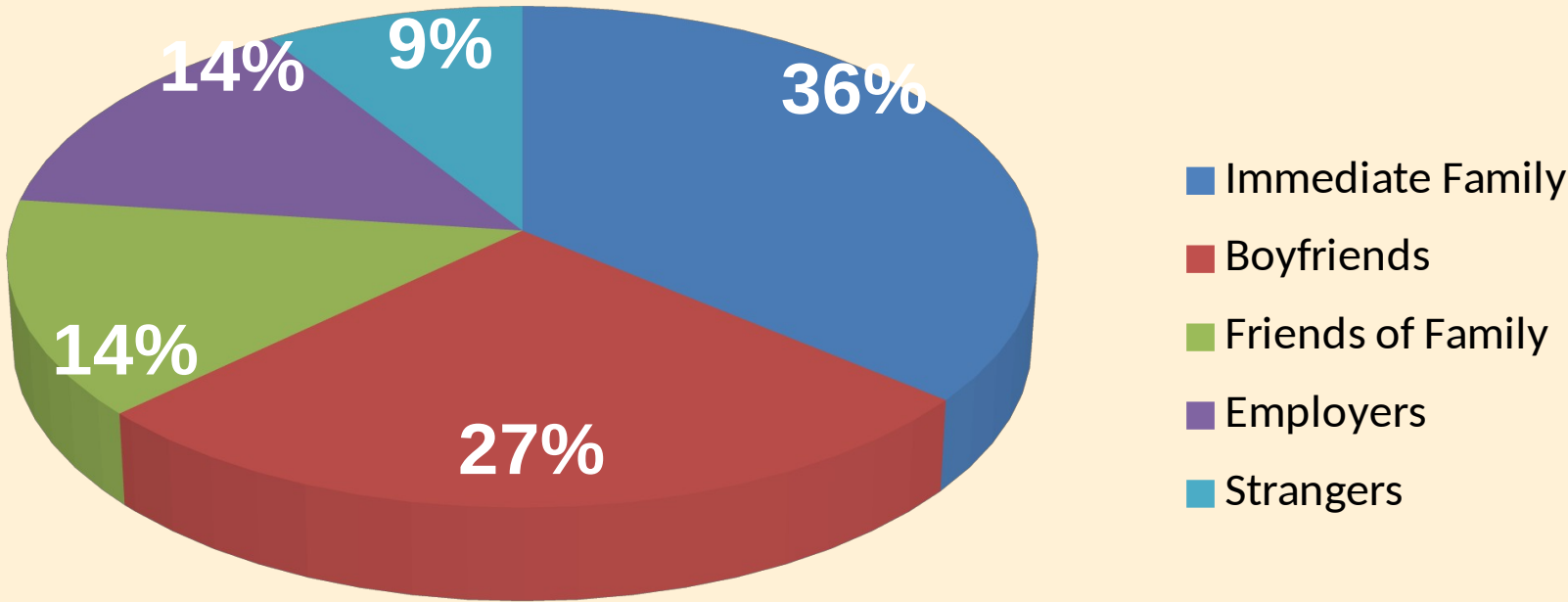
## Non-systemic

- Individuals
- Small businesses
- Neighbors/ friends
- Business owners
- Families
- Pimps

# Types of Traffickers

## Relationship to Survivors

### Youth of Covenant House New York



“Homelessness, Survival Sex and Human Trafficking: As Experienced by the Youth of Covenant House New York” Covenant House (2013)



# Recruitment Drivers

**All across the world, markets for the following drive the demand for trafficking:**

- Cheap products
  - Clothing
  - Food
  - Electronics
  - Jewelry
- Cheap labor
- Sex industry





# Recruitment Scenarios

**This demand drives recruitment in the following scenarios:**

## **Domestic**

- Within victims' own city, state, or country

## **Transnational**

- Within their home country with promises of better jobs and pay in another country



# H-2A visa10

Antonio came to California from Central America on H-2A to pick fruit with several other young men. They were housed in a small isolated building near the fields where they worked.

