Human Trafficking Detection in Health Care Settings

A scoping review

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Prepared By:
Silvia Villatoro (SV)
Pamela Velásquez (PV)
David García (DG)
Claudia Marcela Vélez (MV)
Daniel Felipe Patiño (DP)
Esther Ekpe Adewuyi (EEA)
Andrea Burkhart (AB)
Paola Ramírez (PR)
Claudia Lorena Ramírez (LR)
Iván D. Flórez (IF)

Contact:
Iván D. Flórez

Email: ivan.florez@udea.edu.co

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SPOR Evidence Alliance operates from the St. Michael's Hospital, Unity Health Toronto which is located on the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous peoples from across Turtle Island.

We are grateful to have the opportunity to work on these lands.

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Project Contributors

Patient/Citizen Partner

Esther Ekpe Adewuyi (EEA) **(**Co-lead). PhD degree in Experimental Surgery, Grants Facilitator at the University of Lethbridge.
Roles: Provide input of the developed protocol, search strategies, data extraction form, and final report; identification of most relevant results; co-production of one key message for patients/citizens; co-production of plain language summary; and participation in the scientific publication as co-author.

Andrea Burkhart (AB)(Co-lead). MPH in Global health. Consultant and systems-change leader.
Roles: Provide input of the developed protocol, search strategies, data extraction form, and final report; identification of most relevant results; co-production of one key message for patients/citizens; co-production of plain language summary; and participation in the scientific publication as co-author.

Methodology Leads

Iván D. Flórez (IF) (Co-lead) MD, Pediatrician. MSc. in Clinical Epidemiology. PhD in Health Research Methodology, with emphasis in Health Services Research. Professor Faculty of Medicine, Universidad de Antioquia.
Roles: Evaluation and development of research protocol; search strategy review and input; general coordination for the production of the report; coordination of other knowledge transfer activities; editing, and submission of scientific publications; and representation at academic events.

Daniel Felipe Patiño (DP) (Co-lead) Biomedical Engineer. MSc. in Health Technology Assessment. PhD in Health Policy. Professor, Faculty of Medicine, Universidad de Antioquia**.**
Roles: Evaluation and development of research protocol; search strategy review and input; general coordination for the production of the report; coordination of other knowledge transfer activities; editing, and submission of scientific publications; and representation at academic events.

Claudia Marcela Vélez (MV) MD. MPH. MSc Clinical Sciences. PhD in Health Policy. Professor, Faculty of Medicine, Universidad de Antioquia
Roles: Evaluation and development of research protocol; search strategy review and input; general coordination for the production of the report; coordination of other knowledge transfer activities; editing, and submission of scientific publications; and representation at academic events.

Methodology Team

Pamela Velásquez (PV) MD, MSc. Clinical Epidemiology, Researcher at the Faculty of Medicine of the Universidad de Antioquia.
Roles: Project management; student training; technical-scientific support; development of research protocol; development of data extraction form; registries selection; data extraction; data analysis; writing, editing, preparation and submission of report; and writing, editing, preparation and submission of scientific publications.

Silvia Villatoro (SV) MD, MSc. Clinical Epidemiology, Researcher at the Faculty of Medicine of the Universidad de Antioquia.
Roles: Student training; technical-scientific support; development of research protocol; development of data extraction form; registries selection; data extraction; data analysis; writing, editing, preparation and submission of report; and writing, editing, preparation and submission of scientific publications.

David García (DG) Political Scientist, MSc Government and Public Policy. Researcher at the Faculty of Medicine of the Universidad de Antioquia.
Roles: Registries selection; data extraction; data analysis; writing, editing, preparation and submission of report; and writing, editing, preparation and submission of scientific publications.

Search Expert

Paola Ramírez (PR) Librarian. Cochrane Certified Documentalist Ibero-America.
Roles: Preliminary search strategies development and adjustment, definitive search strategies development and adjustment. Grey literature sources identification and search.

Trainee

Claudia Lorena Ramírez (LR) Medical Student at Universidad de Antioquia.
Roles: Registries selection; data extraction; and data analysis.

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Abbreviations and Definitions

Abbreviations

AHS	Asian Health Services
AHTST	Adult Human Trafficking Screening Tool (Tool)
APSAC	American Professional Society on the Abuse of Children
AUC	Area Under the Curve
BCM A-HTP	Baylor College of Medicine Anti-Human Trafficking Program
BSN	Bachelor of Science in Nursing
CAC	Child Advocacy Center
CAF	Common Assessment Framework
CAT/CSPI	Crisis Assessment Tool/Childhood Severity of Psychiatric Illness
CCSEGG	Child Sexual Exploitation in Gangs and Groups
CEST	Children exposed to sex trafficking
CI	Confidence Interval
CIHR	The Canadian Institutes of Health Research
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CME	Continuing Medical Education
CRAFFT	C (Car) – Riding with someone under the influence, R (Relax) – Using substances to relax or fit in, A (Alone) – Using substances alone, F (Forget) – Memory loss while using, F (Family/Friends) – Being advised to cut down.
CSE	Child Sexual Exploitation/ Commercially Sexually Exploited
CSEC	Commercial Sexual Exploitation of Children/ Commercially Sexually Exploited Children
CSE-IT	Commercial Sexual Exploitation-Identification Tool (Tool)
CSN	Children's Services Network
CSST	Comprehensive Screening and Safety Tool (Tool)
CST	Child Sex Trafficking
CWS	Child Welfare Services
DMST	Domestic Minor Sex Trafficking
ED	Emergency Department
EDR-ESIA	Eina de Detecció del Risc d'Explotació Sexual en la Infància i la Adolescència
EHR	Electronic Health Records
EM	Emergency Medicine
EMR	Electronic Medical Record
EMS	Emergency Medical Services
EPOC	Effective Practice and Organization of Care (Taxonomy)
FNP	Family Nurse Practitioner
FM	Family Medicine
GP	General Practice
GUM	Genitourinary Medicine
HART	Human Anti-Trafficking Response Team
HCP	Health Care Provider
HEAL	Health, Education, Advocacy, and Linkage
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HOPE	Healthcare Observations for the Prevention and Eradication
HRPN	High-Risk Patient Navigator
HT	Human Trafficking
HTI	Human Trafficking Interview

HTIAM-14	Human Trafficking Interview and Assessment Measure
HTMSH	Human Trafficking Training
ICD-10	International Classification of Diseases
ICT	Information and Communication Technology
IDCFS	Illinois Department of Children and Family Services
IOM	International Organization for Migration
IPV	Intimate Partner Violence
LIFT	Learn to Identify and Fight Trafficking (Training program)
LLR	Leicestershire and Rutland
LMS	Learning Management System
LSCB	Safeguarding Children Board of Leicester
MGH	Massachusetts General Hospital
MOU	Memorandum of Understanding
MSH	Medical Safe Haven (Model)
NEDS	National Emergency Department Sample
NGO	Non-Governmental Organization
NHA	Nebraska Hospital Association/National Human Assistance?
NHTRC	National Human Trafficking Resource Center
NHTTAC	National Human Trafficking Training and Technical Assistance Center
NPV	Negative Predictive Value
NRM	National Referral Mechanism
OBGYN	Obstetrics/Gynecology
OSF	Open Science Framework
PACE	Parents Against Child Exploitation
PEARR	Provide privacy, Educate, Ask, Respect, and Respond (Tool)
PED	Pediatric Emergency Department
PPE	Medical-Patient Interaction Training
PPV	Positive Predictive Value
PRISMA	Preferred Reporting Items for Systematic reviews and Meta-Analyses
PRISMA-ScR	Preferred Reporting Items for Systematic reviews and Meta-Analyses -
PTSD	Post-Traumatic Stress Disorder
RAFT	Rapid Appraisal for Trafficking (Tool)
RNs	Registered nurses
ROC	Receiver Operating Characteristic
RST	Rapid Screening Tool (Tool)
SART	Suspected Abuse Response Team
SASH	Sexual Assault Simulation
SD	Standard Deviation
SOAR	Significant increases in Stop, Observe, Ask, Refer
SPOR	The Strategy for Patient-Oriented Research
SPOR EA	The Strategy for Patient-Oriented Research Evidence Alliance
SSCST	Short Screen for Child Sex Trafficking (Tool)
ST	Sex trafficking
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TAC/TAF	Team Around the Child/
TB	Tuberculosis
THB	Trafficking in Human Beings
TIC	Trauma-Informed Care
TVIT	Trafficking Victim Identification Tool (Tool)
TVPA	Trafficking Victims Protection Act

UK	United Kingdom
UN	United Nations
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
U.S.	United States
USCCB	The United States Conference of Catholic Bishops'

Key Definitions in the context of human trafficking:

Child Sexual Exploitation (CSE): Defined as the sexual abuse of a minor in exchange for economic gain or gain in kind that may be received by the minor themselves or an intermediary (1).

Child trafficking: According to the United Nations Palermo Protocol, child trafficking occurs when a person recruits, transports, transfers, harbors or receives a child less than 18 years of age for the purpose of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs (2).

Coercion: The use of threats, intimidation, psychological manipulation, or abuse of power to compel a person to comply. This can include: threats of harm to the victim or their family, debt bondage (forcing a person to work to repay an unfair or fabricated debt), threats of deportation or legal action against migrants, or confiscation of identity documents to restrict freedom (3).

Commercial sex act: is defined as “any sex act on account of which anything of value is given to or received by any person” (4).

Commercial Sexual Exploitation of Children (CSEC): According to the Office of Juvenile Justice and Delinquency Prevention, CSEC involves crimes of a sexual nature committed against juvenile victims for financial or other economic reasons (5).

Exploitation: The International Framework for Action defines exploitation as the core element of human trafficking (6). Specifically, exploitation is the act of using someone unfairly for your own advantage (7).

Force: The use of physical violence or restraint to compel a person into a trafficking situation. This can include beatings, confinement, and physical abuse (3).

Fraud: The use of deception, false promises, or misrepresentation to lure victims into trafficking. This may include false job offers, misrepresented wages, or fake contracts (3).

Guide: A document that provides best practices and general recommendations for combating trafficking. It offers an overview of strategies, legal frameworks, and methodologies to enhance anti-trafficking efforts (6).

Guidance: A set of specific instructions or recommendations designed to assist stakeholders in implementing policies or procedures effectively. Guidance ensures that interventions are aligned with international standards and human rights principles (6).

Human trafficking: The UN Palermo Protocol defines human trafficking as the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power for the purpose of exploitation (2).

Labor exploitation: Occurs when individuals are forced, deceived, or coerced into exploitative working conditions, including forced labor, slavery, and servitude. Victims often face threats, debt bondage, withheld wages, or physical abuse to maintain control over them (6).

Labor Trafficking: Occurs when individuals are coerced, deceived, or forced into exploitative labor conditions. The Palermo Protocol defines forced labor as a core form of trafficking exploitation, but national interpretations vary (3).

Person subjected to exploitation: Someone who endures forced labor, sexual exploitation, servitude, or similar abuses, often because of coercion, deception, or manipulation (3).

Prostitution: According to the United Nations General Assembly, prostitution is understood as a system of violence that reduces women and girls to commodities. It is rooted in sex-based and intersecting forms of inequality and discrimination, undermining women's ability to achieve equality. This system involves three main actors: those who purchase sexual acts (typically men), those who are sold to perform them (mostly women and girls), and third parties who organize, profit from, or benefit from their exploitation (8).

Protocol: A binding or operational framework that sets out rules, responsibilities, and obligations for governments and institutions in addressing trafficking (6).

Screening tools: Structured mechanisms designed to identify victims of human trafficking by detecting key indicators of exploitation. The International Framework for Action to Implement the Trafficking in Persons Protocol highlights the necessity of evidence-based screening tools to assist law enforcement, healthcare providers, and social service organizations in early victim identification (3).

Sexual exploitation: Sexual exploitation is a key form of human trafficking recognized in the International Framework for Action to Implement the Trafficking in Persons Protocol (6). It includes the exploitation of the prostitution of others and other forms of sexual abuse, where individuals are manipulated or forced into commercial sex (6).

Sex trafficking: Defined as "the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act" (4).

Toolkit: A practical resource that includes checklists, training materials, case studies, and operational procedures for professionals involved in anti-trafficking work. It provides concrete tools for frontline workers to improve victim identification, assistance, and law enforcement responses (3).

Trafficked person: Someone who has been subjected to trafficking, which involves the recruitment, transportation, transfer, harboring, or receipt through means such as force, fraud, coercion, or abuse of vulnerability for the purpose of exploitation, including forced labor, sexual exploitation, slavery, servitude, or organ removal (3).

Trauma-Informed Care: An approach to healthcare and victim assistance that recognizes the physical, psychological, and emotional impact of trauma on individuals, particularly victims of trafficking. It ensures that services, policies, and interactions do not retraumatize victims but instead promote healing, safety, and empowerment (6).

Victim-centered approach: Is a principle in anti-trafficking efforts that prioritizes the rights, needs, and well-being of trafficking victims throughout all interventions, including identification, protection, legal processes, and rehabilitation. This approach ensures that victims are treated with dignity and respect, have access to comprehensive assistance services, and are not subjected to secondary victimization during legal proceedings or reintegration efforts (6).

EXECUTIVE SUMMARY

Objectives: This study aimed to identify available tools for detecting victims of human trafficking in healthcare settings and to explore strategies to implement these tools.

Design: This study follows a scoping review methodology based on the JBI 2020 guidelines for scoping reviews and adheres to the PRISMA-ScR reporting guidelines. The review protocol was registered in the Open Science Framework (OSF).

Methods: A systematic search was conducted in MEDLINE/PubMed, EMBASE, BIREME-LILACS, WHO-PAHO IRIS, and other institutional repositories on August 12, 2024, with an update scheduled for January 18, 2025. Study selection was performed through a double independent screening process using the Rayyan platform. Systematic reviews, primary studies, and organizational reports were included. Data extraction was conducted using a pre-designed Google form, and the synthesis was carried out in a narrative and descriptive manner, following the United Nations Office on Drugs and Crime (UNODC) framework *"International Framework for Action to Implement the Trafficking in Persons Protocol"* and the "*Effective Practice and Organization of Care (EPOC) Taxonomy."*

Results: After screening 2,881 records, 140 documents were included in the final synthesis. Most originated in the U.S. and included a mix of primary studies, reviews, tools, and organizational reports. While many resources addressed human trafficking in general, others focused on sexual exploitation or both sexual and labor trafficking. Target populations varied, but the majority focused on minors or mixed-age groups.

Screening Tools**:** A total of 26 tools were identified across 19 reports, 6 primary studies, and 12 systematic reviews. The majority (n=21) originated in the United States (U.S.), with limited representation from other regions. Most tools focused on detecting sex trafficking, particularly among minors, while labor trafficking received less attention.

Validation and Diagnostic Properties**:** Only three validation studies on trafficking detection tools were found, and seven studies evaluated only the diagnostic properties of a screening tool, five of which focused on the *Greenbaum 6-Question Short Screening Tool.* Toolkits: Seven key toolkits were identified, providing structured, trauma-informed approaches to assist healthcare professionals in recognizing and responding to trafficking. These included screening tools, decision trees, referral protocols, ICD-10 coding guidance, and interdisciplinary best practices, with emphasis on cultural competence and survivor-centered care.

Guidance and Protocols: A total of 37 guidance documents were identified, most developed in the U.S. and UK, with 22 intended specifically for healthcare settings. These documents included screening tools, trauma-informed interview strategies, referral procedures, and recommendations for cross-sector collaboration. They targeted a broad range of professionals, including physicians, nurses, mental health specialists, first responders, and legal or social service providers.

Indicators: Multiple resources described clinical, psychological, behavioral, and situational indicators of trafficking. Common signs included malnutrition, injuries, STIs, lack of documentation, anxiety, PTSD, and signs of coercion or control. These indicators were widely cited but varied in classification, and are not diagnostic tools, though they help guide further assessment.

Educational Strategies: A total of 23 studies assessed educational strategies aimed at improving healthcare professionals' capacity to detect trafficking victims. Most focused on increasing awareness

and confidence; however, only three studies evaluated whether these strategies led to an increase in case identification—and all three reported a positive effect.

Assessment Tools and Protocols**:** Several tools were tested in clinical settings with varying levels of effectiveness. Barriers to implementation included time constraints, privacy concerns, and healthcare professionals' discomfort in addressing trafficking-related issues.

ICD-10 Coding**:** Four studies analyzed the underutilization of ICD-10 codes in trafficking cases. These studies found low use of these codes and identified that trafficking survivors frequently suffered from mental health disorders, sexually transmitted infections, and chronic diseases.

Conclusion: While multiple tools, toolkits, guidelines, and protocols exist for identifying human trafficking in healthcare settings, no consensus has been reached on a gold standard for effectiveness. Screening tools predominantly focus on sexual exploitation, particularly among minors, while labor trafficking remains underrepresented. Training programs often demonstrate improvements in knowledge, awareness, and provider confidence; however, few studies assess whether these strategies lead to increased identification of trafficking cases. Systemic barriers persist, including time constraints, privacy concerns, and discomfort among healthcare professionals in addressing trafficking issues, particularly in emergency services. To overcome these challenges, it is necessary to integrate clear screening protocols, strengthen training, and promote coordination between the healthcare sector, social services, and survivor support organizations.

Protocol Registration/Topic: The review protocol was registered in the Open Science Framework (OSF) available from: https://osf.io/nbk53/

Key Messages

General Overview

From the search strategy, 2881 records were screened, resulting in the inclusion of 140 resources, which consisted of systematic or scoping reviews, primary studies, and organizational reports.

- Most of the available resources (whether tools, toolkits, protocols, or guidelines, as well as implementation studies) were predominantly developed in the United States, with limited representation from countries such as the UK, Canada, Spain, and Ireland, and almost no representation from other regions.
- In general, the focus of the available resources is primarily on tools, guidelines, and protocols related to the identification of sex trafficking, or both sex and labour trafficking, while other forms of trafficking are rarely mentioned. Notably, no tools were identified that specifically address organ trafficking.
- Although some tools were specifically designed for healthcare settings, especially emergency departments, many others originated in protection agencies or social services yet are described as adaptable or already in use in healthcare services.
- Most resources are based on trauma-informed and victim-centered care approaches, emphasizing the importance of non-revictimization, comprehensive care, and intersectoral coordination.

- There is no consensus on the definitions, typologies, or dimensions of human trafficking, nor on the indicators associated with it. Likewise, there is no gold standard available to validate screening tools.

Human Trafficking Definition

- The definition of human trafficking according to the UN Palermo Protocol hinges on exploitation as the main purpose of the action, including for sexual and labor purposes.
- Many resources deal exclusively with sexual exploitation and are often labeled as sex trafficking detection tools, particularly in the context of commercial sexual exploitation of children and adolescents. This can make it unclear during clinical identification whether the tools are detecting less severe exploitative situations or more extreme sexual exploitation. The extreme end of the spectrum, where severe exploitation occurs, is considered the trafficking zone.

Tools

- A total of 26 human trafficking detection tools were identified: 21 developed in the U.S., 2 in the U.K., and one each from Spain, Canada, and Ireland.
- Thirteen tools are applicable to all ages, eight are exclusively for minors, and five target adults only.
- Most tools focus on human trafficking in general, with particular emphasis on sex and labor trafficking. Seven tools specifically address sex trafficking, while none focus exclusively on labor trafficking.
- These tools include structured questionnaires, indicator checklists, and questions for semi-structured interviews. Three tools require specific training for use.
- Only eight tools report having validation studies, and just two—the Commercial Sexual Exploitation–Identification Tool (CSE-IT) and the Trafficking Victim Identification Tool (TVIT)—have been formally validated as trafficking screening tools.
- Three studies evaluate the validity evidence of tools, and seven assess only their diagnostic or prognostic properties. Among these, Greenbaum's 6-Question Short Screening Tool has been tested in six U.S.-based studies for its sensitivity and discriminative ability.

Toolkits

- Seven clinical toolkits were identified. These toolkits offer comprehensive resources, including victim-centered and trauma-informed care approaches, referral protocols, training materials, screening and clinical decision tools, and ICD-10 coding guidance.
- The UNODC toolkit includes indicator cards and screening questions adapted for different forms of exploitation.

Guidelines and Protocols

- A total of 37 detection and response guidelines or protocols for human trafficking in healthcare settings were identified.
- Of these, 24 were developed in the U.S., eight in the U.K., four in Switzerland, and one in Brazil.
- Ten focus exclusively on sex trafficking, 24 address human trafficking in general, and three specifically address both sex and labor trafficking.
- Seventeen guidelines/protocols are aimed at identifying children or adolescent survivors; nine of them focus specifically on commercial sexual exploitation of minors.
  These documents frequently adopt a trauma-informed care approach, addressing physical, mental, and reproductive health needs, ethical issues in patient care, legal support, and interagency referral and coordination protocols.

Indicators

Human trafficking detection in health care settings

- Various resources, including tools, toolkits, guidelines, and educational modules, include lists of indicators, though there is no standardized categorization or consensus across sources.
- Indicators vary widely, although some are recurrent. They are generally classified as physical, psychological, behavioral, or situational signs, which are observable during patient encounters.
- These indicators alone do not confirm trafficking but are considered red flags that warrant further exploration or use of a screening tool.

Common Types of Indicators:

- Physical and sexual health indicators: frequently reported signs include malnutrition, hair loss, injuries from abuse or forced labor, and tattoos used as branding. In terms of sexual health, Sexually Transmitted Infections (STIs), unwanted pregnancies, and forced abortions are prevalent, especially among victims of sexual exploitation.
- Mental health and behavioral indicators: common signs include depression, anxiety, PTSD, social withdrawal, paranoia, extreme submission, unusual emotional responses, or avoidance of authorities, often reflecting trauma or coercion.
- Situational and control indicators: survivors may lack identification documents, move frequently, live in poor conditions under surveillance, and have no control over their movements or finances. Isolation and disorientation are also reported.
- Among children and adolescents, physical abuse, malnutrition, and mental health disorders are most frequent. In adults, more common indicators include lack of documentation, STIs, unwanted pregnancies, and distrust of authorities.

Implementation Strategies

- A total of 47 studies examined strategies for detecting trafficking survivors in healthcare settings, including 23 focused on educational interventions, seven on the implementation of screening tools or protocols, four on the use of ICD-10 (International Classification of Diseases, 10th Revision) codes, and 14 on clinical and organizational practices related to identification and care.
- Educational strategies included online modules, professional presentations, case studies, and simulations. Pre- and post-intervention evaluations were conducted in 10 studies, all showing significant improvements in knowledge, confidence, and attitudes.
- However, only three studies reported increased case identification following training.
- Some educational interventions led to the adoption of new screening tools and protocols.
- Tools such as PEARR (*Provide privacy, Educate, Ask, Respect and Respond*), Octavia (AI-based software), RAFT (*Rapid Appraisal for Trafficking*), and specialized protocols show potential to enhance detection, particularly when combined with trauma-informed training and intersectoral collaboration. Nonetheless, challenges such as time constraints, privacy concerns, trust in referral procedures, and provider biases limit their widespread use.
- Recommendations include structured implementation of screening tools with clear post-detection response protocols, continuous professional training, integration into medical curricula, and stronger collaboration with community networks and legal services to ensure comprehensive care.
- Studies report that ICD-10 codes for trafficking are underused and inconsistently applied, hindering effective detection and case tracking. Despite a gradual annual increase (5.8%), usage remains below the overall growth of medical databases.
- Most coded cases are related to sexual exploitation of young women, often with co-occurring psychiatric conditions such as anxiety, depression, and PTSD.
- To improve detection, studies recommend mandatory training on code use, integration into electronic health records, standardized protocols, and a trauma- and mental health–informed approach.

- Detection remains inconsistent due to a lack of validated tools, unclear protocols, and insufficient training. Most healthcare professionals lack specific training, and many protocols omit screening questions or guidance for patient companions, contributing to low identification rates, cultural biases, and reliance on individual clinical judgment.
- Structural barriers, such as lack of privacy and emergency department overload, were identified as key challenges in healthcare settings.

Introduction

Human trafficking (HT) is a serious crime and a grave violation of human rights. This issue affects virtually all countries worldwide, whether as countries of origin, transit, or as the destination of the trafficked individuals. In 2020, over 51,000 cases of HT were detected across 160 countries, with approximately 65% of survivors being women and girls (3,9). The number of detected cases increased by 43% between 2020 and 2022, and preliminary data from 2023 indicate an upward trend. Of the 202,478 human trafficking cases detected in 2022, 62% involved adults and 38% involved minors. In both age groups, a higher proportion of female survivors was recorded compared to male survivors: 39% of the victims were women and 22% were girls, while 23% were men and 16% were boys (9). There is no single typical profile of a survivor of HT; it can affect individuals of all ages, genders, and backgrounds. However, it is recognized that disempowerment, social exclusion, and economic vulnerability make certain groups particularly susceptible to trafficking (3,9–11).

HT is defined as 'the recruitment, transportation, transfer, harboring, or receipt of persons by means of threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power, or vulnerability, or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation' (3). HT is often confused with the illicit trafficking of migrants. However, the latter involves the illegal transportation of a person across international borders with their consent and generally ends once the trafficked person reaches their destination. In contrast, HT occurs against the individual's will and may or may not involve crossing international borders (10).

Although the Palermo Protocol provides an internationally accepted definition of human trafficking, this conceptualization has been widely contested, reinterpreted, and politicized over time. The definition, based on the triad of act, means, and purpose (with exploitation as the central goal), has been expanded in practice to include a wide range of situations that may not meet its legal threshold. Practices such as irregular migration, consensual sex work, and precarious labor are often grouped under the label of trafficking, even when coercion or force is not present. This phenomenon, described by legal scholar Janie Chuang as "exploitation creep," can blur the distinctions between trafficking, slavery, and other forms of exploitation, sometimes leading to inappropriate legal or policy responses (10).

The ambiguity of the definition is especially relevant when considering terms such as "sexual exploitation" or "modern slavery," which appear frequently in the literature on human trafficking but are not always applied consistently. Some governments have strategically used these terms to justify restrictive immigration policies or to advance moral agendas, often conflating sex work with trafficking (12,13). As a result, there is a risk of misdirected interventions that fail to identify trafficking survivors while potentially criminalizing vulnerable populations such as migrants, sex workers, and racialized women. In this review, we recognize the political and social implications of human trafficking definitions and aim to critically consider the terminology used in the included studies and tools, without excluding evidence solely based on terminological choices.

Following the United Nations Office on Drugs and Crime (14), we consider exploitation to be a component of HT, as it represents the central purpose of this crime. Exploitation can take various forms, but the most common—at least in healthcare settings, according to the collected evidence—are

sexual exploitation and forced labor. These forms are more easily identifiable due to the physical injuries and health impacts they cause in trafficked individuals, making them particularly relevant in medical and forensic evaluations.

We recognize that not all human trafficking refers to sexual exploitation, just as not all sexual exploitation is related to trafficking. However, due to the nature of the various studies and tools identified in the literature, these concepts are often used interchangeably. It is important to clarify that we have only included screening tools, not diagnostic tools, that focus on identifying individuals in situations of trafficking for sexual exploitation (in some cases, this trafficking results in sexual exploitation). This focus on screening implies that the tools are intended to raise suspicion and prompt further assessment, not to establish a definitive diagnosis.