They were charged unreasonably high prices for food, expected to work on weekends for no pay, and charged for their housing.

Because his passport was taken, Antonio and the other workers were afraid to leave since the crew leader threatened to deport them.

On a call with his family Antonio explained his situation and the family member contacted the NHTRC.



# Mississippi - EEOC vs. Signal International

Marine Service Company with facilities along the Gulf Coast.

At least 500 Indian welders and pipe-fitters were required to live in segregated “man camps” enclosed by fences.

Men were charged an inordinate amount for substandard housing and unwholesome food.

Referred to by numbers and in some cases were subjected to unlawful retaliation for complaining about the substandard conditions and discrimination.



# STEP 2 = OBSERVE



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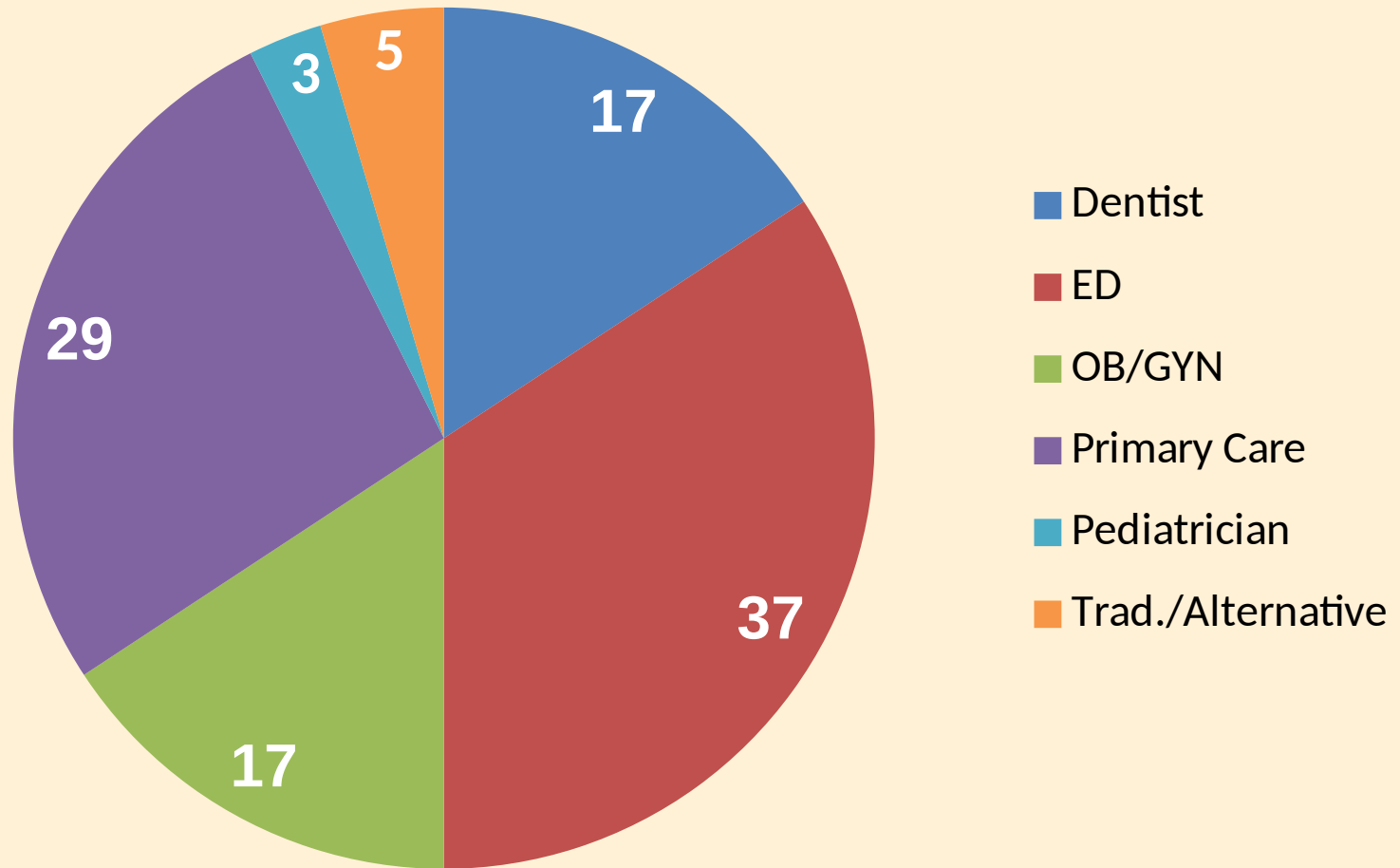
## Victim Encounters with Health Care Profession

87.8% of domestic sex trafficking victims interviewed reported contact with healthcare system

50% of international sex trafficking victims interviewed reported contact with healthcare system



# Role of Healthcare Professionals Who victims encounter in the Healthcare System\*



\*117 patients with some service duplication

*Makini-Chisolm Straker, 2014*



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# Role of Healthcare Professionals

## *Identification*

### Barriers to identification

#### **Patient-related**

- Don't self-identify
- Lack of awareness of victim status
  - Lack of knowledge of US laws
    - Contractual obligations
    - Language barriers
    - Illiteracy



# General Indicators of Trafficking

- O** – Overly submissive
- B** – “Buddy” present who answers most questions
- S** – Signs of physical abuse
- E** – English language barriers
- R** – Rare to have identification
- V** – Variety of health issues
- E** – Exhibits fearful behavior

*Adapted from HHS 2008*





# 3 Categories of Indicators for Victims:

- Indicators of being controlled
- Inconsistencies
  - ✓ Medical history
  - ✓ Living conditions
  - ✓ Age
- Physical indicators



# Control Indicators for Victims

- “Buddy”- accompanying person who controls the conversation
  - May be male or female
  - Family member
  - Trafficker or “bottom” (If sex trafficking)
- If patient is accompanied by a controlling person, they may exhibit signs of:
  - Fear
  - Shame
  - Anxiety
  - Restricted communication



# Control Indicators for Victims

Control may be psychological and displayed through:

- Frequent texting or phone calls during visit
- Patient appearing unusually anxious or in a hurry



# Control Indicators for Victims

## *Male victims*

- Remember that boys and young men are victims of sexual exploitation
- They are less likely to be controlled by a trafficker than young girls or women
- If they are <18, they still qualify as victims of sex trafficking under the TVPA



# Inconsistency Indicators for Victims

- Patient doesn't know his or her address
- Doesn't know what city he or she is in
- Multiple hotel key cards
- Large amounts of cash
- Unwarranted hostility from patient
- In sex trafficking, victims call the man with her "Daddy"
- Clothing inconsistent with weather



# Inconsistency Indicators for Victims

- False ID's
- Patient lies about age
- Patient is a very poor historian
- History keeps changing
- Not giving the full story
- Late presentation

# Physical Indicators for Victims of Human Trafficking



# Physical Indicators of Human Trafficking

## *Signs of trauma*

- Suspicious Injuries
  - Fractures
  - Concussions
  - Mutilations
- Scars from cigarette burns
- Eye injury
- Hearing loss due to injury
- Dental injury





# Physical Indicators of Human Trafficking

## *Other indicators*

- Unusual infectious diseases
- Headaches
  - Tension from stress
  - Migraine
- Gastrointestinal issues from chronic stress
- Unusual tattoo's
  - “Daddy”
  - “Property of...”