The impact of HT on individuals and society is undeniably harmful. Trafficked persons experience physical abuse, torture, psychological trauma, and economic and political implications due to constant victimization (15). Up to 99% of individuals subjected to trafficking, especially those subjected to sexual exploitation, suffer physical health issues (neurological, gastrointestinal, dental, cardiovascular injuries) and psychological conditions (depression, post-traumatic stress disorder, suicidal ideation, addictions) (16).

While many survivors manage to escape and contact authorities voluntarily (up to 41% of detected cases), fewer cases are initiated by law enforcement agencies (28%) or community members and civil society (30%). This is concerning, as many individuals affected by trafficking may not self-identify (3,9). Healthcare settings play a crucial role in detecting and assisting trafficking persons. Up to 87.8% of sexual exploitation survivors have some contact with healthcare services during their exploitation period (16).

Key to identifying trafficking survivors in healthcare settings is the availability of detection tools, and strategies implemented to facilitate their use, by healthcare professionals. It is essential to assess whether these tools have been validated and if their psychometric or diagnostic properties have been measured, as well as their demonstrated effectiveness.

This review aims to identify the available tools for detecting victims and survivors of HT in healthcare settings, identifying those that demonstrated effectiveness, and explore strategies for implementing these tools.

Is important to note that this report identifies studies and tools that explicitly use terms such as “modern slavery” or “victims.” We acknowledge that these terms are currently being reevaluated or have been replaced by more appropriate terminology. However, we have chosen not to exclude evidence that employs these terms to ensure the methodological rigor of the synthesis and to present the scientific evidence as it is.

Methods

This scoping review was conducted according to the JBI 2020 guidance on scoping reviews (17), and reported according to the PRISMA-ScR statement (18). The protocol was registered in OSF (19).

Literature Search

We searched for evidence syntheses, including systematic reviews, scoping reviews, and rapid syntheses (from now on 'systematic reviews'), primary studies and organizational reports, and documents referenced in other studies. An experienced librarian developed and tested the search strategies through an iterative process in consultation with the review team. Each database was searched using an individualized search strategy; to review the complete strategies, see **Appendix 1**. The databases consulted were MEDLINE/PubMed, EMBASE, BIREME-LILACS, WHO-PAHO IRIS and other institutional repositories. Searches were conducted on August 12, 2024, and were updated on January 18, 2025.

Study Selection

Study selection was performed by double-reviewer independent screening for titles/abstracts and full text (DG, LR, PV, SV). The online platform 'Rayyan' (20) was used for titles/abstracts and full-text screening steps. Training was provided to all reviewers at the beginning of the review and during the review for consistency purposes. The selection criteria are presented in **Table 1**.

Table 1 Eligibility criteria

Population/Problem	• Patients in a possible situation of human trafficking in the healthcare environment will be included. • Healthcare workers attending to these patients. • All ages, genders and geographic locations will be included. • Smuggling of migrants will be excluded. • Prostitution will be excluded. Human trafficking involves the recruitment, transportation, harbouring and/ or exercising control, direction or influence over the movements of a person in order to exploit that person, typically through sexual exploitation or forced labour. Vulnerable groups include women and girls, Indigenous peoples, migrants, children in the welfare system, and those who are financially or socially disadvantaged. **Appendix 2** contains the UNODC framework on human trafficking, definitions, typology, and response on which we base our work.
Concepts of Interest	• Any tool to identify people that may be victims of human trafficking situations. • Any procedure, protocols or approaches aiming to implement tools to identify people that may be victims of human trafficking situations in the healthcare environment will be included. This includes healthcare workers' educational strategies. Tools: In the context of this study, a tool is an instrument or method used to identify victims of human trafficking. This could be a standardized questionnaire, an interview guide, or any other resource that allows data to be collected systematically and consistently. Some tools may have prior validation studies that allow their properties and usefulness to be evaluated. Strategies: A strategy is an overall approach or plan that guides the use of these tools. This could involve the use of an initial screening tool followed by an in-depth interview for those who test positive on initial screening. Another strategy could be the use of multiple detection tools. The strategy provides the general framework, while the tools are the specific means to carry out that strategy.
Outcome	Identification of human trafficking cases related outcomes: • Detection rates • Provider experiences and knowledge • Healthcare costs

	● Any effectiveness measure associated with the use of implementation tools and strategies. Geographical distribution of literature.
Setting	● Interventions in the healthcare environment will be included. ● Studies that do not address the intervention in a healthcare setting will be excluded.
Study design	● Primary experimental, quasi-experimental, qualitative and observational (case-control, cohort studies, case series) studies, reviews with a systematic approach and reports from organizations will be included. ● Opinion articles (comments or editorials published in peer-reviewed journals) will be excluded.
Publication Language	● No language limit
Publication Year	● No time limit

Data Extraction

The data extraction was carried out using a predesigned Google Form. The form was tested and iteratively improved after discussion by the review team.

● For each evidence synthesis included, we documented the following information: title, authors, focus, publishing date, year of the last literature search, concepts, outcomes, characteristics of the tool or strategy used (including its validation) and key findings.

● For primary studies, we documented the following information: title, authors, publishing date, type of design, concepts, outcomes, characteristics of the tool or strategy used (including its validation) and key findings.

● For official policy/government documents and documents that provide recommendations: title, country, authors/organization, publishing date, focus, target population, concepts, and key findings.

After checking that the Google Form was exhaustive, training of reviewers was performed. We used a single abstraction with verification approach where 10% of extracted articles were randomly reviewed by a second researcher (DG, LR, PV, SV).

Data Synthesis

Data was synthesized narratively and descriptively. The main results of the studies included upon full-text screening are summarized in Tables 2-8 following the framework proposed by the UNODC's "*International Framework for Action to Implement the Trafficking in Persons Protocol"* (6) and *"Effective Practice and Organisation of Care (EPOC) taxonomy*" (21) after discussion by the research team.

Results Presentation

The review results are presented in tables to organize and compare the information in a clear and structured way. Each table highlights the most relevant details from the reviewed resources, making it easier to understand their purpose and application. The information is compiled based on recognized reference frameworks. One table focuses on screening tools used to identify human trafficking, while another gathers additional tools mentioned in systematic reviews. There is also a table summarizing validation studies, offering insights into the reliability and effectiveness of these tools. Other tables present toolkits designed to help identify and support survivors, along with a table featuring guides and protocols that provide structured approaches for victim care. Additionally, a table outlines key indicators used to detect trafficking cases, and the final table summarizes implementation strategies.

Results

Selection Process

The search identified 2881 potential sources. After screening titles and abstracts, 415 articles were assessed for their eligibility in full text. During this process, 275 records were excluded and the reasons for their exclusion are presented in the PRISMA diagram (**Figure 1**). A total of 140 records were included in the final synthesis. Of these, 57 were identified through database searches and 83 through organizational portals and other sources of grey literature.

Study characteristics

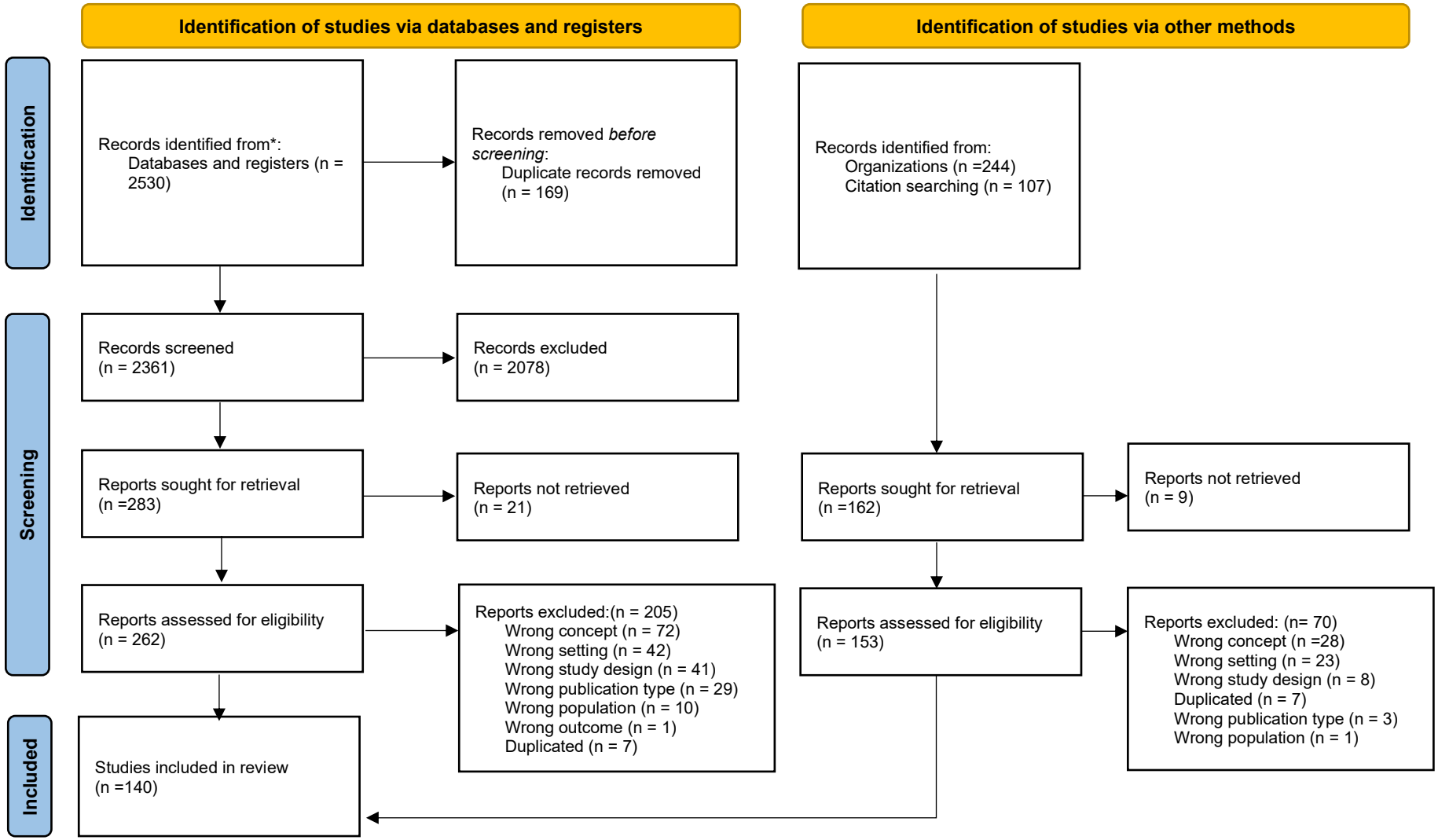
The included resources were predominantly from the United States (n = 113), followed by the United Kingdom (n = 13), Switzerland (n = 5), Spain (n = 3), and Canada (n = 3), and individual contributions one study each from Denmark, Brazil, and Ireland (n = 1 each). In terms of study type, 47 were primary studies, including cohort studies (n = 7), case-control (n = 1), cross-sectional (n = 5), qualitative (n = 9), mixed methods (n = 1), quasi-experimental (n = 12), randomized controlled trials (RCTs) (n = 1), and studies focused on validation or evaluation of diagnostic properties (n = 8).

Eleven documents were categorized as general reports, and 55 corresponded to tools, guidelines, or direct evaluations thereof. Additionally, 9 were systematic reviews, 5 were scoping reviews, and 2 were integrative reviews. Regarding the focus of the studies, the majority addressed human trafficking in general (n = 92), while others focused specifically on sexual trafficking (n = 41), or on sexual and labor trafficking (n = 7). Concerning the target population, 52 resources addressed minors, seven focused exclusively on adults, and 81 included both age groups or did not specify age.

Suggested Framework

Suggested organization of the information is presented in **Appendix 2**

Figure 1 PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources



Tools

A total of 26 tools were identified across 19 reports (22–41), six primary studies (41–46), and 12 systematic reviews or scoping reviews (1,47–57). Tools focusing on sex trafficking of children and adolescents dominate, with less attention given to adults or labor trafficking. Many tools lack formal validation and effectiveness studies but are designed to be practical and adaptable.

The majority of these tools (n=21) were developed in the U. S., while the remaining ones originated in the United Kingdom (UK) (n=2), Spain (n=1), Canada (n=1), and Ireland (n=1).

Regarding the type of trafficking addressed, eight tools are specifically designed for the identification of sex trafficking. Six tools focus on the sexual exploitation of children and adolescents, mentioning this phenomenon within the context of HT (e.g., Child Exploitation Screening Tool, WestCoast CSE-IT). No tools were found to be exclusively dedicated to the identification of labor trafficking. However, 18 tools detect potential HT situations in a general manner, covering various forms of exploitation, particularly sexual and labor trafficking (TVIT).

In terms of validation, only eight tools have validation studies. Of these, only two assess HT in general, while the remaining five are specifically designed for the identification of sexual exploitation. These tools prioritize evidence-based effectiveness and reliability.

Regarding the target population of the tools, all 13 were designed to be applicable across children, adolescents, and adults, and were aimed at identifying human trafficking in general. Five tools are designed for identifying adult victims, two of which are specific to sex trafficking (Screening survey to identify of victims of sex trafficking and Sex trafficking in Ireland from a health care perspective). Eight tools are exclusively aimed at identifying victims under the age of 18, of which six focus on trafficking or sexual exploitation, while two covers other types of trafficking beyond sexual exploitation (Child Exploitation Tool and Screening Tool for Suspected Underage Victims of Human Trafficking).

In terms of structure, 16 tools consist of standardized questionnaires, while ten present a list of indicators for potential HT. Three tools include a set of key questions. Regarding length, 15 tools contain fewer than 20 questions or indicators to be assessed. Finally, three tools require specific training for their application, as indicated by their authors.

Table 2. Screening Tools for HT

Tool name Organization / Author / Country	Reported validation process	Detection focus	Target population	Tool structure	Number of items	Application context	Evaluation of its effectiveness or performance.	Ease of use and required training
10 Red Flags that Your Patient Could be a Victim (22) American Hospital Association, 2018 U.S.	Non-validated	HT in general	Applicable to different age groups	List of indicators	10 indicators	General healthcare settings	Not reported	Simple to use
A Short Screening Tool to Identify Victims of Child Sex Trafficking in the Health Care Setting (42) Greenbaum, V. J. 2018 U.S.	Validated	Sex trafficking	Children and Adolescents	Standardized questionnaire	6 items	General healthcare settings	Effectiveness studies/ Diagnostic and prognostic property testing/ Usage experience	Simple to use
Child Exploitation Tool (23) Robinson, L (Strategic Lead Exploitation & Missing, Bedfordshire) 2023 UK	Non-validated	HT in general	Children and Adolescents	Standardized questionnaire and checklist of risk indicators	Approximately 140 items, including structured questions, risk indicators, and open-ended responses. Indicators: 11 Physical Health & Emotional Wellbeing (Health to check) 12 Behaviour 28 Grooming 16 Family and Social 11 Online Safety	General healthcare settings	Not reported	
Child Exploitation Screening Tool (24)	Validated	Sex trafficking	Children and Adolescents	Standardized questionnaire	6 domains with 57 questions	Multiple contexts, adaptable to	Not reported	

Oxfordshire Safeguarding Children Board UK						healthcare settings		
Clinical CSEC Screening Tool (25) Sy, et al., 2016 Asian Health Services (AHS) and Banteay Srei U.S.	Validated	Sex trafficking	Children and Adolescents	List of indicators and Standardized questionnaire	12 indicators and interview	General healthcare settings	Not reported	
Comprehensive Human Trafficking Assessment (26) Polaris Project, 2011 U. S.	Non-validated	HT in general	Applicable to different age groups	Standardized questionnaire	5 sections with 130 questions	Multiple contexts, adaptable to healthcare settings	Not reported	
Eina de Detecció del Risc d'Explotació Sexual en la Infància i la Adolescència (EDR-ESIA) tool) (27) Benavente, B. Spain	Validated	Sex trafficking	Children and Adolescents	Checklist of risk indicators	4 sections with 88 items	Multiple contexts, adaptable to healthcare settings	Diagnostic or prognostic property testing	Simple to use
How to Identify a Human Trafficking Victim (28) The United States Conference of Catholic Bishops' (USCCB's) U.S.	Non-validated	HT in general	Applicable to different age groups	Indicators and key questions	13 indicators or "red flags" and 7 key questions	General healthcare settings	Not reported	

Human Trafficking Clinical Forensic Evidentiary Flowsheet (29) Sonsiadek, J. U.S.	Non-validated	HT in general	Applicable to different age groups	Checklist of risk indicators	155 indicators 47 HT Indicators 34 Emotional/Psychological Indicators 33 Neglect Indicators 14 Financial Indicators 17 Sexual Assault/Abuse Indicators	Specialized health services (forensic clinics)	Effectiveness studies	Requires specialized training
Human Trafficking Identification: Screening Tool and Report (30) Indiana Protection for Abused and Trafficked Humans Task Force U.S.	Non-validated	HT in general	Applicable to different age groups	Standardized questionnaire	2 sections with 59 questions: Initial Screening Questions: 3 questions Detailed HT Interview Questions: Sex Trafficking Assessment Questions: 29 questions Labor Trafficking Assessment Questions: 27 questions	Multiple contexts, adaptable to healthcare settings	Not reported	Simple to use
Human Trafficking Screening Tool (31) Ohio Human Trafficking Task Force U. S.	Non-validated	HT in general	Applicable to different age groups	Standardized questionnaire	12 questions	Multiple contexts, adaptable to healthcare settings	Not reported	
Human Trafficking Screening Tool (44) Kaltiso, S. 2021 U.S.	Non-validated	HT in general	Adults	Standardized questionnaire	11 questions	General healthcare settings	Effectiveness studies	Simple to use
Identify and Assist a Trafficking Victim (32) US Department of State, NR U.S.	Non-validated	HT in general	Applicable to different age groups	Key questions	10 indicators 8 questions	General healthcare settings	Not reported	Simple to use

Identifying Victims of Human Trafficking Potential Indicators & Red Flags (33) Polaris Project, 2010 U.S.	Non-validated	HT in general	Applicable to different age groups	List of Indicators	26 indicators: 9 Common Work and Living Conditions 4 Poor Mental Health or Abnormal Behavior 3 Poor Physical Health 5 Lack of Control 5 Other	Not specified	Not reported	
Medical Assessment Tool (34) Polaris Project, 2010 U.S.	Non-validated	HT in general	Applicable to different age groups	Checklist of risk indicators	7 indicators and 7 preliminary questions; 4 follow-up questions	General healthcare settings	Not reported	
National Human Trafficking Assessment Tool (35) Canadian Council for Refugees 2015 Canada	Non-validated	HT in general	Applicable to different age groups	Standardized questionnaire	4 preliminary questions; 49 follow-up questions	Not specified	Not reported	
Rapid Appraisal for Trafficking **(RAFT)** (43) Chisolm-Straker 2021 U.S.	Validated	HT in general	Adults	Standardized questionnaire	4 questions	General healthcare settings	Effectiveness studies/ Diagnostic and prognostic property testing	Simple to use
San Luis Obispo County CSEC Collaborative Response Team Commercially Sexually Exploited Children (CSEC) Screening Tool (36) CSEC Collaborative Response Team, 2015	Non-validated	Sex trafficking	Children and Adolescents	Standardized questionnaire	22 questions (with example sub-questions)	Multiple context adaptable to healthcare settings	Not reported	

U.S.								
Screening survey to identify of victims of sex trafficking (41) Mumma, B., 2017 U.S.	Validated	Sex trafficking	Adults	Standardized questionnaire	14 questions	General healthcare settings	Effectiveness studies/ Diagnostic and prognostic property testing	
Screening Tool for Human Trafficking Victims (37) Kentucky Rescue and Restore Coalition, NR U.S.	Non-validated	HT in general	Applicable to different age groups	Checklist of risk indicators	Force/Fraud/Coercion 19 Indicators: Physical Abuse Indicators: 11 Sex Trafficking Indicators:8 Lack of Freedom Indicators: 10 Behavioral Indicators:4 Environmental Indicators:3 Indicators for Child Victims of HT: 4	General healthcare settings	Not reported	
Screening Tool for Suspected Adult Victims of Human Trafficking (38) Genesee County Human Trafficking Task Force, 2019 U.S.	Non-validated	HT in general	Adults	Standardized questionnaire	7 questions	General healthcare settings	Not reported	Simple to use
Screening Tool for Suspected Underage Victims of Human Trafficking (38) Genesee County Human Trafficking Task Force, 2019 U.S.	Non-validated	HT in general	Children and Adolescents	Standardized questionnaire	6 preliminary questions, 3 additional questions	General healthcare settings	Not reported	Simple to use

Sex trafficking in Ireland from a health care perspective (46) McConkey, S. (Royal College of Surgeons in Ireland) Ireland	Non-validated	Sex trafficking	Adults	List of indicators, victim approach suggestions, and reference guide	8 Indicators	General healthcare settings	Not reported	Simple to use
Trafficking Victim Identification Tool (TVIT) (45) VERA National Institute of Justice Simich, L. 2014 U.S.	Validated	HT in general	Applicable to different age groups	Standardized questionnaire	Long version: 31 questions. Short version: 16 questions.	Multiple contexts, adaptable to healthcare settings	Effectiveness studies and prognostic property testing	Requires specialized training
University of Kansas Human Trafficking Medical Assessment Tool (39) University of Kansas / Schwarz, C. U.S.	Non-validated	HT in general	Applicable to different age groups	Flowchart with indicators and questions	Flowchart with 5 red flags and 7 questions	General healthcare settings	Not reported	Simple to use
WestCoast's Commercial Sexual Exploitation-Identification Tool (CSE-IT) (40) Basson D (WestCoast Children's Clinic), 2017 U.S.	Validated	Sex trafficking	Children and Adolescents	Standardized questionnaire	48 items grouped into 10 domains	Multiple contexts, adaptable to healthcare settings	Not reported	

CSEC: Commercial Sexual Exploitation of Children/ Commercially Sexually Exploited Children, CSE-IT: Commercial Sexual Exploitation-Identification Tool, EDR-ESIA: Eina de Detecció del Risc d'Explotació Sexual en la Infància i la Adolescència, HT: Human Trafficking, RAFT: Rapid Appraisal for Trafficking, TVIT: Trafficking Victim Identification Tool, UK: United Kingdom, U.S.: United States, USCCB: United States Conference of Catholic Bishops'

Other Tools Mentioned in Systematic Reviews

In addition to the tools previously mentioned, systematic reviews on instruments for detecting trafficking victims highlight additional tools that could be applied in healthcare settings. These reviews identify 16 additional tools beyond those already included.

Table 3. Other Tools Mentioned in Systematic Reviews

Tool name Organization / Author	Reported validation process	Detection focus	Target population	Tool structure	Number of items	Application context
Screening Tool for Victims of Human Trafficking (1) U.S. Department of Health and Human Services	No	HT in general	Adults	Interview+ warning signs	13 questions	General healthcare settings
Human Trafficking Screening Tool (48,49) Urban Institute	Validated	HT in general	Children and Adolescents	Questionnaire or survey	19 questions	Children and young people (primarily in child welfare settings and homeless service settings)
Human Trafficking Interview and Assessment Measure (HTIAM 14) (47) Covenant House, 2013	No	Sex trafficking	Applicable to different age groups	Questionnaire or survey	12 questions	Not specified
Safe Harbors Youth Intervention Project Screening Questions (47) Bortel et al., 2018	No	Sex trafficking	Children and Adolescents	Questionnaire or survey	10 questions	Multiple settings
Rapid Screening Tool (RST) for Child Trafficking and	No	HT in general	Children and Adolescents	Questionnaire or survey	12 questions in the RST, with affirmation	Child welfare agencies; can be adapted for other

Comprehensive Screening and Safety Tool (CSST) for Child Trafficking (2011) (49,53,54) Center for the Human Rights for Children, Loyola University of Chicago (Chicago, IL)					to any question prompting further screening by CSST	organizations and service provider settings
Human trafficking assessment (2015) (48) Via Christi Health (Kansas)	No	HT in general	Applicable to different age groups	Interview	4 questions for US citizens and 6 questions for foreign nationals	General healthcare settings
Safeguarding Children Board: Safeguarding Children at risk of Sexual Exploitation: Risk Assessment Toolkit (50) Kent and Medway	No	Sex trafficking	Children and Adolescents	List of indicators, victim approach suggestions, and reference guide	57 items Category 1 (At Risk): 13 items Category 2 (Medium Risk): 25 items Category 3 (High Risk): 19 items	General healthcare settings
Operational Indicators of trafficking of human beings (54) International Labor Organization (2009)	No	HT in general	Applicable to different age groups	To identify indications of HT	67 possible indicators	Not specified
Identification and response for human trafficking (54) Nebraska Hospital Association (n.d.)	No	HT in general	Applicable to different age groups	Interview	8 questions	Not specified
Law enforcement screening tool for victims of human trafficking (54) Nevada Attorney General (n.d.)	No	HT in general	Applicable to different age groups	Interview	48 questions	Not specified
National Human Trafficking Assessment Tool (54) Amara Legal Center (n.d.)	No	Sex trafficking	Applicable to different age groups	Interview	28 possible indicators	Not specified

Labor Trafficking Assessment Card (54) The Advocates for Human Rights (2015)	No	Labor Trafficking	Applicable to different age groups	Interview	5 self-identifying questions	Not specified
Human Trafficking Assessment for Domestic Workers (54) Polaris Project (2011b)	No	Labor Trafficking	Applicable to different age groups	Interview	28 questions	Not specified
San Diego Labor Trafficking Survey (54) Zhang (2012)	No	Labor Trafficking	Applicable to different age groups	Interview	59 questions	Not specified
Comprehensive Screening and Safety Tool (CSST) (54) Center for the Human Rights for Children, Loyola University Chicago (2011b)	No	HT in general	Children and Adolescents	Interview	Part I: 3 sections with 30 possible questions. Part II: 21 structured questions	Not specified
Human Trafficking Screening Tool (54) Connecticut Department of Children and Families (2015)	No	HT in general	Children and Adolescents	Provider Assessment and potential victim questions	57 assessment questions	Not specified

CSST: Comprehensive Screening and Safety Tool, HT: Human Trafficking, RST: Rapid Screening Tool, TVIT: Trafficking Victim Identification Tool, UK: United Kingdom, U.S.: United States

Validation Studies

Ten studies were identified that evaluated the validity, reliability, and diagnostic performance of screening tools in healthcare settings (40,41,42,44,57–61). Of these, only three studies provided formal validity evidence, while the remaining studies focused on assessing the diagnostic and prognostic properties of the tools.

Diagnostic and Prognostic Performance

Five studies evaluated the Greenbaum 6-Question Short Screening Tool, used for adolescents in pediatric emergency departments (PEDs) and child advocacy centers (42,58–61). The findings indicate that a threshold of two positive responses balances high sensitivity (80-92%) with moderate specificity (50-75%), ensuring that most victims are identified, although there is a risk of false positives.

The Rapid Appraisal for Trafficking (RAFT) tool (43) demonstrated strong diagnostic performance, with AUROC values of 0.8976 (all sites), 0.8836 (New York City), and 0.9430 (Fort Worth). Sensitivity ranged from 89% (derivation) to 100% (validation), with specificities of 74% and 61%, respectively. Across all sites, responding affirmatively to any of the four items yielded 92% sensitivity and 72% specificity. Subgroup analyses confirmed consistent performance across gender, race/ethnicity, age, and interview language.

The Human Trafficking Screening Tool (HTST) (44) was tested in 26,974 adults in an emergency department (ED), showing high predictive accuracy (AUROC 0.85) but with false positives due to domestic violence cases.

Mumma et al., 2017 (62) identified 100% of survivors using a single screening question: *"Have you (or anyone you work with) ever been beaten, yelled at, raped, threatened, or made to feel physical pain for working slowly or trying to leave?,"* achieving 78% specificity, outperforming physicians' ability to detect survivors (40%).

Validation and Reliability

The CSE-IT (40), RAFT tool (43) and the TVIT (45) are the only screening tools with formal validation processes. The CSE-IT demonstrated high criterion validity (92%), while the TVIT correctly identified 87% of trafficking cases, with an accuracy of 71% for labor trafficking and 81% for sex trafficking. The RAFT tool showed strong criterion validity compared to the TVIT, with area under the curve values of 0.8976 (all sites), 0.8836 (NYC), and 0.9430 (Fort Worth), and sensitivity ranging from 89% to 100%. RAFT also demonstrated robust construct validity, supported by confirmatory factor analysis (bifactor model) and Testlet Response Theory (TRT). Both the CSE-IT and TVIT demonstrated good reliability and structural validity, while RAFT exhibited internal structural consistency across diverse populations, despite lacking formal reliability testing. These findings support the overall effectiveness of these three tools.

Table 4. Screening Tools Validation Studies

Reference	Name	Population / Setting	Type of Validation / Evaluation of diagnosis properties	Outcome
Peterson, L.J. 2022 (58) U.S.	A short, 6-question screening tool -Greenbaum et al.	Adolescents 11–17 years / EDs associated with the M. Health Fairview University of Minnesota Medical Center.	Diagnosis properties: Sensitivity, specificity and PPV	Of the 75-youth evaluated by FNE, no significant demographic differences were found between "positive Child Sex Trafficking (CST)" and "negative/at risk" groups, except for self-identified gender; 4 nonbinary individuals were in the "positive CST" group. Only the number of sex partners significantly differentiated the groups (p = 0.0094). The modified Short Screen for Child Sex Trafficking (SSCST) score (3+) failed to differentiate between groups, but the original scoring (threshold 2+) was more effective (p = 0.0295). The SSCST modification, awarding points for any number of partners, increased referrals but was unnecessary, as most CST cases in study period 3 had fewer than 5 partners or other risk factors. **Performance Metrics:** Sensitivity/Specificity of Secondary Questions in Youth with 3+ Positive Items on the SSCST: Sensitivity (95% CI) = 72% (47–90%) Specificity (95% CI) = 98% (91–100%) PPV (95% CI) = 13/14 = 93% (66–100%) NPV (95% CI) = 56/61 = 92% (82–97%).
Hurts, I. A. 2021 (59) U.S.	A short, 6-question screening tool -Greenbaum et al.	Adolescents (12-17 years old) / An urban, regional, freestanding children's hospital that serves as a tertiary care level	Diagnosis properties: Sensitivity, specificity, ROC area	**Performance Metrics:** The sensitivity and specificity of the screening tool varied according to the number of items answered affirmatively. With two items answered "yes," sensitivity was 84.6% (95% CI: 70.8–98.5) and specificity was 53.2% (95% CI: 46.1–60.4), with an ROC curve area of 0.6892. With 3 items, sensitivity was 80.8% (95% CI: 65.6–95.9) and specificity increased to 74.7% (95% CI: 68.5–81.0), with an ROC area of 0.7775. For 4 items, sensitivity decreased to 42.3% (95% CI: 23.3–61.3) while specificity increased to 91.4% (95% CI: 87.4–95.4), with an ROC area of 0.6685. Finally, with 5 items, sensitivity was 11.5% (95% CI: 0–23.8) and specificity reached 98.4% (95% CI: 96.6–100), with an ROC area of 0.5496.
Chisolm-Straker, M. 2021	Rapid Appraisal for Trafficking (RAFT)	Adult patients (4127 ED patients) An	Validation: criterion validity and construct validity	**Construct Validity** Factor structure: A bifactor model showed the best fit in confirmatory factor analysis (CFA), supporting the hierarchical structure of RAFT.

(43)		emergency department	Diagnosis properties: Sensitivity, specificity, ROC area	Item selection: Testlet Response Theory confirmed that the four selected items had strong discrimination and covered key trafficking domains (labor exploitation, harm, sexual exploitation, and force). Item consistency: The selected items reflected severe forms of exploitation and performed consistently across samples (NYC and Fort Worth) with minimal differential item functioning (DIF). **Criterion Validity** Reference standard: RAFT was validated against the Trafficking Victim Identification Tool (TVIT). Performance metrics: ROC Curve (AUC): All sites: 0.8976 New York City: 0.8836 Fort Worth: 0.9430 Sensitivity and Specificity: Derivation (NYC): 89% sensitivity, 74% specificity Validation (Fort Worth): 100% sensitivity, 61% specificity Combined (any positive RAFT item): 92% sensitivity, 72% specificity Subgroup performance: Sensitivity ranged from 75% to 96% across subgroups by gender, race/ethnicity, language of interview, and age, indicating robust performance in diverse populations. Significant predictors of trafficking (logistic regression): Forced work, threats at work, and payment for sex were statistically significant ($p < 0.01$). Strongest predictor: Payment for sex (Odds Ratio = 24.47).
Kaltiso, S.-A.O. 2021 (44) U.S.	Human Trafficking Screening Tool	Adult patients (18 years and older) (26,974 patients were screening) / An urban emergency department	Feasibility and predictive accuracy	**Performance Metrics:** Predictive questions: Eight questions were significantly associated with likely trafficking status, with odds ratios ranging from 1.15 to 7.83. The most predictive question was: "Does anyone make you have any kind of sex for work/money?" (OR = 7.83). AUC: Full 11-question model: AUC = 0.85. Reduced 7-question model: AUC = 0.83 (training set) and 0.82 (validation set). Other Findings False positives: Many of the 147 patients who screened positive but were not confirmed as trafficked had indicators of domestic violence (76 cases or 40.2% of positive screens).

				Unknown outcomes: 61 patients (32.3%) with positive screens had incomplete or undocumented follow-ups.
Greenbaum, V.J. 2018 (42) U.S.	A short, 6-question screening tool -Greenbaum et al.	Adolescents 12–18 years / pediatric healthcare facilities (108 participants) Atlanta, Georgia, U.S	Diagnosis properties: Sensitivity, specificity and PPV and NPV and ROC area	**Performance Metrics:** Sensitivity: 92% (with ≥2 positive responses Specificity: 73%. PPV: 51%. NPV: 97%. The tool demonstrated excellent discriminative ability, with an AUC ROC of 0.97. **Screening Effectiveness:** A cutoff score of ≥2 positive answers effectively identified CSEC/CST victims. Odds of being a CSEC/CST victim were 22 times higher for those with ≥2 positive responses compared to those with fewer responses
Greenbaum, V.J. 2018 (61) U.S.	A short, 6-question screening tool -Greenbaum et al.	Adolescents 11–17 years / Five PEDs, six child advocacy centers, and five teen clinics	Diagnosis properties: Sensitivity, specificity	**Performance Metrics:** The screen had a sensitivity of 84.4% (95% CI: 75.3, 91.2) and specificity of 57.5% (95% CI: 53.8, 61.1) in the total sample; 83.3% sensitivity (95% CI: 51.6, 97.9) and 49.4% specificity (95% CI: 37.9, 60.9) in ED settings; 84.0% sensitivity (95% CI: 63.9, 95.5) and 61.4% specificity (95% CI: 56.2, 66.3) in CACs; and 84.9% sensitivity (95% CI: 72.4, 93.3) and 54.6% specificity (95% CI: 48.5, 60.7) in teen clinics.
Kaltiso, S.-A.O. 2018 (60) U.S.	A short, 6-question screening tool -Greenbaum et al.	Adolescents (12-17 years old) / PED	Diagnosis properties: Sensitivity, specificity	**Performance Metrics:** With a cutoff score of two positive answers the tool demonstrated a 90.9% (95% CI= 58.7%-99.8%) sensitivity, 53.1% (95% CI= 45.6% - 60.4%) specificity, 10.0% (95% CI= 5.0% – 17.6%) PPV, 99.0% (95% CI= 94.7% – 99.9%) NPV, 9.1% (IC 95% = 1.62%–37,7%) false-negative rate, and 46,9% (95% CI= 40.0%–53.9%) false-positive rate. Increase the cutoff value to three positive answers increase the specificity to a 75.5% (95% CI= 68.8%–81,4%) but decreased the sensitivity to ,8 (IC del 95% CI = 58.2%–97.7%). If a positive screen was defined as two positive items plus a positive answer to prior sexual activity, the specificity increased to 64,6% (95% CI = 57.4%–71,3%) while the sensitivity remained the same.
Basson, D 2017 (40) U.S.	Commercial Sexual Exploitation-Identification Tool (CSE-IT) – version 2.0, WestCoast	Children and youth aged 10 and over (5,537 participants) California, U.S	Validation: Criterion Validity, Construct validity, Reliability:	**Criterion Validity:** Concurrent Validity: Established by comparing the CSE-IT with CAT/CSPI on exploitation outcomes, achieving a high correlation (92%). This shows how well the CSE-IT correlates with another measure of the same construct at the same time. Convergent Validity: Demonstrated by comparing CSE-IT outcomes with mental health needs measured by CAT/CSPI. Youth with higher CSE-IT

				scores also had more severe mental health needs, supporting convergent validity as both tests align on related constructs. **Additional Validity Checks:** Face Validity: Verified through focus groups and interviews to ensure the tool appears appropriate for users. Content Validity: Ensured by systematic reviews with experts to confirm it covers relevant information. Utility Validity: Demonstrated by its usability in various service delivery contexts. **Structural Validity:** Confirmatory factor analysis: confirmed an 8-factor solution, indicating the tool's structural validity and theoretical coherence. **Reliability:** Internal Consistency: Cronbach's alpha values for sub-scales indicate reliable measurements, with values mostly above 0.7.
Mumma, B. 2017 (62) U.S.	Screening survey to identify of victims of sex trafficking (the name of the tool is not mentioned)	143 Female patients age 18-40 years / A single academic ED Sacramento, California, U.S.	Diagnosis properties: Sensitivity, specificity	**Performance Metrics:** Sensitivity: The screening survey demonstrated a sensitivity of 100% (95% CI [74%-100%]), meaning it successfully identified all victims of sex trafficking who participated in the study. Specificity: The survey showed a specificity of 78% (95% CI [70%-85%]), indicating it could accurately identify non-victims most of the time, though with some false positives. **Comparison to Physician Concern**: Sensitivity of physician concern: 40% (95% CI [12%-74%]). Specificity of physician concern: 91% (95% CI [85%-95%]). This indicates that while physicians were better at ruling out non-victims, the survey was significantly better at identifying actual victims. **Key Screening Question**: All confirmed victims (100%) answered "yes" to one specific question in the survey: "Were you (or anyone you work with) ever beaten, hit, yelled at, raped, threatened, or made to feel physical pain for working slowly or for trying to leave?" This finding suggests that this single question could potentially serve as an effective standalone screening tool.

Simich, L. 2014 (45) U.S.	Trafficking Victim Identification Tool (TVIT) VERA National Institute of Justice	180 potential trafficking victims, with additional analysis from 53 administrative case files / victim service organizations California, Colorado, New York, Texas, and Washington in the U.S.	Validation: Criterion Validity, Construct validity, Discriminant and Convergent Validity, Predictive Validity Reliability	**Construct Validity:** Factor analysis confirmed that the questions measured key dimensions: abusive labor practices, physical harm, sexual exploitation, isolation, and coercion. **Discriminant and Convergent Validity:** The scales effectively distinguished between trafficking victims and victims of other related crimes. Moderate correlations between scales confirmed they measured distinct but related aspects. **Criterion Validity:** High agreement between expert classifications and tool results, validating its accuracy in identifying victims. **Predictive Validity:** Regression models showed 87% of the questions predicted trafficking cases overall. Specific predictions: Labor trafficking: 71%. Sex trafficking: 81%. The short version (16 questions) performed well with minimal loss of precision. **Reliability:** Inter-rater: Consistent results between different evaluators. Internal consistency: High correlations within scales, confirming reliable measurement of key concepts.

AUC: Area Under the Curve, CAT/CSPI: Crisis Assessment Tool/Childhood Severity of Psychiatric Illness, CI: Confidence Interval, CSE-IT: Commercial Sexual Exploitation-Identification Tool (Tool), CST: Child Sex Trafficking, ED: Emergency Department, NPV: Negative Predictive Value, PED: Pediatric Emergency Department, PPV: Positive Predictive Value, RAFT: Rapid Appraisal for Trafficking, ROC: Receiver Operating Characteristic, SSCST: Short Screen for Child Sex Trafficking, TVIT: Trafficking Victim Identification Tool, U.S: United States..

Toolkits

Seven key toolkits provide healthcare professionals with structured approaches to identifying and responding to HT cases in medical settings.
The **Adult Human Trafficking Screening Tool and Guide** (63) offers a trauma-informed screening tool for adults, along with ethical guidelines, staff training recommendations, and referral protocols to ensure effective victim identification and support.
The **Human Trafficking Response Protocol** (64) is designed for hospital emergency departments (EDs) and includes separate screening processes for adults and minors, highlighting physical, behavioral, and situational indicators while prioritizing privacy and trauma-informed care.
The **Human Trafficking Toolkit for Healthcare Professionals** provides healthcare professionals with practical, trauma-informed strategies for identifying, supporting, and referring trafficking victims. It includes clinical, behavioral, and situational red flags; tips for trust-building and culturally competent communication; and guidance for developing institutional protocols. The toolkit also highlights the importance of using validated screening tools, ensuring informed consent, and establishing partnerships with local service providers, making it a flexible and actionable resource for diverse clinical settings (65).
The **Identifying and Assisting Victims of Human Trafficking Toolkit** equips hospitals and health systems with tools to build awareness, train staff, and implement trauma-informed protocols for identifying and assisting victims of sex and labor trafficking. It includes red flag indicators, referral resources, ICD-10 coding guidance, and examples of institutional best practices, with an emphasis on cross-sector collaboration and survivor-centered care (66).
The **NHA Human Trafficking Toolkit** (67) applies to all age groups in general healthcare settings. It includes decision trees, screening tools like the **HTI Labs Screening Tool** and the **PEARR Tool**, ICD-10 billing codes, and institutional policy recommendations to support victim identification and response.
The **HEAL Toolkit** (68) focuses on developing interdisciplinary response protocols in healthcare settings. It provides guidelines for screening, forensic documentation, and best practices for interacting with high-risk patients, ensuring a survivor-centered approach.
Finally, the **Toolkit to Combat Trafficking in Persons** (69) offers broad trafficking indicators, including a **trafficking indicators card** and suggested screening questions to assist healthcare providers in recognizing victims across different forms of exploitation.

Table 5. Toolkits for Identifying and Supporting Survivors of HT

Reference	Detection focus	Target population	Application context	Content
Adult Human Trafficking Screening Tool and Guide (63) Macias-Konstantopoulos, W. National Human Trafficking Training and Technical Assistance Center (NHTTAC), 2018 U. S.	HT in general	Adults	General healthcare settings	Toolkit that provides a screening tool to use in identifying adults that may have experienced sex or labor trafficking. This Toolkit includes elements of a trauma-informed screening tool, considerations for administering the tool, agency practices to be implemented before use of the screening tool, ethical and safety considerations, and steps toward appropriate and meaningful referrals. 1. **Guide by NHTTAC** a. **Before using this toolkit** i. Take HT Training ii. Establish an Internal Response Protocol iii. Implement an Information and Referral Network

				b. Administering the Screening Tool i. Establishing a Relationship ii. Identifying Trafficking Indicators iii. Information and Referral iv. Safety Planning **c. Indicators of HT** i. General Indicators ii. Labor Trafficking iii. Sex Trafficking **d. Agency Considerations for Effective Use** i. HT Policy: Establish a policy following survivor-centered, trauma-informed, and culturally responsive practices. ii. Cross-sector Partnerships: Collaborate with local organizations to meet the complex needs of trafficking victims. iii. Action Plan: Include a safety-oriented plan for positive screening cases, covering confidentiality, reporting, and privacy. iv. Staff Training: Ensure staff are trained in screening administration, mandatory reporting, and recognizing trafficking signs. v. Monitor and evaluate the effectiveness of the training and the impact of the plan of action, and revise procedures as needed for improvement. vi. Record Keeping and Confidentiality: Maintaining secure and confidential records. The Toolkit provides Appendix sections with information on how to screen adult victims or those at risk of experiencing trafficking and screening flowcharts for adults at risk. **2. Adult Human Trafficking Screening Tool (AHTST) by NHTTAC**
Human Trafficking Response Protocol. A Toolkit for Hospitals Michigan Department of Health and Human Services-Division of Victim Services 2020 (50) U. S.	HT in general	Applicable to different age groups	Hospital EDs	The aim of the Toolkit is to provide hospitals with a structured framework for identifying, assessing, and responding to HT cases. It equips healthcare professionals with the necessary tools and training to recognize red flags, deliver trauma-informed care, and coordinate with community resources. **1.HT Assessment for Adults** a. Purpose: Helps healthcare providers identify HT victims using a standardized, trauma-informed, and patient-centered approach. b. Structure: i. Screening Questions: Open-ended, non-threatening questions (e.g., “Can you leave your job if you want to?”). ii. Red Flags: 1. Physical: Trauma signs, malnourishment, STIs, branding/tattoos. 2. Behavioral: Fearfulness, avoidance of eye contact, dependency on another person. 3. Control: Accompaniment by a controlling individual, lack of personal documents. c. Trauma-Informed Approach: Conducted privately, respecting autonomy, avoiding judgment, and prioritizing emotional well-being.

				2.HT Assessment for Children & Adolescents a. Purpose: Identifies child and adolescent trafficking victims with age-appropriate, non-judgmental screening. b. Structure: i. Screening Questions: Adapted to children's context (e.g., "Do you feel safe at home?"). ii. Red Flags: 1. Physical: Abuse signs, unexplained STIs, inconsistent injury explanations. 2. Behavioral: Withdrawn behavior, scripted stories, excessive loyalty to an older partner. 3. Situational: History of running away, presence of a controlling person, reports of sex or labor in exchange for necessities. c. Trauma-Informed Approach: Private interviews, calm/supportive tone, building trust without pressuring disclosure.
Human Trafficking Toolkit for Healthcare Professionals (65) United Against Human Trafficking U.S.	HT in general	Applicable to different age groups	General healthcare settings	This toolkit is designed to support healthcare professionals in the identification, care, and referral of victims and survivors of human trafficking. It promotes a trauma-informed approach and includes practical guidance, validated screening tools, interdisciplinary response strategies, and adaptable protocols for healthcare settings. 1. **Clinical and behavioral indicators** of trafficking in general medical, OB/GYN, and mental health contexts. 2. **Trauma-informed care strategies** for building trust, ensuring safety, and responding sensitively without retraumatizing patients. 3. **Validated screening tools**, including: a. *Trafficking Victim Identification Tool* (Vera Institute) *b. Commercial Sexual Exploitation Identification Tool (CSE-IT)* *c. Quick Youth Identification Tool* 4. **Step-by-step response guidance**, including options for patient-led decisions, hotline use, and referrals—emphasizing full informed consent. 5. **Institutional protocol development**, with recommendations on: a. Identifying responsible staff b. Building referral networks c. Differentiating responses for adults and minors d. Complying with HIPAA and reporting laws 6. **Culturally competent interpretation**, emphasizing trained interpreters familiar with trauma and trafficking contexts. 7. **Connection to local services** (primarily in Houston), with national applicability via referral directories and hotlines.

Identifying and Assisting Victims of Human Trafficking (66) American Hospital Association U.S.	HT in general	Applicable to different age groups	General healthcare settings	This toolkit provides resources for hospital and health care personnel to identify, assess, and support individuals who may be victims of sex or labor trafficking. It includes trauma-informed strategies, recommended practices, training resources, legal guidance, and patient-centered protocols for appropriate response and referral. **1. Building Awareness of Human Trafficking Among Staff:** Provides foundational knowledge on sex and labor trafficking, with emphasis on trauma-informed, victim-centered approaches. Includes awareness videos, survivor stories, infographics (e.g., "10 Red Flags"), and multilingual resources. **2. Staff Training for Identifying and Helping Victims of Human Trafficking: Offers webinars and tools to train clinical and non-clinical staff on:** a. Recognizing trafficking indicators b. Using screening tools (e.g., PEARR Tool) c. ICD-10-CM coding for trafficking cases d. Ensuring safe, ethical, and legal responses Also includes models for developing internal protocols and safe clinics. 3. **Support Organizations That Offer Help:** Promotes partnerships with national and local organizations such as HEAL Trafficking, SOAR (HHS), Polaris, Blue Campaign, and OVC. Includes referral directories and guidance on creating response networks. **4. Tools, Data and Reports:** Provides downloadable tools: red flag checklists, patient materials, clinical flowcharts, and social media toolkits. Includes guidance on data coding, safety planning, and case documentation. Features hospital best practices and implementation examples.
NHA Human Trafficking Toolkit Nebraska Hospital Association (67) U. S.	HT in general	Applicable to different age groups	General healthcare settings	The aim of the Toolkit is to provide healthcare professionals with the knowledge, tools, and protocols necessary to identify, respond to, and intervene in cases of HT. The Toolkit includes **1. Recognizing Warning Signs** a. General signs b. Behavioral indicators c. Physical indicators d. Indicators of labor trafficking e. Indicators of sex trafficking **2. Clinical Decision Trees** a. Provides **structured flowcharts** for identifying and responding to trafficking cases. b. Separate **decision trees for adults and minors** that outline steps for medical intervention, legal reporting, and referral to advocacy services. **3. Screening and Assessment Tools** a. HTI Labs Screening Tool: A digital platform that assists in recognizing trafficking victims. b. PEARR Tool (Provide, Explain, Ask, Respect, Respond): A trauma-informed approach for engaging with suspected victims.

				c. ICD-10 Billing Codes: Standardized medical billing codes for documenting HT cases. **4. Hospital Policies and Best Practices** a. Examples from Nebraska hospitals on implementing trafficking response protocols. b. Guidelines for developing institutional policies to ensure consistent and effective intervention. **5. Referral Programs and Resources** a. Lists adult and minor referral programs across Nebraska, including domestic violence shelters, advocacy centers, and forensic nursing teams. b. Provides contact details for Nebraska's Child Advocacy Centers for handling minor trafficking cases. c. Shares awareness materials, such as help cards, silent notification tools, and posters for discreet victim support. **6. Next Steps and Call to Action** a. Encourages hospitals to integrate training, policy development, and community collaboration to combat trafficking. b. Provides contact information for state and national trafficking hotlines.
Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings (68) Baldwin., et al, 2017 HEAL Toolkit U. S.	HT in general	Applicable to different age groups	General healthcare settings	This is a Toolkit designed to help healthcare professionals develop and implement protocols to identify and assist victims of HT in healthcare settings. This document promotes an interdisciplinary approach based on trauma-informed care, offering detailed steps for creating protocols, integrating with existing policies, and continuing staff training. The HEAL Toolkit includes: **1. Protocol toolkit for developing a response to victims of HT** **a. Steps for protocol development.** i. Identify community multidisciplinary responders ii. Engage non-medical community stakeholders iii. Engage medical stakeholders iv. Understand HT and health v. Create and convene an interdisciplinary protocol committee vi. Develop a multidisciplinary treatment and referral plan **b. Response protocol for identifying patients at risk for trafficking:** i. Decide who will screen patients and whether the screening will be limited to high-risk patients or include all patients ii. Guidelines for interviewing high-risk patients iii. Strategies for interviewing patients alone iv. Safety considerations v. Multidisciplinary treatment and referral plan vi. Strategies for working with minor patients vii. Responding to patients who decline assistance viii. Documentation procedures

				ix. Guidelines for forensic examination x. External reporting procedures: **c. Education and training key points related to screening include:** i. Types of specialized training: HT, covering sex and labor trafficking; trauma-informed service delivery to minimize re-traumatization during screening; commercial Sexual Exploitation of Children (CSEC); motivational interviewing to facilitate open communication during screening ii. Basic understanding for all staff: Creating a safe environment for the patient during screening; maintaining cultural competence, confidentiality, and a nonjudgmental attitude; and understanding the general risk factors and potential indicators of trafficking iii. Target departments for training
Toolkit to Combat Trafficking in Persons (69) United Nations Office on Drugs and Crime, 2008 U.S	HT in general	Applicable to different age groups	General healthcare settings	Toolkit Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime. The toolkit presents: **1. Indicators of trafficking:** a. General indicators b. Children c. Sexual exploitation d. Labour exploitation e. Domestic servitude f. Begging and petty crime **2. Trafficking indicators card** (United States Immigration and Customs Enforcement): The card prominently displays a hotline for reporting suspicious activity and also provides succinct information on: a. The differences between trafficking in persons and smuggling of migrants b. Trafficking indicators **3. Health-care providers' tool for identifying victims** a. Contains suggested screening questions

AHTST: Adult Human Trafficking Screening Tool, CSEC: Commercial Sexual Exploitation of Children/ Commercially Sexually Exploited Children, ED: Emergency Department, HEAL: Health, Education, Advocacy, and Linkage; HHS: Health and Human Services; HT: Human Trafficking, HTI: Human Trafficking Interview, ICD-10: International Classification of Diseases, NHTTAC: National Human Trafficking Training and Technical Assistance Center, OVC: Office for Victims of Crime; PEARR: Provide privacy, Educate, Ask, Respect, and Respond (Tool); SOAR: Stop, Observe, Ask, Respond; STI: Sexually Transmitted Infection, U.S.: United States.

Guidance and Protocols

A total of 37 guidance documents or protocols related to the identification and care of survivors or individuals at risk of trafficking were identified. Of these, 24 were developed in the U.S., eight in the UK, four in Switzerland, and one in Brazil. Four of these guidelines were produced by United Nations organizations (International Organization for Migration - IOM and the United Nations Children's Fund - UNICEF).

Regarding the thematic scope, 24 resources focus on the identification and care of HT in general, covering multiple forms of exploitation, while 10 specifically address sex trafficking. Additionally, three documents focus exclusively on both sex and labor trafficking. In terms of the target population, 17 guidance are specifically designed for children and adolescents, while the remaining are applicable to both minors and adults.