# Signs & Symptoms of Trauma

## *Psychological Issues*

- Substance abuse issues
- Affective/ Anxiety symptoms
- Post Traumatic Stress Disorder (PTSD)
- Complex PTSD
- Emotional blunting
- Sleep problems
- Somatization
- Depression
- Hostility
- Low-self esteem
- Suicidal ideation
- Disassociation
- Excessive guilt or shame
- Poor interpersonal relationships

*VAWA Program 2012; Chuang 2011; Crane & Moreno 2011; Isaac et al. 2011; Dovydaitis 2010; Zimmerman et al. 2003*



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# Signs & Symptoms of Trauma

*“Despite suffering often severe physical damage, the majority of the women I’ve worked with tell me they feel that this can be overcome; it’s the emotional and psychological damage they find more devastating.”*

- Sabella



# Physical Indicators of Human Trafficking

## *Sexual/Reproductive Issues*

- Chronic pelvic pain and/or dyspareunia
- Chronic pelvic inflammatory disease
- Chronically changing vaginal discharge
- Multiple sexually transmitted infections (STIs)
- Abortion-related complications
- Unwanted pregnancy
- Neglected pregnancy complications
- Anal trauma

*VAWA Program 2012; Chuang 2011; Crane & Moreno 2011; Isaac et al. 2011; Dovydaitis 2010; Zimmerman et al. 2003*



# Physical Indicators of Human Trafficking

## *Signs of neglect*

- Neglect of chronic illness or injury
- Dental neglect
- Weight loss/malnutrition
- Dermatological problems from occupational hazard



# Conditions that Cause Health Problems

- Deprivation of food, shelter, and sleep
- Extreme stress
- Hazardous travel
- Poor sanitation/ poor hygiene
- Hazardous working conditions
- Lack of preventative health care



# ECPAT VIDEO



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# STEP 3 = ASK



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# Trauma-Informed Care

## *Definition*

**Trauma-informed care is defined and includes :**

- A basic knowledge of trauma and its impact
- Understanding trauma triggers (victims' and one's own) to minimize re-traumatization
- Providing information about trauma to victims
- Helping victims manage feelings, feel in control of situations; give input on program/services
- Supporting emotional safety for victims and staff



# Trauma-Informed Care

## *Why it is important?*

1. Raises awareness
  - For victims
  - For healthcare professionals
2. Provides a supportive and holistic approach
3. Empowers the victim
4. Avoids judgmental statements or actions
5. Ensures the patient's rights to information, privacy, bodily integrity and participation in decision making
6. Adopts a patient-centered treatment approach



# Trauma-Informed Care

*“The overall goal should not be solely to get a disclosure, because there are times we will not get one no matter what we do or how trauma-informed we are. The goal should be to convey an 'open-door' within the healthcare system so victims can feel that it is safe to approach healthcare providers.”*

- SOAR Technical Working Group, 2014



First separate the patient from any accompanying person...  
regardless of the purported relationship

Use the following excuses:

- Hospital/clinic protocol
- Need for collection of urine specimen
- Need for an X-ray

Next, assign someone from your staff to spend time developing trust with the patient

# Interview Reminders

## *Interpersonal Skills*

1. Build trust
2. Use empowering language
3. Remember the basics of communication
4. Be comfortable with the topic
5. Know how to communicate effectively using an interpreter



# Interview Reminders

## *Communication Techniques*

1. Use therapeutic communication approaches
2. Remain open & non-judgmental
3. Read the subtle signs/cues
4. If the suspicions are high that the patient may be a victim of trafficking, ask specific questions
  - VERA screening tool



# Interview Reminders

## *Cultural Humility*

Definition- *an ability to maintain an “other-oriented” stance in relation to cultural identity*

Values orientation

- Individualistic
- Collective

Components of cultural humility:

- Open minded, non-judgmental attitude
- Use of specialized skill in a safe environment
- Acceptance
- Respecting cultural diversity



# Interview Reminders

## *Cultural Considerations*

1. Documented vs. Undocumented
2. Distrust of authority figures
3. Stigma of situation
4. Language and terms used in human trafficking





# Suggested Questions for Potential Victims from the Vera Institute

- Have you ever worked anywhere in the U.S. without getting the payment you expected?
- Have you ever worked here in the U.S. where your work was different than you expected?
- Have you ever worked anywhere in the U.S. in a place or with people that made you feel scared or unsafe?