Regarding the type of resource, 21 documents are guidance materials for identifying, assisting, and referring survivors or individuals at risk of trafficking, without being developed as systematic processes. Additionally, six documents are user manuals or guides for specific tools or protocols, three are formal protocols, and seven are reports or studies, including narrative reviews.

In terms of application settings, 15 resources are designed for use in multiple contexts or in non-healthcare environments, but they have been implemented or recommended for use in healthcare settings or by healthcare professionals. Meanwhile, 22 documents are specifically intended for healthcare settings. Healthcare providers form the largest target group, including doctors, nurses, social workers, emergency responders, mental health specialists, and forensic healthcare workers. Some documents specifically mention podiatrists, dentists, chiropractors, optometrists, nurse practitioners, and midwives. Other key audiences include law enforcement and legal professionals, such as police officers, legal experts, and policymakers, as well as community and social service providers, including educators, shelter workers, and victim service agencies. Frontline responders, like border and immigration officers, first responders, and emergency medical staff, are frequently addressed. Some guidelines also cater to specialized practitioners, such as sexual health professionals, forensic nurses, and child-focused professionals, while others target cross-sector professionals from governmental and non-governmental organizations, child protection services, and advocacy groups.

Contents of the Documents:
These resources include detection tools, indicator lists, and screening questions designed to help identify individuals affected by HT. The guidelines reference structured screening tools such as the Trafficking Victim Identification Tool (TVIT), the Rapid Screening Tool (RST), and the Commercial Sexual Exploitation–Identification Tool (CSE-IT).

Many documents emphasize interview techniques that prioritize safety, confidentiality, and a trauma-informed approach. They provide guidelines for conducting interviews and strategies to prevent re-traumatization while fostering trust in healthcare and social service settings. The identification of trafficked individuals through physical, psychological, and situational indicators is a recurring feature in many of these guidelines. Some guides provide instructions on conducting medical assessments for trafficked individuals, covering areas such as physical health, mental health, and reproductive health. Documents like the handbooks from the International Organization for Migration (IOM) and the

American Professional Society on the Abuse of Children (APSAC) include specific tools for the medical evaluation of children affected by commercial sexual exploitation.

Training is recommended for professionals in healthcare, social services, and justice sectors to improve identification and response to HT. Some documents suggest incorporating these topics into medical and legal curricula, along with training in culturally sensitive approaches and the use of detection tools.

Several initiatives present response frameworks and coordination mechanisms across key sectors such as healthcare, justice, education, and child welfare. They highlight collaboration strategies between government agencies and NGOs, as well as the integration of medical services with legal and social assistance. The legal dimension is addressed in various documents, focusing on access to shelters, legal assistance, and immigration regularization processes. Some resources, such as the Guide on the Protection of Rights of Trafficked Children in Europe (UNICEF), outline legal procedures to ensure the safety and recovery of affected minors. Several guides include directories of assistance services, helplines, and contact information for organizations supporting trafficked individuals. Initiatives such as the National Human Trafficking Hotline and the Dignity Health Human Trafficking Response Program facilitate access to specialized support.

The details of each resource's content can be found in Table 6.

Table 6. Guides and Protocols

Reference	Scope and purpose	Detection focus	Target population	Intended audience	Application context	Methods	Content
Assessing for Human Trafficking Human Trafficking Collaborative University of Michigan 2021 (70) U. S.	This document provides a comprehensive framework for healthcare providers to screen and assess patients for potential HT situations. It outlines logistics for screening, including who should be screened, who should conduct the screening, appropriate times for screening, and the importance of ensuring a safe environment during the process.	HT in general	Applicable to different age groups	Healthcare providers, including doctors, podiatrists, dentists, chiropractors, clinical psychologists, optometrists, nurse practitioners, nurse-midwives, and clinical social workers.	General healthcare settings	Guidance Non-systematic review	It focuses on 3 themes: **1. Screening Logistics**: Guidelines on who to screen, who should conduct the screening, when to screen, and how to ensure a safe environment for screening. **2. Clinical Indicators**: Lists of general indicators, as well as those specific to labor and sex trafficking, to assist healthcare providers in identifying potential trafficking victims. **3. Screening Questions**: Specific questions designed to elicit information about potential trafficking situations. - General Life Situation: - Can you leave your job or living situation when you want to? - Has anyone threatened you or your family if you tried to leave? - Work Conditions and Compensation: - Are you being paid fairly for your work? - Has your employer taken your passport, ID, or other documents? - Personal Freedom and Control: - Do you feel safe where you live and work? - Has anyone forced you to do something you didn't want to do? These questions are designed to be asked in a private setting, ensuring that no one else is present during the interview.
Building a Child Welfare Response to Child Trafficking Handbook	To equip state and private child welfare agencies with the necessary tools,	HT in general	Children and adolescents	Law enforcement, legal professionals, healthcare	Illinois Department of Children and Family Services (IDCFS)	Report	It consists of four components: 1. **Identification and Investigation** a. Defines child trafficking and distinguishes it from human smuggling.

The Center for the Human Rights of Children at Loyola University Chicago 2011 (71) U.S.	policies, and best practices to identify and respond to child trafficking cases effectively. It provides screening tools, case management strategies, legal protections, and referral resources to ensure child victims receive appropriate care and services.			providers, and educators.			b. Provides indicators for detecting sex and labor trafficking of minors. c. Includes interview guidelines for law enforcement and caseworkers. **2. Introduces screening tools:** a. Rapid Screening Tool (RST) for quick victim identification. **b.** Comprehensive Screening and Safety Tool (CSST) for risk assessment**.** **3. Case Management** a. Provides caseworker templates: i. New Client Checklist ii. Child-Trafficking Informed Consent Form iii. Tripartite Assessment for evaluating needs **b.** Covers best practices for mental health, safety planning, and legal support**.** **4. Legal Protections and Advocacy** a. Explains federal and state laws relevant to child trafficking. b. Outlines immigration options for foreign-born victims (e.g., T visas). c. Discusses victims' rights in the legal system, including access to restitution. **5. Resources and Referrals** a. Lists national and local organizations offering assistance. b. Includes contacts for law enforcement, shelters, health services, and advocacy groups. **6. Integrating Trafficking Response into Child Welfare** a. Highlights the Illinois Safe Children Act (2010), which: i. Decriminalized juvenile prostitution.

							ii. Ensured child sex trafficking victims are treated as victims, not criminals. b. Demonstrates how child protection services can apply trafficking response protocols.
Caring for Trafficked Persons International Organization for Migration (IOM) 2009 (72) Switzerland	This document is a guidance for Health Providers offers practical, non-clinical guidance for healthcare professionals to understand HT, recognize its health consequences, and provide ethical, trauma-informed, and culturally appropriate care. It highlights the physical, psychological, and social health risks of trafficking and includes 17 action sheets covering key areas such as trauma-informed care, health assessments, mental health support, sexual and reproductive health, patient confidentiality,	HT in general	Applicable to different age groups	Health care professionals	General healthcare settings	Guidance Non-systematic review	The guide consists of the following components**:** **1. Understanding HT and Its Health Impacts** a. Explanation of forms of exploitation: sexual trafficking, forced labor, servitude, organ trafficking. b. Key health consequences: injuries, infectious diseases, malnutrition, mental health issues (PTSD, anxiety, depression). **2. Guiding Principles for Healthcare Providers** a. Do no harm and ensure patient safety. b. Confidentiality in handling patient information. c. Trauma-informed approach to avoid re-traumatization. d. Respect for cultural diversity and effective communication with interpreters. e. Informed consent in all medical interventions. **3. Practical Care Guidelines** a. Comprehensive health assessment addressing physical, psychological, and sexual health needs. b. Mental health care, including trauma, depression, and PTSD support. c. Sexual and reproductive health services, such as STI treatment, contraception, and care for sexual violence survivors. d. Specialized care for children and vulnerable populations**.** **4. Ethical and Legal Considerations**

	and safe referrals.						a. Patient privacy and data protection. b. Safe referrals to shelters, legal aid, and support services. The guide also includes: **1. Flowchart for Victim Identification and Response** a. Guides healthcare providers through **key screening steps**. b. Covers **confidentiality, informed consent, and referral pathways**. c. Helps assess risk and determine **next steps for victim support**. **2. Indicators of HT** a. **Physical signs**: Injuries, malnutrition, poor hygiene, occupational hazards. b. **Psychological signs**: PTSD, depression, anxiety, dissociation. c. **Behavioral signs**: Scripted responses, avoidance of authorities, fear. d. **Situational signs**: Lack of personal documents, restricted movement, excessive working hours, debt bondage. e.
Child Sex Trafficking and Commercial Sexual Exploitation: Health Care Needs of Victims Greenbaum, J Committee on Child Abuse and Neglect, 2013–2014, 2015 (73) U.S.	This document addresses the critical health care needs of victims of child sex trafficking and commercial sexual exploitation. It provides valuable insights and guidelines for healthcare professionals to	Sex trafficking	Children and Adolescents	Health care professionals	General healthcare settings	Guidance Non-systematic review	This article provides: 1. **Risk Factors for CSEC** a. Age of Vulnerability b. High-Risk Populations c. Environmental and Societal Factors: **2. Victim Identification and Evaluation** a. Healthcare Settings. b. Common Medical Issues c. Challenges in Identification **3. Indicators of HT** a. Behavioral Indicators b. Physical Indicators c. Situational Indicators **4. Questions to Ask Potential Victims**

	better support and treat these vulnerable individuals.						a. Exchange of Sex for Needs b. Involvement with Others c. Sexual Imagery **5. Recommendations** a. Evaluation Approach: Building Rapport Safety and Confidentiality Trauma-Informed Care Medical and Diagnostic Focus 6. Conclusions and Guidance
Child sexual exploitation: improving recognition and response in health settings Academy of Medical Royal Colleges, 2014 (74) UK	The purpose of this report is to make recommendations to the medical Royal Colleges and Faculties to help: • Raise professional awareness of the indicators of sexual exploitation. • Support health care professionals in communicating with and engaging young people in this situation. • Ensure that health care professionals feel equipped to refer sexually exploited children in a safe and appropriate manner to local	Sex trafficking	Children and adolescents suspected of or at risk of victimization by sexual exploitation (up to 18 years of age)	Health care professionals	General healthcare settings	Guidance: The working group included representation from a number of medical colleges and schools and received input from other disciplines and health groups	The guide references and includes tools for identifying victims of sexual exploitation **1. Vulnerability factors for CSE** 2. **Possible warning signs** of CSE (drawn from CCSEGG interim report, 2012) **3. Identifying child sexual exploitation in health settings** a. PHYSICAL HEALTH presentations of CSE 4. **Implementation strategies** Five key components were identified to improving the response of health professionals to child sexual exploitation: • Training • Awareness • Recognition • Response • Supervision and support 5. **Recommendations:** Curricula Review Generic Capabilities Review-Caldicott Principles Local Safeguarding Protocols-Multi-Agency Approaches New Partnerships Support and Supervision Public Health Collaboration Quality Improvement Review

	services for assistance.						
Commercial Sexual Exploitation of Children (CSEC) Protocol for San Luis Obispo County CSEC Collaborative Response Team, 2017 (75) U.S.	Outlines the policies, procedures, and collaborative efforts of various agencies to address and support youth who are victims of commercial sexual exploitation. The protocol aims to place CSE youth in protective environments that offer trauma-specific therapeutic programming to stabilize them during this critical time.	Sex trafficking	Children	All Community Partners that directly work with youth, including Emergency Medical Services/ Paramedic, Mental Health, Nurses and Doctors, Public Health	Multiple settings	Protocol	San Luis Obispo County Commercial Sexual Exploitation of Children (CSEC) Protocol 1. **Medical services responses** designed to support victims of commercial sexual exploitation include: a. Child Welfare Services (CWS) b. Suspected Abuse Response Team (SART) c. RISE d. San Luis Obispo County Behavioral Health 2. **County Policy:** A victim-centered approach aims to help sexually exploited youth heal and transition into adulthood. The protocol focuses on placing these youth in protective environments with therapeutic programming tailored to their trauma. 3. **Governance:** The Children's Services Network (CSN) and a Multi-Agency Steering Committee oversee the implementation of this protocol, ensuring ongoing collaboration and effectiveness through regular reviews. 4. **Memorandum of Understanding (MOU):** The MOU highlights the collaborative efforts between law enforcement, service providers, and the community to address HT and support victims. 5. **Information Sharing and Confidentiality** 6. **Training and Prevention** 7. **Identification and Risk Factors**: The document provides tools and guidelines for screening and assessing youth at risk of or currently experiencing exploitation, with specific risk factors identified.

							8. **Intervention:** Detailed procedures for multidisciplinary team meetings and immediate response protocols are outlined to ensure timely and coordinated support for the youth. 9. **Ongoing Support**
Commercially sexually exploited children (CSEC): Screening tool user guide. CSEC Collaborative Response Team, 2015 (76) U.S.	Guide to interpret each of the tool items	Sex trafficking	Children	Not reported	Multiple settings	User manual	It serves as a manual explaining how to use, interpret, and apply the tool effectively. **Content:** 1. Provides structured guidelines for identifying at-risk minors. 2. Offers example questions for interviews. 3. Outlines key risk indicators related to CSEC. 4. Explains a victim-centered, trauma-informed approach. 5. Emphasizes the importance of confidentiality and appropriate referrals. **Application:** 1. Guides professionals in healthcare, social services, and juvenile justice on integrating the tool into their assessments. 2. Promotes inter-agency collaboration for a coordinated response.
Committee on Health Care for Underserved Women Committee on Health Care for Underserved Women 2024 (77) U.S.	To provide guidance for healthcare professionals, particularly obstetricians and gynecologists, on how to identify, respond to, and assist victims of HT.	HT in general	Applicable to different age groups	Healthcare professionals	General healthcare settings	Report	The guide includes: 1. **Types of trafficking.** 2. **At-risk populations**. 3. **Key indicators:** a. Physical – Injuries, malnutrition, signs of abuse. b. Behavioral – Fear, avoidance, scripted responses. c. Situational – No control over documents, unpaid labor, accompanied by a controlling person.

							4. **Screening questions:** Assess work conditions, personal freedom, coercion, and safety (must be done privately). 5. **Healthcare role:** trauma-informed approach. 6. **Resources & next steps**: a. National Human Trafficking Hotline for referrals. b. Display discreet resource materials in clinics. Encourage staff training for better victim identification.
Domestic Minor Sex Trafficking Intervene Identifying and Responding to America's Prostituted Youth Shared Hope International, 2010 (78) U.S.	This guide focuses on DMST, offering tools and training to identify, support, and rehabilitate victims. It explains the dynamics of trafficking, including recruitment tactics, methods of control, and the severe psychological, physical, and emotional impacts on victims. The guide emphasizes accurate identification to prevent mislabeling and provides a trauma-informed,	HT in general	Applicable to different age groups	Health care professionals	Child Advocacy Centers (CACs). Social Services and Mental Health Settings. Community Organizations	Guidance	The guide consists of: **Section I – The Practitioner Guide** The Practitioner Guide trains first responders on DMST, helping them recognize victimization patterns and respond effectively. **Section II – The Intake Tool** A trauma-informed, strengths-based system designed to identify DMST victims while minimizing re-traumatization. It structures invasive questions carefully and includes follow-up questions to maintain emotional stability and improve recall. Not all sections are meant for every practitioner. The Intake Tool aims to effectively identify potential victims of DMST through a trauma-informed and strengths-based approach, minimizing the risk of re-traumatization. **Implementation Methodology**: Two-Tier System: - Tier 1: Consists of preliminary questions to quickly identify signs or indicators of trafficking. This level is designed to be used by any professional who may have initial contact with a victim. - Tier 2: Comprises a deeper and more detailed assessment intended for professionals with specialized training in trafficking intervention,

	strengths-based approach for practitioners.						such as social workers, psychologists, or healthcare personnel. **Trauma-Informed and Strengths-Based Approach:** Questions are structured to avoid directly triggering traumatic memories. When addressing sensitive topics, questions focus on the victim's strengths or positive aspects to help restore emotional stability
Framework for a Human Trafficking Protocol in Healthcare Settings National Human Trafficking Resource Center (NHTRC) 2010 (79) U.S.	No information	HT in general	Applicable to different age groups	Healthcare providers	General healthcare settings	Protocol	Components of the Protocol: 1. **Identification of Red Flags** a. Lists common behavioral, physical, and situational indicators of trafficking. b. Helps healthcare providers detect signs of coercion, medical neglect, and psychological distress. 2. **Engagement and Safety** a. Emphasizes immediate intervention in high-risk situations. b. Recommends the use of professional interpreters to prevent interference from traffickers. c. Guides providers on discussing available options with the patient while maintaining confidentiality**.** 3. **Referral and Collaboration** a. Advises connecting victims with local social services and community resources. b. Encourages partnerships with anti-trafficking organizations and crisis response teams for complex cases. 4. **Long-Term Planning** a. Recommends the development of hospital-specific protocols to standardize trafficking responses. b. Suggests compiling a resource list of support services to facilitate rapid assistance for victims.

Guia para desenvolver uma resposta às vítimas de tráfico de pessoas em ambientes de assistência à saúd HEAL Trafficking 2023 (80) Brazil	A multidisciplinary protocol for identifying and assisting trafficking victims (an adaptation from the manual developed by the NGO HEAL Trafficking)	HT in general	Applicable to different age groups	Health care professionals	General healthcare settings	Guidance Adapted to Brazil based on the manual developed by HEAL Trafficking. The guide's development involved collaboration with experts in HT and representatives from security, justice, and migrant protection sectors.	The protocol's components as outlined in the guide include: 1. Process of Identification 2. Qualified Listening 3. Safety Considerations 4. Multidisciplinary Follow-up and Referral Plan 5. Training and Capacity Building 6. Integration with Social Services 7. Monitoring and Evaluation
Hiding in Plain Sight Hughes, DM 2003 (81) U.S.	This guide focuses on identifying victims of sexual trafficking as defined by the Trafficking Victims Protection Act of 2000 (TVPA). It provides practical strategies for recognizing and assisting victims, with a particular emphasis on those trafficked for commercial sex acts.	Sex trafficking	Applicable to different age groups	Social workers and healthcare providers,	General healthcare settings	Narrative review	Components of the Guide 1. **Definition of Trafficking** a. Sex trafficking b. Severe forms of trafficking c. Distinction between foreign-born and domestic victims 2. **Indicators of HT** a. Examples of force b. Indications of force c. Examples of coercion d. Examples of fraud 3. **Where and How to Find Victims** a. Commercial sex venues b. Public advertisements c. Emergency healthcare settings d. Immigrant communities e. Areas with transient male populations 4. **Who Should Report Cases** a. Mandated reporters b. Hotlines & contacts

							c. Challenges in law enforcement. d.
Human Trafficking: Care and Response (82) Virginia Hospital & Healthcare Association / Boyett, R. U. S.	This guide aims to train healthcare professionals to identify, respond to, and care for victims of HT through a trauma-informed and survivor-centered approach, providing tools, best practices, protocols, and resources to ensure their safety and access to services, while promoting awareness and collaboration within healthcare systems.	HT in general	Applicable to different age groups	Health care professionals	General healthcare settings	Guidance Non-systematic review	Components of the Guide 1. **Human Trafficking Task Force**: Overview of the task force's mission and role. 2. **Executive Summary & Key Points**: Introduction to the issue and key takeaways for healthcare professionals. 3. **Defining HT**: Explanation of trafficking types, including sex and labor trafficking. 4. **Scope of the Issue**: Prevalence and impact of trafficking. 5. **Child & Adult Trafficking**: Distinctions and unique vulnerabilities of each group. 6. **Trafficking Mechanisms**: How traffickers recruit, control, and exploit victims. 7. **Indicators in Healthcare Settings**: a. Red flags b. Medical signs c. Behavioral indicators of trafficking. 8. **Myths vs. Facts**: Addressing common misconceptions about HT. 9. **Buyers & Perpetrators**: Profiles of those who exploit trafficking survivors. 10. **Health Outcomes**: Physical and psychological consequences of trafficking. 11. **Identification & Response Tools**: a. Guidelines for screening b. Interviewing c. Responding to trafficking cases.

							12. **Mandatory Reporting Laws**: Legal obligations for healthcare professionals in Virginia. 13. **Resources & Training**: Additional materials, training programs, and support networks for professionals.
Human Trafficking: Guidebook on Identification, Assessment, and Response in the Health Care Setting (83) The Massachusetts General Hospital (MGH) Human Trafficking Initiative and the Massachusetts Medical Society Committee on Violence Intervention and Prevention / Alpert, E. J. U.S.	The objective of this guide is to educate healthcare providers about HT and to provide resources for patient referral and ongoing professional education. It aims to enhance healthcare professionals' ability to identify, assess, and respond to HT cases, while contributing to global efforts in intervention and prevention. The guide offers “red flags” and questions for identifying potential victims and references existing tools like the Vera Institute and Ohio Task Force screening tools but clarifies that these tools lack sufficient	HT in general	Applicable to different age groups	Health care professionals	General healthcare settings	Guidance Non-systematic review	Components of the Guide 1. **Definitions and Types:** Explains forms of trafficking (sexual, labor, organ) and distinguishes trafficking from smuggling. 2. **Health Effects**: Describes physical, mental, reproductive, and developmental consequences. 3. **Assessment:** Provides "red flags," guidelines for medical history, physical examination, and documentation. 4. **Victim Care:** Focuses on disclosure, safety planning, and case management. 5. **Legal Aspects**: Addresses legal protection and immigration options for victims. 6. **Collaboration:** Promotes interdisciplinary work with external organizations. 7. **Self-Care and Resources**: Offers strategies for healthcare providers' well-being and useful references.

	evidence of effectiveness.						
Human Trafficking: A Guide to Identification and Approach for the Emergency Physician Shandro, J, 2016 (84) U.S.	This article outlines the clinical approach to the identification and treatment of a potential victim of HT in the ED.	HT in general	Applicable to different age groups	Emergency practitioners	Emergency settings	Guidance Non-systematic review	Components of the Guide 1. **Red flags** and signs that indicate a patient in the ED may be a victim of HT. 2. **Interviewing Tips** 3. **Key components of ED and institutional protocols** for caring for trafficking survivors. 4. **List of clinical indicators** that should arouse suspicion for trafficking 5. **Clinical priorities** for caring for a victim of trafficking Institutional contacts (social work, forensic examiners, security) to help care for a victim of trafficking 6. **Institutional security plan** for identified victims of trafficking 7. **Local mandatory reporting laws** 8. **Local HT resources** for referral 9. **Local forensic examiner information** and guidelines for referral 10. **Local and** national law enforcement contact information and guidelines for referral 11. **Author recommendations**
Human Trafficking: Clinical Assessment Guideline Leslie, J, 2018 (85) U.S.	Review the HT victim identification process for health care settings.	Sex or labor trafficking	Applicable to different age groups	HCPs	Hospital EDs	Guidance Non-systematic review	Components of the Guide 1. **Warning signs** from other publications a. Physical warning signs b. Other warning signs c. Mental health 2. **Screening questions** from other publications 3. **Follow-Up Questions** to Ask About Living/Work Conditions from other publications 4. **Physical Screening** from other publications

							5. **14-question survey screening tool** by Mumma et al., 2017 6. **National Human Trafficking Resource Center (NHTRC)** a. Indicators of labor trafficking b. Indicators of sex trafficking c. NHTRC's Recommendations for Assessments 7. **Recommendation by the author**
Human Trafficking Response Program Shared Learnings Manual Dignity Health 2019 (51) U.S.	The PEARR Tool is a key component of Dignity Health's Abuse, Neglect, and Violence policy. Dignity Health developed the PEARR Tool, in partnership with HEAL Trafficking and Pacific Survivor Center, to help guide social workers, nurses, chaplains, and other health professionals on how to provide victim assistance to patients in a trauma-informed manner.	HT in general	Applicable to different age groups	Healthcare professionals	General healthcare settings	Report	Components of the Approach 1. **Privacy and Confidentiality** a. Prioritizes ensuring a safe environment for the patient by minimizing external influence. b. Encourages private conversations to allow victims to disclose information without fear. 2. **Education and Awareness** a. Recommends providing general information on HT to all patients. b. Promotes a non-stigmatizing approach by integrating trafficking awareness into routine care discussions. 3. **Screening and Inquiry** a. Advocates for using open-ended, neutral questions to explore potential trafficking situations. b. Advises avoiding pressure or confrontation to ensure patient comfort and autonomy. 4. **Respect and Response** a. Emphasizes respecting the patient's decisions, even if they choose not to seek help immediately. b. Encourages trauma-informed interventions, including referrals to shelters, legal aid, and healthcare services. c.

Identification of Victims/ Persons 'At-Risk' of Trafficking in Human Beings UNICEF, 2022 (86) Switzerland	Practical Guide for Frontline Responders/ General/ can be used as a practical tool with information on what Trafficking in Human Beings is, with a list of indicators, and recommended questions for interviewing trafficked persons/ those 'at-risk' of trafficking. As training material on identification of trafficked victims/ persons who may be 'at-risk' of trafficking. As a concise guide for child-friendly communication with practical techniques and facilitators.	HT in general	Cases of child trafficking/ children 'at-risk' of trafficking	Frontline Responders Border and immigration officers; Front-line police officials; Child protection authorities; Social workers; g Staff of Blue Dots Hubs; Other relevant government and non-government service providers	Multiple settings	Guidance Methods not reported	Components of the Guide List several strategies: 1. **International and National Legal Framework on THB** 2. **Indicators** of HT 3. **Special indicators** for Border Police (and other relevant stakeholders) that a child may have been trafficked/'at-risk' of being trafficked 4. **Some specific indicators** and guiding questions for all frontline responders a. Recruitment and Migration Experience b. Means of Control used by Traffickers 5. **Key Processes and Guidelines** for Identifying and Communicating with Trafficking Victims **a. Chronology of the Identification Process** **b. Informed Consent and Legal Protections** c. **Initial Screening Interview**: Before the Interview; During the Interview; and Referrals and Further Steps. 6. **Techniques for Child-Friendly Communication** a. Best Interest of the Child b. Child-Sensitive Approach c. Victim-Centric Approach d. Practical Techniques
Identifying and supporting victims of modern slavery: guidance for health staff	Identifying and supporting victims of modern slavery: guidance for health staff produced by the Department of	HT in general	Applicable to different age groups	Health Staff	General healthcare settings	Guidance Methods not reported	Components of the Guide 1. **Signs of trafficking** 2. **Possible health care issues** 3. **Recommendations** including: a. Suspect that a person is a victim b. Ask further questions and get additional information and support

Department of Health & Social Care, 2015 (87) UK	Health / Modern slavery (HT) / It is not a detection tool; it provides indicators for suspected trafficking and general recommendations.						c. What you should do next d. Communication to possible victims e. Referral
Identifying Victims of Human Trafficking: What to Look for in a Healthcare Setting National Human Trafficking Resource Center, 2016 (88) U.S.	List potential red flags and indicators that medical providers may see in a patient who may be a victim of HT.	HT in general	Not reported	Anyone in a healthcare setting – from clerical staff to lab technicians, nursing staff, ambulatory care, radiology staff, security personnel, case managers, and physicians.	General healthcare settings	Report.	Components of the Guide 1. **Red Flags and Indicators** a. General Indicators of HT b. Labor Trafficking Indicators c. Sex Trafficking Indicators d. Health Indicators and Consequences of HT e. Physical Health Indicators f. Mental Health Indicators g. Social or Developmental Indicators 2. **Conducting Assessments with Potential Victims** 3. **Key Recommendations**
London Safeguarding Trafficked Children Guidance London Safeguarding Children's Board 2011 (89) UK	Provides guidance to professionals and volunteers from all agencies in safeguarding and promoting the welfare of trafficked and exploited children. This guidance is linked to the London Safeguarding Trafficked Children Toolkit 2011.	HT in general	Children and adolescents	Professionals and volunteers from all agencies	Multiple settings	Guidance supplementary to, the London Safeguarding Children Board's London Child Protection Procedures. Methods not reported	Components of the Guide 1. **Introduction:** Overview of the purpose and importance of safeguarding trafficked children. 2. **Definitions:** Explanation of key terms, including HT and child exploitation. 3. **Principles:** Core principles guiding agencies in identifying and responding to trafficked children. 4. **Problem of Child Trafficking:** Reasons, recruitment methods, control mechanisms, and impacts on children. 5. **Identification of Trafficked Children:** Indicators, obstacles to self-identification, and professional responsibilities. a. Physical

							b. Behavioral signs c. Situational signs 6. **Common Assessment Framework (CAF):** Use of structured assessment to evaluate risk and needs. a. A structured tool to evaluate the child's situation, risks, and needs. b. Encourages inter-agency collaboration to ensure a comprehensive assessment. 7. **Children at Risk of Harm:** Referral processes and local authority response mechanisms**.** 8. **National Referral Mechanism (NRM):** Multi-stage process for identifying and assisting trafficked children. 9. **Working with Trafficked Children:** Best practices, including legal, medical, and psychological support. 10. **Vulnerable Groups:** Special considerations for missing children and those in care**.** 11. **Information Sharing**: Importance of inter-agency cooperation to ensure child protection**.** **Role of Local Safeguarding Boards:** Responsibilities in coordinating efforts to protect trafficked children
Practice Guide for Intake and Investigative Response to Human Trafficking of Children Connecticut Department of Children and Families, 2015 (90)	The tool is designed to guide the identification, assessment, and response to child trafficking cases in Connecticut, U.S. Provides comprehensive protocols for intake, medical and mental health evaluations,	HT in general	Children and adolescents who are victims or at risk of HT	Professionals and stakeholders directly involved in responding to and managing cases of child trafficking (Social workers, HART (Human Anti-Trafficking Response Team) liaisons,	Multiple settings	Guidance Methods not reported	Components of the Guide 1. **Human Trafficking Screening Tool:** Used by social workers and healthcare providers to identify victims or those at risk of trafficking. 2. **Decision Maps:** Guides to determine risk levels (confirmed victim, high risk, or at risk) and appropriate interventions. 3. **Medical Assessment Protocols:** a. Physical, sexual, substance use, and dental health evaluations.

U. S.	safety planning, and service coordination.			Law enforcement agencies, Healthcare professionals, Community service providers, Legal and immigration professionals)			b. Trauma-sensitive procedures for assessment and treatment. 4. **Behavioral Health Assessments:** a. Trauma evaluations and mental health assessments. b. Development of safety and treatment plans, including therapy. c. Safety Planning: Tailored plans addressing risks like running away, re-encounters with traffickers, and online safety. 5. **Support Service Coordination:** a. Access to advocacy, mentoring, legal services, and community-based programs. b. Job training and educational consultations. 6. **Monitoring and Follow-Up:** a. 90-day case monitoring by HART liaisons. b. Use of the Human Trafficking Monitoring Tool for progress tracking. 7. **Training and Education:** Training sessions for professionals and community education campaigns.
Recognizing Child Trafficking as a Critical Emerging Health Threat (91) Peck et al., 2021 U.S.	This white paper reframes child trafficking from a criminal justice issue to a pressing public health crisis. It is aimed at equipping pediatric healthcare	Sex or labor trafficking	Children and adolescents who are victims or at risk of HT	Pediatric healthcare professionals, including pediatricians, family medicine physicians, nurses, nurse practitioners, physician assistants,	Pediatric healthcare settings	Guidance Methods not reported	The guide presents: **Conceptual Framework:** Positions child trafficking as a public health issue, not just a criminal justice matter. Addresses both sex and labor trafficking of minors. Highlights the healthcare system as a critical intervention point for unidentified victims. **1. Identified Risk Factors:** a. History of childhood trauma, neglect, or abuse. b. Involvement in the foster care system.

	providers (HCPs) with evidence-based, trauma-informed, and culturally responsive strategies to identify, respond to, and prevent child trafficking in clinical settings.			social workers, mental health providers, and emergency department staff who care for minors. It is also relevant for medical trainees and educators involved in pediatric or adolescent health.			c. LGBTQI+ identity. d. Economic instability or forced migration. **2. Health Impacts:** a. Physical: STIs, unwanted pregnancy, injuries, substance use. b. Mental: PTSD, depression, suicidal ideation, dissociation. **3. Common Clinical Presentations:** a. Frequent visits for unresolved or vague health issues. b. Controlling companions, reluctance to speak, lack of documents. c. Inconsistent stories or signs of fear and distress. **4. Clinical Recommendations:** a. Use a trauma-informed, victim-centered approach. b. Ask open-ended, nonjudgmental questions. c. Ensure confidentiality and obtain informed consent. d. Engage culturally competent, professional interpreters. **5. Practical Tools Included:** a. Sample open-ended screening questions. b. Risk indicator checklists for pediatric environments. c. Tables outlining trafficking warning signs in clinical settings. **6. Calls to Action:** a. **Individual level:** Ongoing training for providers. b. **Organizational level:** Development of clear screening and response protocols. c. **Systemic level:** Investment in research, policy development, and multisector coordination.

Resource Guide on Human Trafficking for Title X Family Planning Clinics (92) HHS Office of Population Affairs (OPA) Title X Family Planning Program U.S.	This guide, developed by the U.S. Office of Population Affairs (OPA), is tailored for Title X family planning clinics to enhance the identification, care, and referral of potential victims of human trafficking, particularly sex trafficking, within reproductive health settings	HT in general	Applicable to different age groups	Healthcare providers working in Title X-funded reproductive health settings, including physicians, nurses, medical assistants, and social workers.	Reproductive health settings	Guidance Methods not reported	The guide is organized into eight sections: 1. **Basics of Human Trafficking:** Defines key concepts (e.g., AMP model), legal definitions, myths, risk factors, and indicators of trafficking, with a focus on healthcare contexts. 2. **Core Tools for Providers:** Outlines guiding principles, survivor-informed approaches, screening tools, victim needs assessments, and intersections with homelessness, domestic violence, and mandatory reporting. 3. **Victim-Centered, Trauma-Informed Care:** Describes care models, therapeutic interventions, safety planning, and HIPAA considerations when working with victims. 4. **Staff Care:** Emphasizes cultural competence, unconscious bias, and prevention of clinician burnout and vicarious trauma. 5. **Community Connections:** Offers guidance on collaborating with community and faith-based organizations, task forces, and legal/law enforcement partners, including rural and Indigenous communities. 6. **Federal Resources:** Lists anti-trafficking programs and tools from agencies like HHS, DOJ, State, and others. 7. **Awareness Materials:** Provides posters, brochures, infographics, and other printable outreach materials. 8. **Hotlines:** Includes contact information for national and federal hotlines addressing human trafficking, runaway youth, and labor violations.
Reference Guide on Protecting the Rights of Child Victims of Trafficking in Europe	The Guidelines focus on the steps needed to protect and assist anyone under 18	HT in general	Children: Anyone under 18 who is believed to	Policy makers and practitioners from government,	Multiple settings	Guidance Reference guide In 2003, UNICEF	The UNICEF Guidelines cover 11 specific aspects concerning trafficking of children: 1. Identification of children as victims of trafficking.

UNICEF, 2006 (93) Switzerland	who is believed to have been trafficked, and to make decisions about their future. Serves as an implementation book for the Guidelines as it gives information about the steps and procedures that constitute 'good practice' in the protection and assistance of child victims of trafficking. As such, the Guide is a practical tool for policy makers and practitioners from government, non-governmental and international organizations responsible for protecting and assisting child victims of trafficking across Europe. Endorsed by the Stability Pact Task Force on Trafficking for Southeastern Europe and adopted by		have been trafficked	non-governmental and international organizations responsible for protecting and assisting child victims of trafficking across Europe		created "Guidelines for Protection of the Rights of Child Victims of Trafficking in South Eastern Europe." These Guidelines, endorsed by the Stability Pact Task Force, are based on international standards.	2. Appointment of a guardian for each trafficked child. 3. Questioning by the authorities. 4. Referral to appropriate services and inter-agency coordination. 5. Interim care and protection. 6. Regularization of a child's status in a country other than their own. 7. Individual case assessment and identification of a durable solution; 8. Implementing a durable solution, e.g., possible return to a child's country of origin. 9. Access for children to justice. 10. Protection of the child as a victim and potential witness; and 11. Training for government and other agencies dealing with child victims. Includes the **"Guidelines for Conducting Forensic Interviews with Child Victims of Trafficking"** 1. General principles a. Pro-active identification measures b. Presumption of age 2. Who is responsible for taking action? 3. Guidelines for Conducting Forensic Interviews with Child Victims of Trafficking a. Professionals Involved b. Key Objectives of Interviews i. Identify the Child ii. Determine Legal Status iii. Understand the Child's Experience iv. Gather Evidence of Crimes v. Support the Child's Emotional Well-being c. Principles for Interviewing Trafficked Children d. Special Considerations Trauma Awareness

	member states (2003).						e. Practical Interview Techniques f. Types of Questions to Ask i. General Open-Ended Questions ii. Specific Questions (Adapted for Age and Circumstances): iii. Recruitment iv. Migration v. Working Conditions g. Tools and Materials h. Indicators of HT i. Physical and Behavioral Signs ii. Situational Indicators
Safeguarding Children and Young People from Sexual Exploitation in Leicester, Leicestershire and Rutland (LLR) Safeguarding Children Board (LSCB) of Leicester, Leicestershire, and Rutland, 2016 (94) UK	This guidance provides a framework for preventing, identifying, and addressing child sexual exploitation (CSE) in Leicester, Leicestershire, and Rutland, UK. It emphasizes multi-agency collaboration to safeguard children under 18 through prevention strategies, early identification of risks, tailored interventions, and prosecution of perpetrators. The document prioritizes treating sexually exploited children as	Sex trafficking	Children and young people under the age of 18 who are at risk of, or affected by, sexual exploitation, including cases involving grooming, coercion, trafficking (both domestic and international), and other forms of exploitation linked to sex trafficking.	All professionals and agencies involved in safeguarding children, including law enforcement (police), children's social care workers, health services (nurses, GPs, mental health professionals), education staff (teachers, school leaders), voluntary agencies, and other organizations working with children and families.	Multiple settings	Guidance Methods not reported	The guide highlights the importance of early identification, prevention, and intervention in addressing child sexual exploitation (CSE), emphasizing that a multi-agency collaboration is essential for an effective response. Included Tools and Strategies: 1. **Risk Factors & Warning Signs** a. Grooming: Establishing control over a child by giving them gifts, money, affection, or manipulating their trust. b. Vulnerabilities: Poverty, social exclusion, prior abuse history, low self-esteem, being in care. Family history of substance misuse or domestic violence. c. Warning Signs: i. Secretive behavior, staying out late, associating with older individuals. ii. Unexplained money, mobile phones, or expensive items. iii. Missing school or being frequently absent.

	victims, not criminals, and focuses on disrupting exploitation while ensuring their protection and recovery.						iv. Multiple mobile phones, unexplained injuries, involvement in petty crime. d. High-Risk Indicators: i. Frequent missing episodes. ii. Older, controlling partner. iii. Entering unknown vehicles. iv. Signs of physical/emotional abuse. 2. **Multi-Agency Approach:** Collaboration is key: Various agencies must work together (social care, police, health services, education, voluntary sector). 3. **Managing Cases** a. Strategy Discussion: A multi-agency review of cases to assess risk and plan intervention. b. Multi-Agency CSE Meetings: Convened for high/moderate-risk cases. c. Team Around the Child (TAC/TAF). d. Confidentiality and Information Sharing. 4. **Risk Assessment & Intervention** a. Risk Assessment Tool: Classifies children into At Risk, Medium Risk, and High Risk categories. b. Intervention Pathway: i. At Risk: Prevention through education and family involvement. ii. Medium Risk: Multi-agency safety plans, disruption tactics. iii. High Risk: Immediate action needed, police investigation, possible prosecution. c. Working with Victims:

							i. Requires long-term intervention and trusted relationships. ii. Support networks should be built around the child. iii. Care-takers and professionals should monitor risky behavior (e.g., social media use, phone activity, visitors). 5. **Disrupting & Prosecuting Perpetrators** a. Identifying Perpetrators. b. Disrupting Perpetrator Behavior c. Gathering Evidence d. Victim & Witness Support Also provide: CSE Risk Assessment Tool, Social Care Flowchart, Guidelines for Young People Over 18.
Safeguarding children who may be trafficked Gweithdrefnau Diogelu Cymru Wales Safeguarding Procedures 2021 (last update) (95) UK	This practice guide provides additional information about safeguarding responses when a child may have been trafficked. It should be used in conjunction with the Wales Safeguarding Procedures. There are some issues which are common across safeguarding practice guides and some which are specific to the safeguarding	HT in general	Children and adolescents	Practitioners working with children (up to the age of 18). This includes those working in early years, social care, education, health, the police, youth offending and youth, community and family support services (including the third sector) and foster care and residential care.	Multiple settings	Guidance Methods not reported	Components of the Guide 1. **Indicators** a. Things that children may say and ways they may behave b. Physical indicators of exploitation c. Indicators related to the movement of a child from one place to another d. Indicators of exploitation and control by another person e. Indicators related to documentation and personal details f. Further risk indicators g. Indicators to be alert to in health settings 2. **Approaches to care** with which these cases should be addressed. It also explains relevant aspects of HT and explains the particularities of child trafficking in the UK. It provides guidance on how to make referrals to other services and post-identification care.

	issue being considered.						
Safeguarding children who may have been trafficked; Practice guidance Department for education, HM Government, 2011 (96) UK	Non-statutory good practice guidance for agencies in England which are likely to encounter, or have referred to them, children and young people who may have been trafficked. It is intended to help agencies safeguard and promote the welfare of children who may have been trafficked.	HT in general	Children and adolescents who may have been trafficked	Practice nurse, health visitors, hospital staff, maternity staff, adult mental health and child and adolescent mental health services practitioners	Multiple settings	Guidance Methods not reported	Contains recommendations including: 1. **Role of specific agencies and services** including health services **2. Identifying trafficked children** 3. **Possible indicators** that a child may have been trafficked a. At port of entry b. Whilst resident in the UK (in addition to those listed above) **4. Specific action during an initial assessment**
Screening for Human Trafficking Guidelines for Administering the Trafficking Victim Identification Tool (TVIT) Vera Institute of Justice 2014 (97) U.S.	It consists of screening questions that help identify victims of HT and ensure they receive necessary protection and services. It is noted that the tool should complement, not replace, specialized training and professional practices.	HT in general	Applicable to different age groups	Victim service agency staff and other social service providers, who will administer the Trafficking Victim Identification Tool (TVIT). Law enforcement, health care and shelter workers will also find it helpful in improving	Multiple settings	User manual	Components of the guide 1. **Purpose & Scope:** Provides guidelines for administering the Trafficking Victim Identification Tool (TVIT) and best practices for identifying trafficking survivors. 2. **Interviewing Techniques:** Includes recommendations on building trust, ensuring confidentiality, and understanding trauma effects. 3. **Considerations for Law Enforcement**: Emphasizes a victim-centered approach and coordination with support services. 4. **Trafficking Victim Identification Tool (TVIT):** Contains both long and short versions of the screening tool for assessing potential trafficking situations.

	Negative responses do not rule out victimization, as trauma can affect responses.			trafficking victim identification			5. **Frequently Asked Questions**: Clarifies common concerns about screening, identifying victims, and using the tool effectively. 6. **Training & Resources**: Lists additional materials, training opportunities, and legal frameworks related to HT. 7. **Definitions & Legal Context**: Outlines U.S. legal definitions of HT and federal protections available to survivors.
Screening to Identify Commercially Sexually Exploited Children; A Guide for Implementing the Commercial Sexual Exploitation – Identification Tool (CSE-IT) in Youth-Serving Organizations Haley, Basson, & Lang. WestCoast Children's Clinic, 2017 (98) U.S.	Guide that provides recommendations for implementing the Commercial Sexual Exploitation–Identification Tool (CSE-IT) to improve early identification of commercially sexually exploited children.	Sex trafficking	Children and youth aged 10 and older, regardless of gender, ethnicity, culture, sexual orientation, health status, socioeconomic background, or behavior. Screening should also be extended to individuals outside the recommended age range if there are signs of exploitation or risk factors.	Staff with a variety of professional backgrounds including HCPs	Multiple child-serving systems, including child welfare, juvenile justice, schools, residential, mental health, medical, and homeless services	Guide of a tool. The WestCoast Children's Clinic developed the Commercial Sexual Exploitation – Identification Tool (CSE-IT) in 2014.	The guide presents: 1. **Commercial Sexual Exploitation–Identification Tool (CSE-IT) by WestCoast Children's Clinic** a. Domains and questions (1. Housing and caregiving. 2. Prior abuse or trauma. 3. Physical health and appearance. 4. Environment and exposure. 5. Relationships and personal belongings. 6. Signs of current trauma. 7. Coercion. 8. Exploitation) b. Scoring Instructions c. Guide for Implementing the Commercial Sexual Exploitation – Identification Tool 2. **Developing a Screening and Response Protocol** a. Key Components of the Protocol b. Response to Trafficking Indicators c. Documentation d. Training and Technical Assistance e. Implementation and Continuous Improvement
Spotting the Signs – CSE proforma	Spotting the Signs, funded by the Department of Health, allows	Sex trafficking	Children and Adolescents	Sexual health professionals	Sexual health services	Report. The proforma was written by Dr Karen	The guidance provides questions to help practitioners identify a young person's circumstances or behaviours that may be cause

Rogstad, K. (The Faculty of Forensic & Legal Medicine) 2014 (99) UK	sexual health professionals to use a standardized approach to pick up on the warning signs of CSE in all its forms. It is designed to be integrated into existing sexual and social history taking frameworks. Spotting the Signs provides a framework to support conversations with young people around CSE linked to latest research and evidence bases.					Rogstad of BASHH and Georgia Johnston of Brook and was developed with the support of a multi-agency advisory board and working group, including focus groups of young people from across the UK. The proforma was piloted in a range of services including GUM clinics, specialist young people's services and General Practice.	for concern and indicate the young person's needs. Three resources are available on the website for identifying potential victims of sexual exploitation. 1. Spotting the Signs – CSE proforma A4 2. Spotting the Signs – CSE proforma A3 3. Spotting the Signs – foldout leaflet The tool has the following screening sections: 1. Education 2. Family Relationships 3. Friendships 4. Relationships 5. Consent 6. Sexual Health 7. Professional analysis And presents the results of a pilot test to evaluate its usefulness and use in 23 institutions.
The Anatomy of Human Trafficking: Learning About the Blues: A Healthcare Provider's Guide Stevens, M. 2016 (100) U.S.	This article explores the scope of the problem, definitions, types, and elements of HT. The roles of clinicians, particularly ED nurses and advanced practice nurses, in screening and identifying those	Sex or labor trafficking	Not specified	Clinician, including ED, primary care, and forensic nurses as well as advanced practice nurses	General healthcare settings	Narrative review	This document consists of a narrative review that provides indicators and recommendations for the detection of HT. With regard to detection, it indicates: 1. **Red Flags for HT** a. Physical b. Environment c. Poor Physical Health d. Psychological e. Poor Mental Health or Abnormal Behavior f. Lack of Control

	at risk are examined.						2. **Screening Tools:** The Trafficking Victim Identification Tool (TVIT) by the Vera Institute of Justice
The Commercial Sexual Exploitation of Children: The Medical Provider's Role in Identification, Assessment, and Treatment American Professional Society on the Abuse of Children (APSAC) 2013 (101) U.S.	These guidelines provide medical professionals with an overview regarding the current understanding of the commercial sexual exploitation of children.	Sex trafficking	Children and adolescents (under 18 years of age) victims of commercial sexual exploitation	Medical Providers	General healthcare settings	Guidance Methods not reported	1. **Possible Indicators of CSEC** 2. **Signs** that child is being controlled (domineering person accompanying child) 3. **Questions** for CSEC identification 4. **Tips for Interviewing** CSEC Patients 5. **Commercially sexually exploited children (CSEC) screening procedure guideline** a. A list of Potential Questions for Medical Interview of Possible CSEC Victim i. Reproductive Health ii. Prior Sexual Victimization iii. Prior Violence iv. Prior Inflicted Injuries v. Other injury: vi. Anogenital trauma: vii. Prior Confinement viii. Emotional Health ix. Drugs and Alcohol including CRAFFT Screen (Center for Adolescent Substance Abuse Research) x. Additional Questions
The IOM Handbook on Direct Assistance for Victims of Trafficking International Organization for Migration (IOM), 2007 (102) Switzerland	Provides guidance and advice necessary to effectively deliver a full range of assistance to victims of trafficking from the point of initial contact and screening up to	HT in general	Applicable to different age groups	Not specified if health care professionals but is intended for all instances involving the referral of trafficking victims to service delivery organizations	Not specified	Guidance Methods not reported	Chapter 2 Screening of Victims of Trafficking: Presents a formula to enable organizations to better distinguish between the different crimes of trafficking in human beings and people smuggling and outlines a methodology for the screening and identification of individuals seeking assistance as trafficking victims. 1. **Limitations of the Screening Process** and key points to consider 2. **Key Indicators** 3. **Recommendations** including:

	the effective social reintegration of the individuals concerned.			including health authorities			a. Screening interview and special considerations for interviewing minors b. Victim Response and Treatment c. Using the Screening Interview Form Also provides appendix sections with: 1. **Ethical Principles** in Interviewing and Caring for Trafficked Persons 2. **Interview Checklist** a. Conditions b. Explanation c. Final Points Before Beginning the Interview d. Key Interview Questions: i. Recruitment Phase ii. Transportation Phase iii. Exploitation Phase iv. Decision-Making
The London Child Sexual Exploitation Operating Protocol London Safeguarding Children Board, 2015 (103) UK	The protocol provides a structured multi-agency response to protect children from sexual exploitation. It defines strategies for identification, intervention, prevention and investigation to safeguard children at risk. It also establishes a framework for law enforcement, social services, health care and community organizations to effectively coordinate responses.	Sex trafficking	Children and young people under the age of 18 who are at risk of, or affected by, sexual exploitation, including cases involving grooming, coercion, trafficking (both domestic and international), and other forms of exploitation linked to sex trafficking.	Social workers, healthcare providers, law enforcement, and community partners.	Multiple settings	Protocol. Methods not reported	The protocol includes: 1. **Identifying and Challenging CSE** a. Uses the acronym SAFEGUARD to recognize warning signs. b. Daily contact between police and other agencies to identify cases. c. Multi-agency meetings ensure intelligence-sharing and coordinated responses. 2. **Reporting Suspicions of CSE** a. Procedures for documenting CSE suspicions in police databases. b. Categorization of investigations based on risk levels. 3. **Support for Victims and Families** a. CSE affects not only the victim but also their family. b. Collaboration with organizations like Barnardo's and PACE (Parents against Child Exploitation).

							c. Overview of coercion methods used by perpetrators. 4. **Prevention Strategies** a. Identifies high-risk groups. b. Education and awareness campaigns in schools and communities. c. Mapping of high-risk areas and training businesses in the nighttime economy (Operation Makesafe). 5. **Intervention Strategies** a. Strategies to reduce the vulnerability of at-risk children. b. Promotion of positive family relationships and preventive sex education. c. Risk assessments through health and child welfare agencies. 6. **Disruption Strategies** a. Use of Child Abduction Warning Notices and legal measures against perpetrators. b. Patrolling of "hotspot" locations where exploitation occurs. c. Surveillance of criminal networks using technology and police intelligence. 7. **Investigation Strategies** a. Proactive investigations to dismantle exploitation networks. b. Use of recorded interviews to collect evidence. c. Application of the National Referral Mechanism for child trafficking cases. 8. **Outcomes Framework for CSE**

							a. Success evaluation based on: Reduction in child disappearances. Increased prosecution rates of perpetrators. Improved access to support services. 9. **Communication** a. Strategies to enhance public awareness of CSE. b. Collaboration with the media to report cases sensitively. c. Use of social media to reach potential victims.
The PEARR Tool: Trauma-informed approach to victim assistance in health care settings. CommonSpirit Health, HEAL Trafficking, Pacific Survivor Center, 2019 (104) U.S.	A trauma-informed approach designed to assist healthcare professionals in providing care to patients who may be affected by abuse, neglect, or violence, such as HT.	HT in general	Applicable to different age groups	Healthcare professionals	General healthcare settings	User manual	The scope includes guidelines on how to educate, ask, respect, and respond to patients in a culturally and developmentally sensitive manner. It provides strategies for maintaining privacy, educating patients, asking the right questions, and respecting their choices while ensuring their safety and connecting them with appropriate resources. **The tool is structured around four key steps:** 1. Provide Privacy 2. Educate 3. Ask a. General Inquiry b. Safety Concerns 4. Respect & Respond Also provides: 1. **Risk Factors** for HT 2. **Potential Indicators** of Victimization 3. **Resources for Assistance**
The Role of the Nurse in Combating Human Trafficking (105)	This article aims to raise awareness among nurses about human	HT in general	Applicable to different age groups	Healthcare professionals	General healthcare settings	Guidance Non-systematic review	This article provides an overview of human trafficking, describes how to recognize signs that a person is being trafficked and how to safely intervene, and offers a resource list.

Sabella, 2011 U.S	trafficking, helping them recognize potential victims in clinical settings and respond safely and effectively. It outlines key indicators of trafficking, provides guidance on safe intervention, and emphasizes the critical role nurses play in identifying and supporting victims.						1. Clinical Case: Story of a trafficking victim whose signs were missed in the ED. 2. Definitions and Types of Trafficking: Sex trafficking, labor trafficking, debt bondage, child trafficking, sex tourism. 3. Prevalence and Risk Factors: Global and U.S. scope; poverty, gender inequality, and false promises as drivers. 4. Legal Framework: Overview of the Trafficking Victims Protection Act (TVPA) and victim services. 5. Health Impacts: Common physical and psychological consequences for trafficked individuals. 6. Barriers to Identification: Victims' fear, language barriers, coercion, and lack of awareness. 7. Red Flags in Clinical Settings: Behavioral and physical indicators; presence of controlling companions; inconsistencies. 8. Recommended Clinical Responses: Private interviews, neutral interpreters, trauma-informed questions, referral to NHTRC. 9. Role of Nurses and Educators: Need for training, policy development, and curricular integration. 10. Resources and Follow-up: List of support organizations; update on Elis's case and recovery.