Improving Human Trafficking Victim Identification—Validation and Dissemination of a Screening Tool

May 2014, Award No., 2011-MU-MU-0066 Final Report **(NCJ 246712)**

Laura Simich, Lucia Goyen, Andrew Powell, and Karen Mallozzi

Screening for Human Trafficking: Guidelines for Administering the Trafficking Victim Identification Tool

May 2014, 2011-MU-MU-0066 **(NCJ 246713)**

Vera Institute of Justice



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# Suggested Questions for Potential Victims from the Vera Institute

- Have you ever worked anywhere in the U.S. where there were locks on the doors or windows that prevented you from leaving when you wanted to?
- Have you ever worked anywhere in the U.S. where you were not allowed to contact your family, friends or others?
- Has someone you have worked for or lived with ever threatened to have you deported or to report your immigrant status to the police or other authorities?
- Has anyone in the U.S. ever pressured you to touch another person or engage in any kind of unwanted contact with another person?
- Have you ever received anything of value such as money, housing, food, gifts, favors in exchange for any type of activity involving sex?



# Suggested Questions for Potential Domestic Sex Trafficking Victims

- Did anyone you worked for or lived with force you into doing anything you did not want to do?
- Did you ever have sex for things of value (for example money, housing, food, gifts or favors)?
- Do you have to meet a quota of money before you can safely return home?
- Has someone taken sexually suggestive photo's of you to post on the Internet?



# Case Study 3

A 20 year-old female presents to the Emergency Department with a severe injury to her head. She comes in accompanied by an older man who insisted on bringing her to the Emergency Department when he saw her injury. During the patient intake this man, who claimed to be her uncle, answers all the questions for the patient. When asked by the nurse what happened to her, she replied that she bumped her head in the backyard. The patient said little as her "uncle" answered all the questions for her and she seemed to be distressed and afraid. The uncle insisted on staying with her during the entire time and did not leave her alone.



# Case Study 3

Due to the “uncle’s” controlling presence, you decide that it might be a good idea to separate the patient from the family member. When would be the *best* time to do this?

- a. Immediately- because the patient may be in danger
- b. After the full physical examination is completed
- c. Before the physical examination
- d. Wait to see if with time the “uncle” will decide to go to the waiting room on his own.
- e. At the time of the planned skull X-ray



# STEP 4 = RESPOND





# Reasons for Protocol Development

- Refinement of local trafficking identifiers
- Coordinate with local law enforcement to improve patient safety
- Coordinate with local service providers to enhance victim services
- Designate and train of interviewer on trauma informed care
- Prior development of separation procedure





# Reasons for Protocol Development

- Preparation for contacting translators
- Preparation for forensic examination
- Preparation for reporting procedure
- Advanced preparation for certain scenarios:
  - Trafficker refuses to separate from patient
  - Confirmed victim refuses intervention
  - Critical if the victim is a minor



# Respond

Development of a protocol requires someone who has the authority to move the process forward

- Member of hospital staff
- ED Director
- Nursing Director
- Member of hospital administration
- Hospital social worker



# Respond

## *Connect with local partners*

- Law enforcement
- Child protective services
- Juvenile justice
- Municipal Court officials
- Social workers
- Local Service providers



# Respond

## *Connect with local partners*

- State Highway patrol
- Truant officers
- Mental health professionals
- Representatives from local organizations working with troubled youth
- Representatives from local organizations working with international populations



# Respond

## *Connect with local partners*

Other local partners to consider:

- Domestic violence providers
- Sexual assault providers
- Regional network of trauma-informed service providers



# Respond

## *Connect with federal partners*

- FBI
- Homeland Security
- Department of Justice
- Office of Refugee and Resettlement