CACs: Child Advocacy Centers, CAF: Common Assessment Framework, CCSEGG: Child Sexual Exploitation in Gangs and Groups, CRAFFT: C (Car) – Riding with someone under the influence, R (Relax) – Using substances to relax or fit in, A (Alone) – Using substances alone, F (Forget) – Memory loss while using, F (Family/Friends) – Being advised to cut down; CSE: Child Sexual Exploitation/ Commercially Sexually Exploited, CSEC: Commercial Sexual Exploitation of Children/ Commercially Sexually Exploited Children, CSE-IT: Commercial Sexual Exploitation-Identification Tool, CSN: Children's Services Network, CSST: Comprehensive Screening and Safety Tool, CWS: Child Welfare Services, DMST: Domestic Minor Sex Trafficking, ED: Emergency Department, GUM: Genitourinary Medicine, HART: Human Anti-Trafficking Response Team, HEAL: Health, Education, Advocacy, and Linkage, HT: Human Trafficking, IDCFS: Illinois Department of Children and Family Services, IOM: International Organization for Migration, LLR: Leicestershire and Rutland, LSCB: Safeguarding Children Board of Leicester, MOU: Memorandum of Understanding, NGO: Non-Governmental Organization, NHTRC: National Human Trafficking Resource Center, NRM:

National Referral Mechanism, OPA: Office of Population Affair, PACE: Parents Against Child Exploitation, PEARR: Provide privacy, Educate, Ask, Respect, and Respond (Tool), PTSD: Post-Traumatic Stress Disorder, RICE:RST: Rapid Screening Tool, SART: Suspected Abuse Response Team, STI: Sexually Transmitted Infection, TAC/TAF: THB: Trafficking in Human Beings, TVIT: Trafficking Victim Identification Tool, TVPA: Trafficking Victims Protection Act, UNICEF: United Nations Children's Fund, UK: United Kingdom, U.S.: United States.

Indicators

Various tools, guides, toolkits, and protocols, as well as strategies targeting professionals, propose lists of indicators or red flags that may suggest a case of HT. Although these indicators are not a detection tool and do not predict future risk, they can help professionals recognize a set of symptoms or signs that may indicate that a person has been or currently is in a trafficking situation. These indicators can also assist in determining whether the patient requires further testing or a more in-depth evaluation. Among the resources that include these indicators, there is no consensus regarding the specific warning signs or their classification.

Indicators of HT in this review were found reported in two Toolkits (63,69), 19 protocol or guidance documents (70,71,73,74,77,84–86,88,89,93–95,98,100–102,104,105), two systematic reviews (106,107), three reports (22,33,108) and nine primary studies (46,109–116).

The most frequently reported indicators in the literature on HT include physical appearance-related indicators (hair loss, malnutrition, tattoos as branding marks), lack of identity documents, sexually transmitted infections (STIs), pregnancy indicators, and uncooperative behavior. These indicators were cited in multiple sources, highlighting their relevance in victim identification. In the case of children and adolescents, the most common indicators include physical conditions related to abuse and exploitation, malnutrition, and mental health issues such as anxiety and depression. For adults, the most frequent indicators include lack of documents, avoidance or distrust of authorities, and the presence of STIs or unwanted pregnancies.

Key Findings on Indicators Identified in the Reviewed Resources

1. Physical Indicators
   - General Physical Health Indicators
     Victims often present malnutrition, dehydration, and extreme weight loss. Other signs include neurological disorders, cardiovascular conditions, and physical injuries linked to forced labor or abuse. Chronic pain and stress-related conditions, such as irritable bowel syndrome and high blood pressure, were also reported.
   - Sexual Health Indicators
     Victims of sex trafficking frequently suffer from sexually transmitted infections (STIs), chronic pelvic pain, and recurrent unwanted pregnancies or abortions. Cases of genital trauma and forced abortions have also been documented.
   - Injuries Related to Forced Labor
     Indicators of labor exploitation include occupational injuries, physical ailments associated with repetitive work, and signs of overexertion. Malnutrition and lack of access to medical care or health insurance are frequently observed among trafficking victims.

2. Mental Health Indicators
   - General Psychological Conditions
     Victims exhibit signs of depression, anxiety, post-traumatic stress disorder (PTSD), and cognitive impairment. Common symptoms include self-harm, suicidal thoughts, flashbacks, and hyper-vigilance.

- Behavioral Indicators
  Victims often display fear, submission, paranoia, and social withdrawal. Some individuals appear overly mature or excessively self-confident, which is inconsistent with their age and background. Unusual emotional responses, avoidance of authorities, and refusal to answer questions are also warning signs.

3. Situational and Environmental Indicators
   - Unusual Travel and Housing Patterns
     Many trafficking victims frequently change locations, live in overcrowded or highly secured environments, or lack stable housing. They are often found in exploitative settings such as brothels, mines, or sweatshops.
   - Exploitation and Control Indicators
     Victims typically lack control over their movements, finances, or personal documents. They are subjected to threats, violence, and psychological coercion to prevent escape or resistance.

4. Documentation and Identity-Related Indicators
   - Lack of Personal Documents
     Many victims do not have their identification documents, passports, or visas, as these are often held by traffickers. The use of falsified or fraudulent documentation is also common.
   - Lack of Awareness of Their Surroundings
     Victims often do not know their current location, do not speak the local language, or lack basic knowledge about their residence, which suggests a possible trafficking situation or coercion.

5. Personal and Social Indicators
   - Sexual Exploitation
     Warning signs include a high number of sexual partners, involvement in the sex trade, or the use of terminology associated with prostitution. Victims may also have significantly older partners or relationships characterized by control and domination.
   - Social Isolation
     Victims tend to lack social connections, exhibit poor social skills, and frequently run away. They may also be seen with adults who are not their guardians (if they are children) or frequently found in high-risk locations for exploitation.

Table 7. Indicators of HT

Category	Subcategory	Types of indicators	Sexual Trafficking	Labour Trafficking	Other types of trafficking	General trafficking	Children and adolescents	Adults	Studies where the indicator is exposed
Physical Indicators	General	Appearance-Related Indicators (loss of hair, tattoos or other forms of "branding," Severe weight loss, malnutrition and dehydration, skin problems, dental/oral problems)				X	X	X	(22,33,65,77,86,88,91,105,107,110,115–117)
		Cardiovascular/respiratory conditions that appear to be caused or worsened by stress, such as: Arrhythmia, High blood pressure, Acute Respiratory Distress				X	X	X	(62,83,102,108)
		Neurological conditions: Traumatic brain injury, Headaches or migraines, Unexplained memory loss, Vertigo of unknown etiology, Insomnia, Difficulty concentrating				X	X	X	(65,70,88)
		Injuries or impairments typical of certain jobs or control measures		X			X	X	(69,91,95)
		Gastrointestinal conditions that appear to be caused or worsened by stress, such as: Constipation, Irritable bowel syndrome				X	X	X	(65,70,88)
		Physical abuse, drugs/alcohol				X	X	X	(65,90,91)
		Communicable and non-communicable diseases (e.g. TB, hepatitis)				X	X	X	(88,108)
		Other health issues: Effects of prolonged exposure to extreme				X	X	X	(70,88)

		temperatures, Effects of prolonged exposure to industrial or agricultural chemicals, Somatic complaints							
	Sexual	Physical and sexual abuse (vaginal / anal pain, Chronic pelvic pain)	X				X	X	(65,89,91,95,108,117)
		Presence of STIs or symptoms of STIs	X				X	X	(65,88,89,95,104,110,115–117)
		Pregnancy indicators (first medical consultation after 24 weeks pregnant), unintended pregnancy, and multiple pregnancies or miscarriages	X				X	X	(88,95,96,99,108,115,116)
		Reproductive issues: Genitourinary issues, Forced or pressured abortions, Genital trauma, Sexual dysfunction, Retained foreign body	X				X	X	(88,91)
	Labour	Physical indications of working (For example overly tired in school, indications of manual labour – condition of hands/skin, backaches)		X			X		(95)
		Occupational-type injuries or physical ailments linked to their work		X			X	X	(22,106)
	Indicators of medical or physical neglect	Untreated medical conditions				X	X	X	(22,33,93,104–106)

		Unexplained or untreated illnesses				X	X		(93,105)
		Signs of poor hygiene				X	X		(65,104,105,108)
		Malnourished				X	X	X	(65,89,91,95,105)
		Patient does not have health insurance and/or pays with cash				X	X	X	(43,65,69,95,104,116)
	Indicators of exploitation and control by another person	Be subjected to violence or threats of violence against themselves or against their family members or loved ones				X	X	X	(69)
		Patient was threatened with a weapon				X	X	X	(115)
Mental Health Indicators and Behavioral signs	General	Self-harm, including attempted suicide or Suicidal ideation, Self-harming behaviors					X	X	(88,95,96,108)
		Signs of depression, or anxiety					X	X	(65,86,88,93,95,105,108,116)
		Non-specific post-traumatic stress disorder or Psychological – indications of trauma or numbing					X		(22,88,95,106,108,116)
		Low cognitive functioning and concerns about thought processes					X	X	(115)
		Intrusive Symptoms: Nightmares, Flashbacks. Emotional and Behavioral Responses: Lack of emotional responsiveness, feelings of shame or guilt, hostility. Attachment and Social Difficulties: Attachment					X	X	(88,108)

		disorders, withdrawal, fear, sadness. Dissociative Symptoms: Depersonalization, derealization, dissociative disorders, distortions in perception of time, detachment from self or reality.							
	Behavioral sings	Show fear or anxiety					X	X	(65,88,105,108)
		Submissive, tense, nervous/paranoid or Hypervigilant					X	X	(22,33,65,69,71,84,86,88,93,99,104,106,107,110,116)
		Irritable/aggressive behaviour					X	X	(22,33,70,91,104,106,107,110)
		Patient appears to be “in crisis” or continual crying					X	X	(21,33,66,79,81,83,88,99)
		Poor concentration or memory, unsociable behaviour				X	X		(88,108)
		Uncooperative behavior (like resistant to assistance or questions)				X	X	X	(115,116)
		Avoiding eye contact				X	X	X	(95)
		Exhibits self-assurance, maturity and self-confidence not expected in a child of such age					X		(84,104,107,108)
		Fearful of employer or supervisor		X				X	(77,88,107,108,110,115,116)
		Patient was in a hurry/expressed they had been at the ED too long				X	X	X	(49,95,117)
	Sexual	Mental, physical and sexual trauma	X				X	X	(63)
		Shows promiscuity	X				X		(115)
Situational	General	Entering or leaving vehicles driven by unknown adults				X	X		(95)

Indicators		Adults loitering outside the child's usual place of residence				X	X		(22,106)
		Persistently missing, staying out overnight or returning home late with no plausible explanation				X	X		(89,95)
		Reports from reliable sources suggest likelihood of sexual exploitation, including being seen in places known to be used for sexual exploitation	X				X		(89,95)
		Come from a place known to be a source of human trafficking				X	X		(89,91,95)
		Is one among a number of unrelated children found at one address				X	X		(89,95)
		Being found in exploitative settings such as mines, sweatshops, brothels, or places associated with illegal activities strongly indicates trafficking due to their connection with exploitation (3,88)		X				X	(69,86)
		Is living or working in a location with high security measures (e.g. opaque or boarded-up windows, bars on windows, barbed wire, security cameras, etc.)		X					(69,102)
		Abnormal work hours; no breaks or vacations		X				X	(33)
		Was recruited through false promises concerning the nature and conditions of their work		X			X	X	(63)
		Unusual hours/regular patterns of child leaving or returning to the residence which indicates probable HT		X			X		(33)

		Child returning after having been missing, looking well cared for despite no known base				X	X		(89,95)
		Claims to have been in the country for years but hasn't learnt the local language(s) or culture				X	X	X	(89,95)
		Not knowing what country, they are in or the location of house where live				X	X	X	(95,105)
		Is not aware of their location, the current date, or time				X	X	X	(86)
		Be reported missing by their employer even though they are still living in their employer's house			X			X	(34,87,105,115)
	Related to the movement from one place to other	Travel in groups with persons who are not relatives				X	X	X	(69)
		Moves frequently or talk about travelling to other locations				X	X	X	(9)
		Changing their migration story, evasiveness, denial, minimizing the situation, telling exactly the same story as other migrants from the same area or sharing an inconsistent and scripted history				X	X	X	(22,106)
		Patient was not local to the area				X	X	X	(86)
		Accompanying adult previously made multiple visa applications for other children/ acted as the guarantor for other children's visa applications					X		(115)
	Indicators related to documentation	Not in possession of their passport or other travel or identity				X	X	X	(89,91,95,105)

		documents, as those documents are being held by someone else							
		Irregularity with migration status (entered country illegally, inconsistencies in the description of the migratory journey, visa arranged by someone other than themselves or their family)				X	X	X	(33,69,84,86,88,107,117)
		False documentation or genuine documentation that has been altered or fraudulently obtained				X	X	X	(69,117)
		The child says they have a different name or other personal details than those in the passport					X		(89,95)
	Personal indicators	Patient reports illicit drug use or substance abuse (Note: maybe forced)				X	X	X	(86)
		Has money, expensive clothes, mobile phones or other possessions without plausible explanation				X	X	X	(88,108,115,116)
		Offering to pay cash, advance cash payments				X		X	(89,95,105)
	Sexual signs	High number of sexual partners	X				X	X	(107)
		Patient history of physical- or sexual-abuse victimization	X				X	X	(108,110,116)
		Significantly older partner	X				X		(116)
		Evidence of controlling or dominating relationships (excessive concerns about pleasing a family member, romantic partner, or employer)	X				X	X	(89,95,116)
	Behavioral signs	Acts as if they were instructed by someone					X	X	(85,105)

		else or the person appears to be under the control and supervision of someone who never leaves the person alone.							
		Reacts with unusually fearful or anxious behavior at any reference to “law enforcement”				X	X	X	(69,95)
		Refused to speak with/distrust of law enforcement				X	X	X	(33)
		Is afraid of revealing their immigration status/ deportation					X	X	(69,115)
		Looks intimidated and behaves in a way that does not correspond with behaviour typical of children their age					X		(69,117)
		Patient uses terminology indicative of sex work (e.g., pimp, escort, player, the life, turn out)	X				X	X	(69,86)
		Often runs away					X		(116)
	Social indicators	Has no friends of their own age outside of work		X			X		(22,106)
		Lives as gang members, with adults who are not their parents			X		X		(69)
		Lives with members of their gang			X			X	(69)
		There is evidence that suspected victims have been involved in begging or in committing petty crimes in another country			X				(69)
		Impaired social skills					X	X	(69)
		Social isolation					X		(88)
		Has no private space			X			X	(109) (101)

	Domestic servitude	Sleeps in a shared or inappropriate space			X			X	(69)
		Is only given leftovers to eat			X			X	(69)

STI: Sexually Transmitted Infection, TB: Tuberculosis.

Strategies

A total of 23 studies or reports focused on educational strategies were identified, 22 of which were conducted in the U.S. Among them, two were systematic reviews (118,119) and two was a scoping review (55,120). Three training courses were included; however, no data was found on its implementation or effectiveness (121–123).
Twenty-four studies were found addressing other strategies for the identification of HT victims. Four of these studies are systematic reviews or scoping reviews (56,107,124,125). Four studies measured the use of ICD-10 codes in healthcare services (126–129). Seven studies evaluated the implementation of a specific tool, model, or protocol for identifying trafficking victims (111,130–135). Fourteen studies assessed or analyzed current practices for identifying and assisting trafficking victims, focusing on protocols and strategies used, knowledge and attitudes, as well as barriers and facilitators for proper care in healthcare facilities (56,107,113,115,116,124,125,136–142). Two of these studies conducted interviews with trafficking survivors to analyze these practices (136,137).

Educational Strategies

All strategies address indicators, detection tools, and steps to follow if a healthcare provider suspects that their patient may be in a HT situation. Ten strategies incorporated online components, such as webinars, virtual modules, and digital tools (110,121,122,143–149). Three strategies were based on presentations delivered by professionals from diverse fields, including healthcare, justice, and HT experts (145,150,151). Five strategies used case studies to reinforce learning (143,149,152–154), while three employed simulation-based training (146,153,155), allowing participants to gain practical experience. To measure their impact, ten studies implemented pre- and post-intervention evaluations, assessing changes in participants' knowledge and skills over time (143–148,152,154–156).

All studies reported significant improvements in at least one area. Ten studies found that participants increased their knowledge about HT (143–147,150–152,155,156), while eleven studies highlighted greater confidence and self-efficacy in identifying and addressing trafficking cases (110,144,146–150,152–154,157). In addition, seven studies reported increased awareness of the issue and improved attitudes among professionals (145,150,151,153,154,156,157). In most cases, these improvements were sustained over time, although two studies observed a decline in knowledge and confidence after five to six months (152,156). Despite these advancements, only three studies reported an increase in the identification of trafficking cases (152,155,157), one of which reported that 38 individuals were identified in potential trafficking situations after the educational intervention (157).

Some of these educational strategies also led to tangible changes in practice. Three studies introduced new screening tools (110,149,157), including one digital tool, while one study implemented a new protocol for identifying and managing trafficking cases.

In general, these educational strategies were well accepted by professionals. No studies showed negative or ineffective results regarding these strategies.

A scoping review was identified that focused on mapping the content of educational resources related to labor trafficking and organ trafficking for healthcare professionals in the United States. The study found that while most resources defined labor trafficking and described warning signs, far fewer

addressed prevention strategies, child labor, or organ trafficking. Additionally, there was a notable lack of materials that incorporated racial and structural vulnerability, or that were specifically tailored for medical trainees. The review highlights significant gaps in existing educational tools and calls for more comprehensive, inclusive, and accessible resource (120).

Implementation of Screening Tools and Protocols

Several studies evaluated the implementation of different screening tools and protocols aimed at improving the detection of HT survivors in healthcare settings.

- **The PEARR Tool** (130): Integrated into policies addressing abuse and violence, the PEARR tool aimed to improve screening through trauma-informed care education. However, its use remained limited as most staff did not identify survivors. Despite this, training improved staff preparedness, and more personnel adhered to PEARR's steps, such as ensuring privacy, providing education, and referring individuals to resources.
- **The Octavia Software** (131): This AI-driven application analyzed patient encounters for social and clinical determinants indicative of trafficking. During the observation period (2019-2021), it generated 1 to 8 alerts per day, with 43.17% reviewed by a High-Risk Patient Navigator (HRPN). Of the reviewed cases, 24% were classified as "highly suspicious" or confirmed trafficking cases, identifying 184 high-suspicion cases in 23 months. Before Octavia's implementation, the involved hospitals had identified an average of only 10 cases per year (2017-2018).
- **The RAFT Screening Tool** (132): A qualitative study evaluating the Rapid Assessment for Trafficking (RAFT) found that healthcare professionals were generally supportive of using a brief screening tool with fewer than five questions, ideally administered by nurses during triage. However, they also identified several barriers to implementation, including time constraints, lack of privacy, and discomfort discussing sensitive topics. Participants highlighted the importance of comprehensive staff training on trafficking indicators, institutional protocols, and referral resources. Additionally, some suggested incorporating patient-facing educational materials—such as posters and signage—to encourage self-identification.

- **Baylor College of Medicine Anti-Human Trafficking Program (BCM A-HTP)** (133): A pilot program in Houston, Texas, incorporated clinical care, advocacy, and research to enhance trafficking survivor identification and support. Training healthcare providers led to a significant increase in case detection, while trauma-informed care improved service quality. Collaboration with community organizations facilitated survivor access to essential resources, such as legal aid and shelters. The program also collected data to refine screening and treatment protocols, suggesting potential replicability in other cities.
- **McDow & Dols Screening Protocol** (135)**:** A quality improvement project implemented a standardized HT screening protocol in a U.S. nonprofit crisis pregnancy center serving low-income women seeking prenatal care. The protocol was based on two established tools (34,63)—the **Polaris Medical Assessment Tool** (2010) and the **USDHHS Adult Human Trafficking Screening Toolkit** (2018)—and included a five-question confidential screening form, trauma-informed staff training, and integration into electronic health records. Over 10 weeks, 309 women were screened, with a 98.4% completion rate. Fourteen individuals (4.6%) had positive responses: 5 were confirmed HT victims, 3 disclosed abusive relationships, and 6 were classified as at risk. All received hotline information, and selected patients were offered

additional resources. Staff confidence in screening increased to 93.3% post-training, and the protocol was sustained through workflow integration and ongoing staff education.

- **Emergency Department Response Protocol** (134): Based on expert recommendations and established models, this protocol outlined four key steps:
    1. Understanding HT in the local and national healthcare context.
    2. Identifying how survivors seek assistance from non-medical stakeholders.
    3. Organizing the medical community to create a safety net for survivors.
    4. Convening an interdisciplinary protocol committee. It also included components such as high-risk patient identification, forensic examination guidelines, external reporting procedures, and response strategies for patients who decline assistance.
- **Commercial Sexual Exploitation of Children (CSEC) Screening Protocol** (111)**:** A retrospective cohort study analyzed the effectiveness of a screening protocol in a clinical setting. Among 621 patient records, 28.5% (177 patients) underwent screening for CSEC, with 7.3% (13 patients) confirming exploitation. Statistical analysis identified key risk factors:
    - Patients with a history of STIs were nearly seven times more likely to have been sexually exploited.
    - Those with two or more current sexual partners had 15 times the likelihood of experiencing sexual exploitation.
    - Individuals with over 10 lifetime sexual partners had a 19-fold increased likelihood of exploitation.
    - Patients presenting two or more concurrent risk factors were six times more likely to be affected.

Training programs have proven to be crucial in increasing awareness and preparedness among healthcare professionals regarding HT detection. The BCM A-HTP program demonstrated that trauma-informed training significantly improved case detection and enhanced survivor-centered care, ensuring a more compassionate and effective response to identified individuals (133). Similarly, the PEARR tool training modules increased healthcare providers' awareness of HT, although the actual use of the tool remained limited in clinical settings (130). In the McDow & Dols screening project (135), 100% of clinical staff and 62.5% of volunteers received formal HT training, with 93.3% of participants reporting confidence in applying the protocol post-training. This structured education, paired with visual aids and discussion-based sessions, reinforced staff preparedness and contributed to the successful identification of trafficking cases within a low-resource setting (135).

Participants in the RAFT program emphasized the ongoing need for training on trafficking indicators, effective communication with patients, and available referral pathways (132). Lastly, the Octavia software indirectly supported healthcare provider education by generating automated alerts, which encouraged staff to refine their understanding of trafficking indicators and improve early identification efforts (131).

Multiple studies consistently highlight significant barriers to the effective identification of trafficking survivors in healthcare settings. Two of the primary obstacles are time constraints and privacy concerns, which limit the ability to conduct in-depth screenings, particularly in high-demand environments like EDs (130,132). Additionally, discomfort and fear of offending patients during questioning have been identified as deterrents to proper screening implementation (132).

Another critical barrier is low confidence in post-identification procedures, leaving healthcare providers uncertain about the next steps after a positive screening result, which may lead to missed intervention opportunities (132). Moreover, the underutilization of screening tools due to perceived low identification rates has further hampered effective detection (130). Lastly, pre-existing biases and a lack of awareness among medical personnel—especially in identifying high-risk patient populations—continue to affect detection rates (111,133).

To enhance the identification of trafficking survivors and strengthen support systems within healthcare settings, studies propose several key strategies. One of the primary recommendations is to mandate the structured implementation of screening tools such as RAFT, PEARR, and Octavia, as their consistent use may lead to an increase in case identification (131,132). McDow & Dols (135) further emphasize the importance of integrating screening tools into electronic health records and sustaining protocols through staff onboarding and continuous education, demonstrating that structured implementation is feasible even in resource-limited clinical contexts.

Additionally, the studies emphasize the need for standardized training protocols, incorporating HT education into medical curricula and ongoing professional development programs (130,133,135). Another crucial recommendation is to enhance interdisciplinary collaboration by strengthening hospital partnerships with social services, legal aid organizations, and survivor support networks to create a comprehensive approach to care (134,135).

Moreover, improving post-screening response protocols is necessary to provide healthcare professionals with clear guidelines for handling positive screenings, ensuring effective referral and intervention strategies (132).

Utilization and Limitations of ICD-10 Codes

Four studies conducted in the U.S. evaluated the use of ICD-10-CM codes in healthcare services for identifying cases of HT. These studies analyzed the degree of usage of these codes, identified the most frequently used ones, and examined the demographic characteristics of the documented patients. Additionally, they explored the associated medical and psychiatric comorbidities, the primary reasons for medical visits, and the healthcare costs linked to trafficking survivors.

The review of hospital and ED databases revealed that the documentation of HT in medical records is extremely low. Dell et al., 2023 (127) analyzed data from the 2019 National Emergency Department Sample (NEDS) and found that only 0.0016% of ED visits documented HT as an external cause of morbidity. Similarly, Garg et al., 2022 (128) reported that only 0.005% of pediatric patient encounters (293 cases) included ICD-10 codes related to child trafficking, reflecting a significant underutilization of these codes in pediatric hospitals. The study by Kerr and Bryant, 2022 (126), which examined data from the TriNetX database, confirmed this trend by identifying only 298 cases of trafficking among 69,740,144 patients.

The data suggests that most of the identified cases involved young women, primarily covered by public insurance. Dell et al., 2023 (127) reported that 87.3% of identified patients were female, with 30.8% being minors, and that sexual exploitation (71.6%) was more common than labor exploitation (28.4%).

Similarly, Gutfraind et al., 2023 (129) found that 86% of cases involved sexual exploitation, while only 14% were classified as labor trafficking. Additionally, 63% of the identified patients were covered by Medicaid, highlighting the vulnerability of this population. The racial distribution showed that 49% were white, 35% African American, 11% Latin American, and 3% Asian American. Garg et al., 2022 (128) reported similar findings in pediatric cases, where 90% of identified patients were female, with a higher representation of African American (38%) and white non-Hispanic (28.3%) patients. These findings emphasize disparities in detection and the need for culturally competent approaches in healthcare provider training.

The reviewed studies indicate that trafficking survivors often experience a high burden of psychiatric and physical comorbidities. According to Gutfraind et al., 2023 (129), the most common diagnoses among identified survivors included mental health disorders such as anxiety (21%), post-traumatic stress disorder (PTSD) (20%), and major depression (18%), along with a high prevalence of sexually transmitted infections (STIs). Similarly, Kerr and Bryant, 2022 (116) reported that 69.8% of identified patients had psychiatric diagnoses, with depression (51.7%), anxiety (43%), PTSD (33.2%), and substance use disorders (46.3%) being the most prevalent. In pediatric cases, Garg et al., 2022 (128), found that 64.8% of trafficked children had a mental health diagnosis during their initial visit, and 32.1% of primary diagnoses were related to psychiatric disorders. These findings highlight the strong correlation between HT and mental health conditions, emphasizing the need for trauma-informed mental health care in survivor treatment plans.

The studies indicate that ICD-10-CM codes for HT are rarely used and inconsistently applied. Gutfraind et al., 2023 (129) found that the adoption rate of these codes has been increasing at 5.8% per year, but this rate is slower than the overall database growth rate (6.7%), suggesting a lack of integration within medical record systems.
Regarding the most frequently used codes, Garg et al., 2022 (128) reported that the most common was Y07.6 (33.8%), related to "multiple perpetrators of maltreatment and neglect," followed by Z62.813 (21.2%), indicating "personal history of forced labor or childhood sexual exploitation." Kerr and Bryant, 2022 (126) found that the most commonly applied codes were related to suspected forced sexual exploitation (32.2%) and personal history of exploitation (27.1%), while labor trafficking codes were used in fewer than 4% of cases. Dell et al., 2023 (127) emphasized that the inconsistent application of these codes underestimates the true prevalence of HT, preventing accurate data collection and proper tracking of cases within the healthcare system.

The medical care of trafficking survivors represents a significant financial burden on the healthcare system. Gutfraind et al., 2023 (129) calculated that the average annual healthcare cost per trafficking survivor was $31,055 USD in the 12 months following diagnosis, significantly higher than the average Medicaid enrollee cost of $6,556 USD per year. Additionally, the study found that 55% of trafficking reports occurred outside hospitals or EDs, while 25% were identified during office visits, 10% during psychiatric encounters, and 4% during behavioral therapy.

Studies recommend that, to improve the utilization of ICD-10-CM codes in identifying HT cases, it is necessary to adopt strategies that optimize their application in healthcare settings. Key recommendations include mandatory training for healthcare professionals on the proper use of trafficking-related codes (126,127), better integration of these codes into electronic health records

(129), the development of standardized protocols (128), and a stronger focus on mental health care and trauma-informed treatment (126,129).

Analysis of Practices

Fourteen studies analyzed practices related to the identification of HT in healthcare settings. Two of these studies conducted interviews with trafficking survivors to analyze these practices (136,137). These studies examined healthcare professionals' perceptions of HT (139,141), the tools used for identifying survivors (56,116,138), the barriers limiting identification (115,140,142), and the recommended strategies to improve detection and support for survivors (107,125). The review included 10 studies from the U.S, two from the UK, one from and Canada, as well as an internationally focused report (Family Violence Prevention Fund, 2005).

The detection of trafficking survivors in healthcare settings remains inconsistent due to the lack of standardized screening tools and clear protocols. Eickhoff's 2023 (56) review highlighted that multifaceted systems, including tools such as the "Blue Dot Campaign" and customized protocols like RAFT, enhance detection. However, other studies indicate that such tools are rarely utilized in clinical practice (138,140).

In the UK, Franklin, et. al., 2018 (138) found that checklists for child sexual exploitation lack scientific validation and show variability in their application. Similarly, Stoklosa et. al., 2017 (116) identified that only 67% of protocols in the U.S. included screening questions, and 80% omitted screening of accompanying individuals.

These studies also acknowledge that insufficient knowledge among healthcare providers about HT is a key barrier. Some studies found that the lack of training is a major factor in the low detection rates of trafficking survivors. Specifically, Ram et al., 2022 (107) reported that training improved physicians' confidence and preparedness in identifying and referring trafficking cases. Armstrong et al., 2019 (115) noted that although 72.2% of healthcare professionals in South Carolina believed that trafficking occurred in their region, only 22.2% had identified a survivor. Beck et al., 2015 (142) revealed that 63% of healthcare providers had never received training on identifying child sex trafficking, leading to low detection rates in clinical scenarios. Furthermore, qualitative studies showed that nurses often rely on clinical judgment in the absence of formal protocols, creating inconsistencies in identification (139,141).

Additionally, the reviewed studies highlight various barriers that hinder the identification of trafficking survivors. Balasa et al., 2024 (113) found that a lack of privacy during triage and heavy workloads complicate identification efforts in EDs, a challenge also noted by Hulick et al., 2022 (139) in their analysis of hospitals in western Washington. Moreover, Armstrong et al., 2019 (115) and Dols et al., 2019 (140) reported that many hospitals lack formal protocols, training, and partnerships with external organizations, limiting their capacity to respond to trafficking cases. Long and Dowdell, 2018 (141) demonstrated that nurses in the UK held stereotypical perceptions of trafficking survivors, associating them with foreign women and sex workers, which negatively affected identification. In the U.S., Peck, 2020 (125) found that cultural biases and a lack of awareness among primary care physicians impeded detection.

HT survivors experience multiple physical and mental health issues. The most common symptoms include STIs, chronic pain, depression, and PTSD (107,113). Stoklosa et al., 2017 (116) found that 63% of the reviewed protocols included mental health indicators such as depression and PTSD. The report from the Family Violence Prevention Fund, 2005 (137) emphasized that survivors face isolation, manipulation, and fear, which hinder their access to healthcare and identification. Lumpkin et al. and Taborda, 2017 (136) revealed that only 1.8% of surveyed survivors were identified by healthcare professionals while they were being exploited.

The studies propose various strategies to strengthen the detection of trafficking survivors in the healthcare system, including mandatory training on trafficking identification and trauma-informed care (107,125), standardized screening tools (116,138), a multidisciplinary approach (56), the implementation of clear protocols and clinical guidelines (115,140) and greater access to resources such as interpreters, psychological support, and safe shelters (124,142)

Table 8. Implementation Strategies

Reference	Type of strategy	Category and subcategory	Strategy description	Target audience/ Setting	Strategy outcomes
Farrel, E. 2024 (143) U.S.	Educational strategy for healthcare personnel	**Training and support for healthcare workers** Formal training: the strategy includes structured education on trafficking detection, trauma-informed care, and effective teaching methodologies.	The objective of the strategy is to develop an interprofessional community of educators trained in HT detection and response through a structured educational program. The strategy consists of a train-the-trainer model that integrates social cognitive, constructivist, and experiential learning theories, utilizing interactive methods such as case studies, survivor testimonials, and reciprocal teaching activities. It is supported by technology-enabled engagement tools, including WhatsApp and Flipgrid, to foster collaboration and sustain long-term knowledge sharing.	Healthcare and related professionals, such as physicians, nurses, social workers, advanced practice providers, psychologists, public health professionals, legal and justice personnel, and educators.	**Knowledge and Skill Improvement** Significant increases in Stop, Observe, Ask, Refer (SOAR) framework understanding (+1.64 pre/post delta, p<0.0001). Improved ability to recognize trafficking indicators (+1.04 pre/post delta, p<0.0001). Enhanced competency in developing trafficking response protocols (+1.27 pre/post delta, p<0.0001). **Sustained Learning Impact (3-month follow-up)** Continued use of SOAR framework (+4.38 cohort-level delta). Increased application of adult learning principles (+4.15 delta). Strengthened protocol development in home organizations (+4.00 delta). **Community of Practice Growth** Active WhatsApp group with 2,199 unique posts (2020-2023). 27 new training modules created since 2021. **Long-term Institutional Impact** 59,755 clinicians trained by program graduates as of 2023. Expansion to regional in-person courses and continued virtual training.
Olivieri, S. 2024 (144) U.S.	Educational strategy for healthcare personnel	**Training and support for healthcare workers** Formal training: the strategy focuses on a structured and formal educational module aimed at nurses and nurse practitioners in emergency and urgent care settings, with the	The objective of the study is to evaluate the effectiveness of an online educational module on HT in increasing the knowledge and confidence of emergency and urgent care nurses and nurse practitioners in New York. The strategy consisted of a	Nurse practitioners / EDs and urgent care centers	The study results showed a significant improvement in participants' knowledge and self-confidence in identifying and managing HT victims in urgent and emergency care settings: **Knowledge Improvements:** Ability to assess danger in trafficking cases increased from 2.15 to 3.24 (z = -2.08, P = .04).

		goal of enhancing their ability to identify and manage HT cases.	pretest/post-test design using an asynchronous online module covering key topics on identifying, assessing, and treating trafficking victims, supported by recognized research and resources.		Recognition that trafficking is not limited to women and girls in prostitution (z = -3.00, P < .01). Awareness that trafficking affects over 20 million people annually (z = -3.34, P < .01). Identification of associated symptoms, like PTSD (z = -3.50, P < .01) and chronic headaches (z = -3.39, P < .01). Recognition of victims' difficulties in reporting their situation (z = -3.95, P < .01). **Confidence Gains:** Increased confidence in asking about exploitative situations (z = -2.36, P = .02). Improved ability to make appropriate referrals, especially for child victims (z = -1.87, P = .05). Enhanced confidence in taking action, such as notifying authorities (z = -2.09, P = .04). Reduced perception of lacking sufficient training (z = -2.28, P = .02).
Rajaram, S. S. 2024 (145) U.S.	Educational strategy for healthcare personnel	**Training and support for healthcare workers** Formal training: The workshop is a structured educational program aimed at improving healthcare workers' knowledge and skills in identifying and responding to HT.	The study aims to assess the impact of a 3-hour educational workshop on HT in enhancing nurses' knowledge and skills to identify and treat victims of this crime. The intervention consisted of an in-person workshop that was live-streamed and recorded for later availability as a webinar. The content of the workshop included an introduction to HT, its health impact, identification and assessment strategies, and response and follow-up methods. The workshop was delivered by a forensic nurse with expertise in the field and a public health faculty member, both of whom are experts in HT.	Nurses / Academic and healthcare setting	**Knowledge Improvement:** Nurses' perceived adequacy of knowledge about HT increased from a baseline score of 2.47 (SD = 0.76) to 4.27 (SD = 0.69) after the workshop, with a statistically significant change (p < 0.001). **Ability to Define HT:** Their ability to define HT and identify vulnerability factors improved from a pretest mean of 2.47 (SD = 0.89) to 4.69 (SD = 0.79) (p < 0.001). **Health Impact Understanding:** Nurses' understanding of the health impact of HT increased from 2.76 (SD = 1.03) to 4.62 (SD = 0.81) (p < 0.001). **Identification and Response:** Nurses showed significant improvement in their ability to discuss HT identification, assessment strategies, and follow-up procedures. **Impact of Prior Training:** Nurses with no prior training experienced the most significant

					improvement, while those with prior training also benefited from the workshop. **Intended Practice Changes:** 100% of participants expressed their intention to apply the knowledge gained, though barriers like patient compliance and lack of resources were cited.
Shue-McGuffin, K. 2024 (146) U.S.	Educational strategy for healthcare personnel	**Training and Support for Healthcare Workers** <u>Formal training:</u> The study explicitly involved structured training through the HOPE Training modules, designed to educate Family Nurse Practitioner (FNP) students about HT detection and management. The modules covered trafficking indicators, trauma-informed care, and culturally sensitive approaches.	The study evaluated the effectiveness of the HOPE Training program in enhancing the knowledge, attitudes, and confidence of Family Nurse Practitioner (FNP) students in identifying and managing HT victims, incorporating a mixed-method design. It was conducted in two phases: an online education intervention using HOPE Training modules with pretest and post-test evaluations, followed by interprofessional simulations and focus groups to explore student's perceptions and readiness.	Family Nurse Practitioner students / University of North Carolina at Charlotte North Carolina, U.S.	**Knowledge Improvement:** Pretest mean score: 69.5. Post test mean score: 89.2. Statistical significance: Knowledge scores increased significantly across all participants, with a p-value of <0.001. **Confidence Gains:** **Confidence Levels (Pre-intervention vs. Post-intervention)** Initial confidence: 62.5% reported no confidence in their knowledge of HT. 50% felt no confidence in identifying trafficking victims. 56.3% felt no confidence in implementing interventions. 62.5% lacked confidence in offering appropriate resources. Post-simulation self-confidence: Mean scores ranged from 4.8 to 5.0 (out of 5.0), indicating high confidence in mastering the simulation content and applying it to clinical practice. **Satisfaction with Simulation:** All students rated satisfaction items at the maximum score of 5.0 (out of 5.0), reflecting high approval of the teaching methods, materials, and simulation design. Students described the experience as "informative," "eye-opening," and "helpful."
Briggs, MR 2023 (152)	Educational strategy for	**Training and support for healthcare workers**	The objective of this study was to develop and evaluate a sex trafficking education program	OBGYN, EM, and FM residents /	**Knowledge Improvements:** There was a statistically significant increase in residents' knowledge immediately after the

U.S.	healthcare personnel	Formal training: The training is specifically designed for obstetrics/gynecology (OBGYN), emergency medicine (EM), and family medicine (FM) residents to improve their knowledge and confidence in caring for trafficking victims.	designed for obstetrics/gynecology (OBGYN), emergency medicine (EM), and family medicine (FM) residents. The program aimed to increase residents' knowledge and confidence in caring for individuals involved in sex trafficking. The strategy involved a 45-minute evidence-based education session that included a PowerPoint presentation and case discussions. It covered the identification and treatment of sex trafficking victims, trauma-informed care, and local and national resources. The education session was delivered both in-person and virtually. Surveys (pre-, post-, and 5 months after) were used to assess changes in residents' knowledge, confidence, and perceived barriers to care. A focus group was also conducted to gather further insights from participants.	Academic medical center	education session, which persisted five months later, although it slightly decreased over time. Knowledge increased from a mean of 5.92 (pre-session) to 7.71 (post-session) and remained higher at 7.25 after 5 months. **Confidence Gains:** Confidence in identifying and screening for sex trafficking victims, providing appropriate care, and discussing the topic with patients significantly increased after the education session, but this confidence slightly decreased five months post-session. **Encounters with Victims:** More residents reported having encountered sex-trafficked individuals after the education session (75% post-session, 85% after 5 months). **Barriers to Care:** Before the education, the most common barriers were a lack of training, awareness, and organizational guidelines. After the session, these barriers were less frequently reported, with "lack of awareness" and "delicate subject matter" remaining as significant obstacles. **Satisfaction:** A majority of residents were satisfied with the training and strongly agreed that sex trafficking education should be a standard part of medical education.
Cavey, W. 2023 (147) U.S.	Educational strategy for healthcare personnel	**Training and Support for Healthcare Workers** Formal training: a structured educational program on identifying and treating HT victims, focusing on trauma-informed care.	A quasi-experimental design with a 20-minute educational intervention available through YouTube. The intervention included a presentation on HT related topics such as definitions, types, vulnerability factors, health impact, victim identification and assessment, as well as response and follow-up recommendations. Participants completed a self-	Healthcare professionals / Online platform	The educational intervention significantly increased healthcare professionals' confidence in identifying and treating HT victims. **Overall improvement in self-efficacy:** Before the intervention: M = 2.6427 (SD = 0.4888). After the intervention: M = 1.9758 (SD = 0.3467), with a significant difference ($t(30) = 7.1888$, $p < .001$). **Survey results:** Preparation to ask about HT: Before M = 2.79, after M = 1.90 ($p < .001$).

			efficacy measurement survey before and after the intervention.		Responses to victims saying "yes": Before M = 2.83, after M = 1.86 ($p < .001$). Support during the interview: Before M = 2.38, after M = 1.86 ($p < .01$). Access to resources for victims: Before M = 2.41, after M = 1.72 ($p < .01$).
Kelly, K 2023 (153) U.S.	Educational strategy for healthcare personnel	**Training and support for healthcare workers** <u>Formal training and interprofessional education:</u> The program involved training medical residents and other healthcare professionals in an interdisciplinary manner, providing structured education on HT and trauma-informed care (TIC). <u>Educational materials:</u> Educational resources were distributed, and simulations and case studies were used to reinforce the concepts learned.	A HT training program for medical residents, specifically through the Medical Safe Haven (MSH) model, which provides trauma-informed care (TIC) for victims of trafficking. This program was implemented at Dignity Health Family Medicine residency sites in California. The educational strategy consisted of three training sessions for the medical residents: Human Trafficking Training (HTMSH): Focuses on recognizing and managing trafficking victims. TIC Training: Training on the effects of trauma on health and how to provide patient-centered medical care. Medical-Patient Interaction Training (PPE): Training on how to interact safely and effectively with victims.	Medical residents / Family medicine residency clinic	A significant increase in resident confidence in all aspects evaluated after completing the training. Residents reported an increase in their ability to identify trafficking victims, understand the effects of trauma, and provide trauma-informed care. **Confidence Gains:** Increased confidence in identifying and treating trafficking victims, with significantly higher scores after the training. **Awareness:** On physical indicators of trafficking victims and the importance of trauma-informed care. Resident testimonies indicating that the MSH program helped them feel more comfortable discussing trafficking and better prepared to interact with those experiencing HT. Most residents indicated that they planned to incorporate TIC models into their future practice, and some wanted to replicate the MSH model in their future workplaces.
Marcinkowski, B. 2022 (55) U.S. **Scoping review**	Educational strategy for healthcare personnel	**Training and support for healthcare workers** <u>Formal training:</u> It addresses how educational strategies reduce knowledge gaps, increase confidence, and provide practical tools such as simulations and assessment	This scoping review systematically evaluates existing literature on the screening, identification, and intervention for adult sex trafficking victims in EDs, aiming to identify knowledge gaps and improve understanding of current	Healthcare Professionals/ EDs U.S. (e.g., Washington, D.C., Baltimore, South Carolina,	**Knowledge** Online and in-person sessions improved knowledge of trafficking indicators. Knowledge retention was observed three months post-training. **Identification** Training and screening tools identified 38 victims in five months in one study.

		algorithms integrated into workflows.	practices. The review highlights educational strategies designed to improve healthcare professionals' ability to identify and support victims of sex trafficking in EDs. These strategies include brief workshops, interactive role-play scenarios, online training modules, and mandatory education sessions for ED staff.	Pennsylvania) and one study in Alberta, Canada.	**Role-Specific Training** Tailored programs enhanced EMS, nurses, and residents' response capabilities. **Simulation Learning** Role-play and case-based exercises improved practical skills. **Clinical Integration** Training sessions encouraged using standardized tools and communication strategies.
Missouri Hospital Association (122) U.S.	Educational strategy for healthcare personnel	**Training and support for healthcare workers** Formal Training: The 14 educational modules offer structured training on trafficking indicators, trauma-informed care, and screening tools.	This course provides training to hospital staff to identify and care for HT victims and provides tools to develop appropriate policies and procedures in Missouri hospitals. The course consists of 14 online education modules, available *on-demand*, with a practical and multidisciplinary approach. It uses evidence-based detection tools, survivor testimonies, and training in trauma-informed care. Additionally, it covers regulatory compliance and collaboration with support agencies and law enforcement. Tools and strategies included: Human Trafficking Toolkit – Developed by the Hospital Human Trafficking Taskforce to assist hospitals in creating policies and procedures. Online Education Modules – 14 modules covering identification, screening, trauma-informed care, and reporting.	Healthcare professionals/ EDs, urgent care centers, and other frontline healthcare settings. Missouri, U.S.	There are no reported results of its application, nor statistics on the number of people who have accessed it, nor evaluations of its effectiveness.

			Screening Protocols – Evidence-based tools for identifying trafficking victims among minors and adults. Trauma-Informed Care Framework – Strategies to minimize re-traumatization and improve victim engagement. Law Enforcement Reporting Guidelines – Training on when and how to report trafficking cases. Type of Trafficking Addressed: Commercial Sexual Exploitation of Children (CSEC) Sex Trafficking (adults and minors) Labor Trafficking (various industries, including agriculture, domestic work, and service sectors)		
Murphy, M. C. 2022 (148) U. S.	Educational strategy for healthcare personnel	**Training and support for healthcare workers** Formal training: The intervention involved structured education, both online and in-person, to enhance nurses' competencies in identifying HT victims using detection tools and a trauma-informed approach. **Information and Communication Technology (ICT)** Health Information Systems: The intervention utilized an EMR system that was already in place at the hospital. The victim screening tool was integrated into the pre-existing	The project implemented two key interventions: HT-specific education and the use of a safety screening form to help identify potential victims. The education was delivered through an asynchronous online learning module via the hospital's existing Learning Management System (LMS). The module included a three-minute introductory video, "Faces of Human Trafficking," created by the U.S. Department of Justice's Office for Victims of Crime. After the video, participants viewed a narrated PowerPoint presentation covering topics such as defining HT, debunking common myths, identifying victim and trafficker	Emergency room nurses / General ED	The results showed a significant improvement in nurses' self-efficacy regarding the identification of HT victims. Pre- and post-intervention survey data, analyzed using a paired t-test, revealed an increase in the mean self-efficacy scores, with a significant difference between pre- (M = 2.26, SD = 0.216) and post- (M = 3.417, SD = 0.133) intervention scores (p = 0.0002). **Identification** The improvement in self-efficacy was significant for each of the six items on the scale used to assess nurses' confidence in identifying and managing trafficking victims. This included greater confidence in the ability to identify victims, differentiate between child abuse and sex trafficking, and appropriately use the screening tool.

		safety assessment system of the EMR, allowing nurses to systematically assess patients for potential trafficking victims during their visits in the ED. This integration represents the use of health information systems to manage patient information and support the identification of trafficking victims.	characteristics, understanding why victims seek medical care, using the new safety screening tool, and outlining procedures for handling suspected trafficking cases		
Talbott, et al., 2022 (120) **Scoping review** U.S.	Educational strategy for healthcare personnel	**Training and support for healthcare workers** Formal training: This scoping review focuses on educational resources and training aimed at healthcare professionals on labor and organ trafficking.	This scoping review examines the availability, content, and gaps in U.S.-based educational resources for healthcare professionals related to labor trafficking and organ trafficking. The review aimed to assess whether existing materials are adequate, accessible, and applicable for training clinicians and health trainees to recognize and respond to these forms of trafficking Thematic Areas Explored: 1. Definition of Labor Trafficking. 2. Indicators and Warning Signs. 3. Prevention Strategies. 4. Child Labor Trafficking: Inclusion of information specific to minors affected by labor trafficking. 5. Organ Trafficking (THBOR): Content addressing the trafficking of human beings for the purpose of organ removal. 6. Racial and Ethnic Considerations.	U.S.-based healthcare professionals across disciplines (e.g., physicians, nurses, emergency staff), including some resources for students and residents.	Reviewed 37 resources, including journal articles, manuals, toolkits, presentations, and online modules. **Key Findings:** 86.5% defined labor trafficking. 64.9% described indicators or warning signs. 48.6% addressed prevention strategies. 43.2% included child labor. Only 21.6% addressed organ trafficking. Few resources discussed race/ethnicity (8.1%) or included trainee-focused content (8.1%). 24.3% offered Continuing Medical Education (CME) credit. **Gaps Identified:** Lack of comprehensive resources covering both labor and organ trafficking. Scarcity of content on organ trafficking indicators and legal frameworks. Minimal incorporation of race, ethnicity, and structural determinants of vulnerability. Limited availability of concise, user-friendly tools tailored to clinicians' time constraints.

			7. Trainee-Focused Content. 8. CME Accreditation: Whether the resources offer Continuing Medical Education (CME) credits.		
International Organization for Migration 2021 (121) Switzerland	Educational strategy for healthcare personnel	**Training and support for healthcare workers** Formal training: This is a virtual course for healthcare providers available in English and Spanish, which can be accessed at any time. It is provided by the International Organization for Migration (IOM) through a web page that can be freely accessed from different countries.	This course provides healthcare providers and other professionals with practical, non-clinical guidance on understanding HT. It equips them to recognize and respond to trafficking situations while ensuring a safe and trauma-informed approach to healthcare. This is a virtual course available in English and Spanish, accessible year-round at any time. The course consists of the following modules: Introduction Module 1: A brief introduction to HT Module 2: Health consequences for victims of HT Module 3: Trauma-informed care Module 4: The role of the healthcare provider	Healthcare providers from different countries	There are no reported results of its application, nor statistics on the number of people who have accessed it, nor evaluations of its effectiveness.
Lee, H. 2021 (156) U.S.	Educational strategy for healthcare personnel **The Learn to Identify and Fight Trafficking (LIFT) training**	**Training and support for healthcare workers** Formal training: The strategy of the study focused on a structured training program for healthcare professionals on how to identify and manage trafficking victims, using an educational approach that includes both didactic content and active discussions. The	The objective was to measure the impact of this CME-accredited training on healthcare professionals' knowledge and attitudes about HT before and after attending the course. The Learn to Identify and Fight Trafficking (LIFT) training program curriculum aimed to improve healthcare professionals' knowledge on	Healthcare professionals/ General healthcare settings	**Knowledge** The study found that the LIFT training significantly improved healthcare professionals' knowledge about HT, increasing from 54.7% to 84.5% one week after the training. Attitudes also improved from 49.4% to 71.0% immediately after the course. At 6 months, attitudes remained stable, but knowledge decreased to 50%. This suggests a short-term improvement in both areas, with a decline in knowledge over time.

		training also covered trauma-informed and culturally sensitive approaches, aligning with this subcategory.	recognizing HT victims and providing appropriate care. The training covered the scope and prevalence of trafficking, warning signs, trauma-informed care, and available resources for victims. The study involved 17 LIFT training sessions held across various U.S. cities. Healthcare providers who attended the training completed a pre-test, post-test (1-week after), and follow-up test (6 months later). The tests assessed participants' knowledge and attitudes on HT.		
The CMDA Commission on Human Trafficking, 2020 (123) U.S.	Educational strategy for healthcare personnel	**Training and support for healthcare workers** Formal training: An online educational course designed to equip healthcare professionals with foundational knowledge about human trafficking, including clinical indicators, appropriate responses, and trauma-informed care principles. The module is self-paced and available through the Christian Medical & Dental Associations (CMDA) learning platform. It represents a scalable and accessible tool to raise awareness and improve provider readiness in clinical settings.	This online, self-paced course is designed to train healthcare professionals in the identification, care, and comprehensive response to victims of human trafficking, both domestic and international. It consists of 12 modules covering clinical, legal, ethical, and spiritual aspects, with specific content tailored to low-resource settings and trauma-informed care. Key topics include: - Identifying signs and symptoms of trafficking in patients - Medical evaluation of victims of sexual and labor trafficking - Coordination with law enforcement, child protection services, shelters, and forensic teams	Healthcare providers (physicians, nurses, dentists, and physician assistants)	There are no reported results of its application, nor statistics on the number of people who have accessed it, nor evaluations of its effectiveness.