# Respond

## Connecting with partners

**National Trafficking  
Resource Center**  
Toll-free, 24 hour  
hotline:  
**1.888.373.7888**  
**Text: BEFREE**



The screenshot shows a presentation slide displayed in a Windows Internet Explorer browser window. The slide features a woman's face in the background and the following text:

**MODERN-DAY  
SLAVERY IN AMERICA:  
RECOGNIZING AND  
RESPONDING TO  
HUMAN TRAFFICKING  
IN  
A HEALTHCARE  
CONTEXT**

**NATIONAL HUMAN TRAFFICKING RESOURCE CENTER**

This publication was made possible in part through Grant Number 90ZV0087 from the Anti-Trafficking in Persons Division, Office of Refugee Resettlement, U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Anti-Trafficking in Persons Division, Office of Refugee Resettlement, or HHS.

On the right side of the browser window, there is a sidebar with the following text:

Modern-Day Slavery in America: Recognizing and Responding to Human Trafficking in a Healthcare

**Outline** **Notes**

Slide Notes

"Hello, and welcome to "Modern-Day Slavery in America: Recognizing and Responding to Human Trafficking in a Healthcare Context," presented by the National Human Trafficking Resource Center. If you have questions during or after this presentation, please contact the National Human Trafficking Resource Center Hotline at 1-888-373-888."

Image Source:  
Department of Health and Human Services

At the bottom of the browser window, a presentation control bar shows "Slide 1 / 64 | Stopped" and a timer at "00:19 / 00:29". A "36 Minutes 22 Seconds Remaining" indicator is also visible in the bottom right corner of the slide area.



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# Respond *Protocol Components*

1. List of local indicators
2. Separation procedure
3. Interview procedures
4. Safety planning
5. Mandatory Reporting
6. Referral Network
7. Resources





# Respond *Local Indicators*

- Names of local pimps
- Specific types of local labor trafficking
- Specific types of transnational trafficking
- Suggested local identifiers for the populations within these types of trafficking
- Local trends in trafficking



# Respond *Local Indicators*

Develop a list of local indicators with input from:

- Local law enforcement
- FBI
- Homeland Security agents
- Local service providers,
- Outreach worker
- Youth workers
- Organizations that work with refugees



# Respond *Separation Procedure*

- When to Separate the patient
- What reason to give
- Who is to do the separating
- What to do if you are unable to separate patient

# Respond

## *Interview Procedure*

The interview procedures should include:

- Qualifications of the interviewer
- Trauma informed care techniques
- Translators to use as necessary
- Questions to ask
- Procedure if patient confirmed as probable victim of trafficking

# Respond *Safety Planning*

- The protocol must address the safety of:
  - Patient/victim
  - Staff of the hospital/clinic
- To do this, input is required from:
  - Local and federal law enforcement
  - Hospital security if applicable
- Criteria should be established for:
  - When and when not to intervene
    - Informed consent of victim
  - Exact procedure for intervention
  - Notification of internal and external security officials



# Respond

## *Mandatory Reporting*

1. State laws lack specificity related to human trafficking but state laws on suspected child abuse or domestic abuse may apply even if you are not sure this is a HT case
2. Requirements vary from state to state
3. Investigate protocols from community resources:
4. Work within HIPAA guidelines
5. Document, document, document



# Respond

## *Mandatory Reporting HIPAA*

1. Original HIPAA law written with the following under Sec. 1178  
Effect on State Law:

"(b) PUBLIC HEALTH.--Nothing in this part shall be construed to invalidate or limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth, or death, public health surveillance, or public health investigation or intervention."<sup>1</sup>

<sup>1</sup> Health Insurance Portability and  
Accountability Act of 1996.



# Respond

## *Mandatory Reporting HIPAA*

- A privacy rule update of HIPAA by HHS in 2002 contains the following quotes:<sup>1</sup>
  - “The December 2000 Privacy Rule...allows a covered health care provider to choose not to treat a parent as a personal representative of the minor when the provider is concerned about abuse or harm to the child.”
  - “Of course, a covered provider may disclose health information about a minor to a parent in the most critical situations, even if one of the limited exceptions discussed above apply. Disclosure of such information is always permitted as necessary to avert a serious and imminent threat to the health or safety of the minor.”

<sup>1</sup> “Standards of Privacy for Individually Identifiable Health Information.”  
*Federal Register* Vol. 67 No. 157,  
August 2002.





# Respond Referral Network

*“A lot of healthcare professionals don’t want to ask [about issues related to human trafficking] because they don’t know what to do next.”*

- SOAR Technical Working Group, 2014



# Referral Network

## *Immediate Needs*

1. Safety
2. Housing
3. Medical care
4. Food & clothing
5. Psychological needs
6. Community needs
7. Translation services
8. Case management
9. Legal immigration assistance
10. Legal guardianship (under 18)

*Clawson & Dutch 2008; Isaac, Solak & Giardino 2011*



# Referral Network

## *Short & Long-term Needs*

### **1. Continued medical care**

- Mental health assistance
- Counseling
- Follow-up for physical issues

### **2. Legal assistance**

- Family reunification/repatriation
- Advocacy
- T-visa applications (foreign victims)
- Immigration assistance (foreign victim)

### **3. Livelihood basics**

- Living assistance
- Transitional & long-term housing
- Transportation
- Education
- Job training/employment
- Child care
- Financial advising & assistance

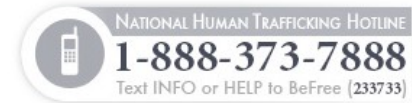
*Clawson & Dutch 2008; Isaac, Solak & Giardino 2011*



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**POLARIS PROJECT**  
FOR A WORLD WITHOUT SLAVERY



- ABOUT US
- WHAT WE DO
- HUMAN TRAFFICKING
- TAKE ACTION
- RESOURCES
- MEDIA
- GIVE

- NATIONAL HUMAN TRAFFICKING RESOURCE CENTER
- The NHTRC
- Human Trafficking
- Report a Tip
- Access Training
- Resources
- Map
- Get Involved
- Contact

The NHTRC

Overview

Our Services

Join the Team

Hotline FAQs

Call Vignettes

## National Human Trafficking Resource Center

E-mail Print

Call 1-888-373-7888 or text BeFree (233733). The National Human Trafficking Resource Center (NHTRC) is a national, toll-free hotline, available to answer calls and texts from anywhere in the country, 24 hours a day, 7 days a week, every day of the year.

## National Trafficking Resource Center

Toll-free, 24 hour hotline

1.888.3737.888

Text: BEFREE (233733) [www.traffickingresourcecenter.org](http://www.traffickingresourcecenter.org)



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## Federal Resources

The Administration for Children and Families (HHS)  
[www.acf.hhs.gov/endtrafficking](http://www.acf.hhs.gov/endtrafficking)

The Blue Campaign (U.S. Department of Homeland Security)  
<https://www.dhs.gov/end-human-trafficking>

The Office for Victims of Crime (U.S. Department of Justice)  
<http://www.ovc.gov/welcome.html>

National Trafficking Resource Center:  
1-888-373-7888  
[www.traffickingresourcecenter.org](http://www.traffickingresourcecenter.org)



# Local Resources

- State Domestic Violence Coalitions
  - [www.nnedv.org/resources/coalitions.html](http://www.nnedv.org/resources/coalitions.html)



# Review: Learning Objectives

1. Describe the scope, severity, and diversity of human trafficking in the United States.
2. Recognize the common indicators and high-risk factors for human trafficking.
3. Recognize the importance of trauma-informed techniques when interviewing a potential victim of human trafficking.
4. Identify and engage local, state and national service referral options for trafficking victims



# Questions?



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