			- Use of trauma-informed approaches and multidisciplinary care models - Mental health care and spiritual support for survivors - Protocol development, referral systems, and follow-up care - Public health perspectives and biblical foundations for anti-trafficking response		
Fraley, H.E. 2020 (119) U.S. **Systematic review**	Educational strategy for healthcare personnel	**Training and support for healthcare workers** Formal training: the study focuses on structured educational interventions designed to increase awareness, knowledge, and skills of healthcare providers (HCPs) in identifying and addressing HT.	The literature review aimed to identify existing HT educational interventions targeting HCPs and evaluate their effectiveness. It included peer-reviewed, English-language original research studies published between January 1, 2000, and September 1, 2018, excluding earlier studies due to the increased global awareness following the adoption of the 2000 UN Protocol to Prevent, Suppress and Punish Trafficking in Persons. The U.S. federal definition of HCPs was used, encompassing physicians, dentists, chiropractors, nurses, clinical psychologists, and social workers. Search terms included HT, healthcare providers, commercial sexual exploitation, educational intervention, awareness, attitudes, knowledge, children, youth, victims, and prevention, providing a systematic approach to assessing the reach and effectiveness of educational efforts.	Healthcare providers / Multiple settings	**Increased Knowledge and Awareness:** All studies reported significant improvements in knowledge, awareness, and confidence in identifying trafficking victims. Attitudes toward victims shifted from negative perceptions to recognizing them as victims of trafficking. **Behavioral Impact:** One study found increased awareness did not translate into more referrals of trafficking victims. **Duration of Interventions:** Shorter sessions (25 minutes) were as effective as longer ones (60 minutes) in improving knowledge and awareness. **Instrument Evaluation:** Most studies reported content validity for their instruments. Only one study reported high internal consistency (α > 0.9).

Scannell, M. 2020 (155) U.S.	Educational strategy for healthcare personnel	**Training and support for healthcare workers** Formal training: The SASH course is a structured training program that teaches ED healthcare workers how to identify trafficking indicators and use a trauma-sensitive approach. .	The strategy is the SASH course, a sexual assault simulation designed to train emergency staff to identify victims of sex trafficking. It includes theoretical lessons, evidence collection practice, simulations with actors, and a debriefing session which promotes a trauma-informed approach.	Healthcare professionals, specifically the nursing staff / ED of an urban hospital	**Knowledge** The results of the SASH course showed a significant increase in participants' knowledge and perceived competence in identifying HT victims. Specifically, pre- and post-course tests were administered, with the following results: Average pre-test score: 64.27 Average post-test score: 81.60 Statistical significance level: P = 0.00023 These data demonstrate a significant improvement in participants' knowledge about HT detection. Additionally, a few months after the course, one of the newly trained nurses identified a trafficking victim in the ED, applying what was learned during the training.
Donahue, S. 2019 (149) U.S.	Educational strategy for healthcare personnel Implementation of a HT survivor response tool	**Training and support for healthcare workers** Formal training: The online educational module (HTEmergency.com) is a structured training module that equips healthcare workers with the necessary tools to identify and treat trafficking victims in EDs. **Community and interagency collaboration** Referral systems: The project references the National Human Trafficking Hotline as a resource for referral, implying a referral system for victims.	The objective of this project was to educate ED staff on the identification and treatment of HT victims and to develop and implement a screening tool with care guidelines for those identified as potential victims of trafficking. The strategy involved an evidence-based online training module (HTEmergency.com) that included a PowerPoint presentation, case studies, and identification and treatment guidelines. The module covered the definition of HT, red flags, at-risk populations, screening questions, and health implications. A step-by-step care guideline was provided, including an assessment tool and a reference to the National Human Trafficking Hotline.	Healthcare personnel / EDs	The training effectively increased ED staff's confidence and knowledge regarding HT, which is essential for improving the identification and care of trafficking victims in the ED setting. **Training Impact:** 89% of participants had not received prior training on HT. The training module significantly improved confidence in identifying (from 4/10 to 7/10) and treating (from 4/10 to 8/10) HT victims. 93% of participants reported a comprehensive understanding of HT after the education (up from less than half before). 96% of participants found the module useful in their work setting. **Increased Screening and Confidence:** After the training, staff were more likely to screen patients for HT and felt more confident in their ability to identify and treat trafficking victims. The project also included a practical, readily accessible screening tool (a laminated page) to assist ED staff in identifying potential victims.

Berishaj, K. 2018 (150) U.S.	Educational strategy for healthcare personnel	**Training and support for healthcare workers** <u>Formal training and interprofessional education:</u> The conference addressed these aspects by training nurses on how to identify trafficking victims and use available resources for their support.	The intervention consisted of a 4-hour educational conference titled "Human Trafficking 101: A Practical Conference on Understanding the Issues and Responding to the Epidemic." The conference was delivered by HT experts with backgrounds in nursing, law, and criminal justice. The objectives were to teach nurses to identify signs of trafficking, understand the differences between labor and sex trafficking, recognize relevant state and federal laws, and learn about available resources to assist victims.	Registered nurses (RNs) / Public university	**Knowledge:** The results of the study showed that the educational intervention significantly improved nurses' knowledge and beliefs about HT. There was an improvement in knowledge about the difference between labor and sex trafficking, trafficking-related laws, and how to identify and assist victims. **Confidence Gains:** Confidence in the ability to identify victims and manage the available resources to support them also increased. **Attitudes:** Attitudes towards trafficking also improved, especially regarding the understanding that trafficking can happen in any community and the belief that nurses can make a difference in the fight against trafficking. However, no significant change was observed in the intention to be actively involved in the fight against trafficking.
Liverseed, G 2018 (110) U.S.	Educational strategy for healthcare personnel Implementation of a HT survivor response protocol.	**Interventions directed at health workers** **Training and support for healthcare workers** <u>Formal training:</u> The implementation of a 30-minute educational webinar aligns with this subcategory, as it aimed at improving the clinicians' knowledge and practices. <u>Clinical Practice Guidelines:</u> The introduction of a formal HT response protocol for clinicians also aligns with this subcategory, as it provides structured guidance on managing trafficking cases. <u>Continuous Quality Improvement</u>: The iterative	A quality improvement project implemented in a reproductive healthcare organization to evaluate the impact of a HT response protocol on clinicians' preparedness to identify, assess, and respond to trafficking victims. Below are the requested details: The main strategy was the implementation of a HT response protocol in a reproductive healthcare setting. This protocol was introduced to clinicians through a 30-minute educational webinar. The protocol included indicators of victimization, recommended screening questions, and steps to follow if a clinician suspected a patient was	Clinicians / Reproductive Health Settings / General healthcare settings	**Increased Clinician Preparedness:** A statistically significant increase was observed in clinicians' self-reported preparedness to identify, assess, and respond to HT victims across all evaluated areas. Specific areas that showed improvements included: Identifying indicators of HT. Helping victims assess their safety and readiness to change. Asking appropriate trafficking-related questions during consultations. Responding adequately to trafficking disclosures. Using a trauma-informed approach when interacting with victims. Creating safety plans and referring victims to appropriate services. Fulfilling state reporting requirements for HT. These improvements were statistically significant with p-values < 0.05.

		process of assessing preparedness and modifying practices aligns with continuous quality improvement approaches, aiming to improve clinician practices over time. **Interventions directed at health organizations** <u>Organizational Culture:</u> Although not explicitly stated, the intervention sought to change the organizational approach to HT, suggesting a shift in organizational culture to incorporate better identification and response practices. <u>Processes of Local Consensus:</u> The development and implementation of the HT response protocol might involve consensus within the organization regarding how to handle cases of trafficking.	a trafficking victim. The goal was to increase clinician awareness and preparedness to identify and respond to HT in reproductive health services.		**Increased Frequency of HT Screening**: Clinicians showed a significant increase in the frequency of asking screening questions about HT when warning signs were present. Areas that showed improvements included: High number of sexual partners. Inconsistent or scripted history. Multiple pregnancies or abortions. Accompanied by a controlling person. Multiple sexually transmitted infections. Hyper-vigilance or subordinated demeanor. Discrepancy between history and clinical presentation. Several somatic symptoms arising from stress. These increases were also statistically significant ($p < 0.05$). **Protocol Usage:** 94% of clinicians reported that the HT response protocol was available in their clinics, though only 17.6% considered it to be widely used. This suggests that while the protocol was in place, its use in clinical practice was not fully widespread. 4. Referral Resources for Trafficking Victims: 82.4% of clinicians reported that they felt they had adequate referral resources for trafficking victims at their clinics. This indicates an improvement in available resources to support victims, although a small percentage of clinicians still felt the resources were insufficient.
Egyud, A 2017 (157) U.S.	Educational strategy for healthcare personnel Evaluation of the implementation of a screening tool for HT	**Training and support for healthcare workers** <u>Formal training</u>: The project involved multidisciplinary training (nurses, physicians, security personnel, etc.) on using screening tools and rescue protocols.	The project implemented a treatment algorithm and screening tool for identifying HT victims in the ED. The strategy consisted of a multidisciplinary approach, involving nurses, physicians, security personnel, social services, and other hospital staff. Key components included:	Healthcare staff / ED	The results showed that education and the implementation of the screening tool significantly improved the staff's ability to identify victims of trafficking. Over 5 months of follow-up, the results were: **Identification** Identification of Victims: A total of 38 potential trafficking victims were identified, with 20 identified through medical red flags (53%) and 18 through the silent notification system (47%).

		Communication Technology (ICT): Health information systems: The electronic screening tool integrated into the EMR system allowed for systematic patient evaluations and recording of red flag signs.	Education: Mandatory training was provided for ED staff (nurses, physicians, registration staff, security, etc.), which included training on trafficking victim screening tools, medical red flags (such as urinary tract infections, pelvic pain, suicide attempts, etc.), and available resources for victim rescue. Screening Tool and Notification System: An electronic screening tool was integrated into the hospital's EMR system for victim detection through medical red flags and a silent notification system (using a blue dot on urine samples from patients). Rescue Planning: In cases where a victim was identified, a huddle was held with the healthcare team to coordinate rescue actions, including notifying the appropriate law enforcement and government agencies.		**Acceptability** Interventions Accepted: 5 patients accepted intervention. Of these, 1 was identified as a true trafficking victim after a suicide attempt, and the others were identified through other forms of abuse (domestic violence, sexual abuse, etc.). **Staff Engagement** 97% of participants in the training expressed willingness to change their practices, and 74% perceived that the training improved their competence in identifying trafficking victims.
Grace, A. 2014 (151) U.S.	Educational strategy for healthcare personnel	**Training and support for healthcare workers** Formal training: The strategy is based on a structured formal training through a standardized educational presentation that provides healthcare providers with the necessary knowledge about HT, clinical signs, and referral options.	The objective of this study was to assess whether an educational presentation increased ED providers' recognition of HT victims and enhanced their knowledge of resources available to manage cases of HT. The strategy involved a randomized controlled trial in which 20 of the largest EDs in the San Francisco Bay Area were randomly assigned to either an intervention or a delayed intervention comparison group. The	Healthcare professionals/ EDs	A brief educational intervention effectively increased ED providers' knowledge and self-reported ability to recognize and manage cases of HT. **Knowledge and Recognition Improvements:** The intervention group showed a significant increase in self-rated knowledge about HT, with an average increase of 1.42 points compared to a decrease of -0.15 in the comparison group ($P < 0.001$). The proportion of participants who knew who to call for potential HT victims increased from 7.2% to 59% in the intervention group, while it remained unchanged at 15% in the comparison group ($P < 0.01$).

			intervention consisted of a standardized educational presentation about HT, including background information, clinical signs, and referral options. The presentations were delivered by law enforcement and medical professionals and were available in both short (25 minutes) and long (60 minutes) versions.		The proportion of participants who suspected that a patient was a victim of HT increased from 17% to 38% in the intervention group, while it remained unchanged at 10% in the comparison group (P < 0.01). **Attitudes Towards HT Knowledge:** There was no significant change in how participants rated the importance of knowledge about HT for their profession, but knowledge of HT and recognition of its signs improved significantly in the intervention group compared to the delayed intervention group.
Ahn, R. 2013 (151) U.S **Systematic review**	Educational strategy for healthcare personnel	**Training and Support for Healthcare Workers:** <u>Formal Training:</u> The study emphasizes the need for structured training programs for healthcare professionals, focusing on the identification and management of trafficking victims**.** The importance of tailoring educational strategies to specific healthcare settings, such as EDs or specialized clinics, is highlighted.	The study aimed to review educational resources on HT for healthcare professionals to enhance awareness, victim identification, and treatment within healthcare settings while providing recommendations for curriculum development. This was achieved through a literature review of peer-reviewed and gray literature from databases like PubMed and EMBASE, using a structured keyword search to identify English-language resources designed specifically for healthcare audiences.	Healthcare professionals / General healthcare settings Canada and the UK	**Resources identified:** A total of 27 educational resources on HT and healthcare were reviewed, primarily published after 2003. These included practical tools such as guides, manuals, protocols, online courses, academic articles, informational sheets, and issue briefs. **Topics covered:** Definitions and scope of HT. Physical and psychological health consequences for victims. Indicators for victim identification. Medical treatment based on cultural sensitivity and trauma-informed care. Referral to complementary services, such as housing, legal assistance, and additional medical care. Legal aspects, including proper documentation and patient confidentiality. Safety for victims and healthcare professionals. Prevention, although addressed only minimally. Target audience: Most resources were designed for a general audience of healthcare professionals, although some targeted specific groups such as ED staff, psychotherapists, and nurses. **Limited evaluation:** None of the reviewed resources were rigorously evaluated in terms of their

					impact on healthcare professionals' behaviors or the identification of trafficking victims. **Lack of prevention guidance**: Very few resources provided concrete recommendations for healthcare professionals to actively participate in preventing HT.
Chisolm-Straker, M. 2012 (154) U.S.	Educational strategy for healthcare personnel	**Training and support for healthcare workers** Formal training: This is a structured and didactic training program focused on the identification and treatment of trafficking victims in the emergency setting. .	To assess the knowledge and confidence levels of emergency care providers in identifying and treating HT victims before and after receiving a specific educational workshop on the topic. The study included a 20-minute training intervention with a narrative approach, using a real case of an unidentified trafficking victim who presented in an ED. This didactic session explained the signs emergency staff should recognize, how to intervene safely, and recommended clinical treatment guidelines for trafficking victims. The training was conducted in four institutions, and participants completed questionnaires before and after the intervention to assess changes in their knowledge and confidence	Healthcare professionals / EDs	The vast majority, 97.8%, indicated they had not received formal training on the clinical presentation of trafficking victims, and 95% had not received training on the appropriate treatment for these victims. **Changes After Training:** Following the 20-minute educational intervention, 90.3% of participants reported feeling confident or very confident in their ability to define HT, a significant improvement from the initial 19.2%. Confidence in the ability to identify a victim increased to 53.8% after the training, compared to 4.8% before the intervention. Similarly, confidence in treating a trafficking victim rose to 56.7% after training, compared to 7.7% prior. The session was well-received: 93.3% of participants found the training useful, 76% felt it was well-organized, and 71.2% rated it as thorough. **Participant Feedback:** Feedback on the session was uniformly positive, reflecting an increased understanding of the topic's importance. Several participants highlighted their previous lack of awareness about HT and its relevance in the emergency care context. Requests were also received to repeat the session for emergency nursing staff and social workers, indicating widespread interest in continued training on this topic.
Analysis of Practices in Healthcare Settings					
Balasa, R. 2024 (113)	Analysis of practices for identifying child	**Contextual adaptation and customization** Setting-specific adaptation:	The study aimed to examine healthcare providers' practices in identifying child sex trafficking in	Healthcare providers / PEDs	**Profile of Patients Identified as CEST:** Predominantly white female adolescents between 12 and 17 years old, although the underrepresentation

Canada	victims of sex trafficking in pediatric healthcare settings	The study focuses on adapting practices to the specific context of PEDs, accounting for the unique challenges of high workload, lack of privacy, and the pediatric patient demographic. Barrier and facilitator assessment: Barriers like lack of tools, training, and time are discussed, along with the need for tailored interventions to address these obstacles. **Organizational strategies** Organizational culture: The study underscores the need for organizational support to foster a culture conducive to identifying trafficking victims, including leadership training and supportive policies.	Ontario PEDs, addressing challenges such as the lack of formal screening tools and exploring effective methods within a trauma- and violence-informed framework. Using a qualitative descriptive design as part of a larger mixed-methods framework, the study conducted semi-structured interviews with 12 healthcare providers from Ontario pediatric EDs between March and September 2023. Thematic analysis, guided by intersectionality theory, was employed to understand the interrelated identities and power dynamics influencing trafficking identification practices.	Ottawa, Toronto, Hamilton, and London. Canada.	of marginalized groups such as Indigenous and Black girls was recognized. Vulnerability factors include low socioeconomic status, adverse childhood experiences, and involvement in the child welfare system. **Common Reasons for ED Visits:** Physical conditions such as sexually transmitted infections, pregnancies, traumatic injuries, and sequelae of sexual assaults. Mental health issues such as suicidal ideation, self-harm, and trauma-related disorders. **Identification Practices:** Registered nurses were the primary identifiers due to their close and continuous interaction with patients. The most effective strategies included trauma- and violence-informed care approaches, private interviews, and trust-building with patients. **Barriers to Identification:** Lack of standardized screening tools. High workload in EDs, lack of privacy in triage, and scarcity of specific training. Underrepresentation of marginalized populations in urban pediatric services.
Eickhoff, L. 2023 (56) U.S. Systematic review	To evaluate practices for identifying adult victims of HT	**Outcome evaluation and continuous improvement** Usage data monitoring: Tracking data on the frequency and effectiveness of detection tools to evaluate and improve identification practices. Patient impact assessment: Measuring patient outcomes, such as successful referrals, to assess the practical impact of the detection tools.	The study aimed to identify best practices for detecting sex trafficking among adults in U.S. EDs, comparing multifaceted screening systems to standardized questions. Using an integrative review, 11 articles published between 2016 and 2021 were selected from databases like PubMed and CINAHL. Inclusion focused on peer-reviewed studies in adult ED settings, excluding pediatric and non-ED research. Articles were appraised with the Johns	Healthcare providers / Adult ED Baltimore, Maryland, U.S.	**Screening Tools**: Multifaceted systems, including silent flag methods like the "Blue Dot Campaign" improve detection over standardized question lists. **Provider Education**: Training on trafficking indicators and trauma-informed care enhances detection and patient trust. **Protocols:** Tailored protocols and tools like RAFT perform better than no system or basic screening. **Legal and Ethical Considerations**: Objective documentation is crucial; reporting varies by state, requiring adult patient consent.

			Hopkins model, identifying four themes: education, protocols, legal considerations, and multidisciplinary teamwork. Ethical approval was not required.		**Multidisciplinary Approach**: Collaboration among healthcare workers, social workers, and legal experts improves outcomes. **Barriers:** False negatives and lack of training hinder effective detection.
Hulick, J. 2022 (139) U.S.	Analysis of current screening practices for sexual exploitation in EDs	**Contextual adaptation and customization** Setting-specific adaptation: The study examines the implementation of screening tools in EDs, acknowledging the fast-paced environment and the need to adapt tools and approaches to fit within existing ED workflows. Barrier and facilitator assessment: The participants identify several barriers to effective screening, such as time constraints, lack of training, and the absence of clear protocols. **Organizational strategies** Organizational culture: The study examines the organizational culture in EDs regarding the detection of trafficking victims, including the absence of formal protocols and screening tools, as well as the desire to improve care quality.	The study aims to examine current screening practices for sexual exploitation in EDs in hospitals in Western Washington and assess the readiness of nurses and facilities to implement a standardized identification system. The methodology used was qualitative and exploratory, divided into two stages: first, a literature review to identify tools and warning signs in detecting exploited individuals in healthcare settings; and second, in-depth interviews with nursing leaders and frontline nurses in three urban hospitals. These interviews sought to understand their current practices, the acceptance of existing screening questions, and their perception of the usefulness of a standardized tool	Nurses / ED	**Role Clarity:** Nurses reported confusion about their roles in identifying and managing trafficked individuals, with unclear responsibilities across the healthcare team. **Time Constraints:** The fast-paced ED environment makes it difficult for nurses to establish rapport with patients, limiting their ability to effectively screen for trafficking. **Clinical Judgment**: Nurses rely on informal screening based on clinical judgment and patient behavior, as there are no specific protocols for trafficking detection. **Need for Decision Pathways:** Nurses emphasized the need for standardized algorithms or decision pathways to improve identification and care for trafficked patients. **Missed Opportunities**: The lack of training and formal processes leads to missed opportunities in identifying trafficking victims. **Support for Screening Tools**: Nurses agreed on the necessity of a standardized screening tool to better identify and manage cases of trafficking in the ED.
Ram, S. 2022 (107) U. S.	Analysis of clinicians' knowledge, attitudes, and behaviors regarding the	**Organizational strategies** Organizational culture: This analysis contributes to building a supportive organizational culture by identifying gaps in knowledge and attitudes,	This study aimed to examine primary care clinicians' knowledge, attitudes, and behaviors in identifying and assisting HT in healthcare settings, considering cultural	Health care professionals / Primary care and clinical settings	**Clinician Knowledge:** Many clinicians lacked sufficient knowledge to identify effectively. Training was identified as a key factor in improving recognition of HT indicators and providing appropriate resources.

Systematic review	identification and assistance of trafficking-in-persons in healthcare settings	promoting leadership training, and fostering an environment conducive to effective detection and support for HT. Quality improvement: The systematic review and assessment of clinician practices align with the goal of continuous improvement. The evaluation of knowledge and behaviors supports iterative cycles to monitor, refine, and enhance the implementation of trafficking detection tools.	influences and barriers. Using a systematic review guided by PRISMA, the authors searched PubMed, Medline Plus, and CINAHL (2016–2021). Inclusion criteria focused on quantitative, English-language, peer-reviewed articles addressing clinicians' roles with HT. Of 130 initial articles, 10 met the criteria, with data extraction and synthesis independently conducted by the authors.	Miami, Florida, U.S.	**Clinician Attitudes:** Limited confidence and preparedness were common among clinicians, contributing to reluctance in pursuing identification or intervention. Training protocols improved confidence and preparedness significantly post-implementation. **Clinician Behaviors:** Behavioral changes, such as increased use of screening tools and communication strategies, were noted after training programs. Educational interventions led to a higher likelihood of clinicians identifying HT and referring them for appropriate services. **Barriers to Identification:** Lack of training and resources in healthcare settings impeded effective detection and assistance. Cultural and behavioral factors, including stigma and fear of disclosure, further limited HT identification. **Health Effects of HT**: HT presented with physical injuries (e.g., broken bones, chronic pain, sexually transmitted infections) and mental health issues (e.g., depression, anxiety, PTSD). Cultural nuances influenced HT decision-making and interactions with healthcare providers, necessitating culturally competent care. **Recommendations:** Mandatory training programs for clinicians on trafficking indicators and trauma-informed care. Development and implementation of standardized protocols to improve clinician readiness and resource availability. Inclusion of cultural sensitivity in training to address barriers and improve patient-clinician trust.
Albright, K. 2020 (124) U.S. **Systematic review**	Analysis of barriers and facilitators for the identification and care of child victims of	**Contextual adaptation and customization** Barrier and facilitator assessment: This study emphasizes the identification of specific challenges, such as resource limitations and	This systematic review aimed to summarize facilitators, barriers, and recommendations for providing medical and mental health care to trafficked children globally, focusing on English-language peer-reviewed studies	Healthcare professionals / Pediatric healthcare centers	**Facilitators of Care:** Identified 45 facilitators of healthcare service delivery for trafficked children, cited 140 times across the reviewed studies. Most facilitators fell under the domains of healthcare providers (e.g., trauma-informed training) and healthcare organizations (e.g., availability of

	trafficking in healthcare entities	language barriers, and the adaptation of implementation methods to address these issues efficiently and effectively.	published since 2010. It included 29 articles meeting criteria such as focusing on individuals under 18 years old and examining trafficking-related health services, barriers, or facilitators. Data were systematically extracted and analyzed using qualitative content analysis, categorizing findings into five domains: survivors, individual healthcare providers, healthcare organizations, other agencies, and societal structures. Reliability was ensured through inter-reviewer and inter-coder consensus. Findings were reported based on their locus of control, offering actionable insights for improving care.		interpreters and age-appropriate communication tools). **Barriers to Care:** Identified 118 barriers, cited 174 times, including: Lack of provider training and awareness. Survivors' fear of judgment, confidentiality breaches, or being misunderstood. Structural challenges like geographic inaccessibility or limited clinic hours. **Recommendations for Improvement**: A total of 52 distinct recommendations, cited 100 times, focusing on: Expanding trauma-informed and culturally sensitive training for providers. Enhancing access through better resource allocation and service coordination. Developing child-specific, multidisciplinary care models. **Domains of Change:** Most facilitators, barriers, and recommendations were within the control of healthcare providers and organizations, highlighting these groups' pivotal roles. Broader societal and structural issues (e.g., stigma, systemic inequities) were also noted but less emphasized. **Global Perspective:** Findings reflect healthcare challenges and solutions for trafficked children worldwide, with applicability across diverse healthcare settings.
Peck, J.L. 2020 (125) U.S. **Systematic review**	Analysis of practices in pediatric healthcare settings for identifying child victims of trafficking	**Organizational strategies** Organizational culture: This analysis contributes to fostering a culture that supports trafficking detection through improved policies, leadership, and awareness-building in pediatric healthcare settings. Quality improvement: By reviewing and assessing current practices, this strategy	This study aimed to examine primary care clinicians' knowledge, attitudes, and behaviors regarding the identification and assistance of HT in healthcare settings, addressing cultural influences and barriers. Using a systematic review guided by PRISMA, the authors searched PubMed, Medline Plus, and CINAHL (2016–2021). Of 130 initial	Pediatric healthcare providers / Clinical and healthcare settings Dallas, Texas.	**Clinician Knowledge and Awareness**: Clinicians demonstrated low awareness and limited knowledge about identifying HT. Lack of training was a significant barrier to effective recognition and intervention. **Attitudes and Confidence**: Many clinicians lacked confidence in their ability to identify and assist HT victims. Training improved clinicians' preparedness and confidence in handling HT-related cases.

		supports continuous improvement processes aimed at refining the use of detection tools and enhancing overall effectiveness.	articles, 10 quantitative, English-language, peer-reviewed studies focused on clinicians' roles in identifying and assisting HT were included, with data extraction and synthesis conducted independently by the authors.		**Barriers to Identification**: Cultural biases, unconscious stigmas, and misconceptions about trafficking hindered accurate identification. Limited access to resources and inadequate organizational support further impeded intervention efforts. **Training Impact:** Evidence-based training programs significantly improved knowledge, skills, and confidence among healthcare providers. Trauma-informed and culturally responsive approaches were recommended for effective training. **Recommendations**: Development of standardized clinical guidelines and screening tools. Integration of HT-related training into healthcare curricula and continuing education programs. Emphasis on multidisciplinary collaboration and organizational support to enhance detection and care.
Armstrong, S. 2019 (115) U.S.	Analysis of the response of hospitals for the identification and care of trafficking victims	**Organizational Strategies** Organizational Culture: The study explores the absence of organizational policies and protocols in South Carolina hospitals, emphasizing the need for leadership training and fostering a supportive environment for victim identification. **Contextual Adaptation and Customization** Barrier and Facilitator Assessment: By identifying barriers such as limited staff training, lack of resources, and low prioritization of trafficking issues, as well as potential facilitators like leadership engagement, the study underscores the importance of assessing and addressing	The study aimed to evaluate the preparedness of South Carolina hospitals to identify and care for trafficked individuals, establishing baseline data and identifying unmet needs. It employed a qualitative descriptive design with stratified purposive sampling based on reported trafficking cases from the National Human Trafficking Hotline's 2016 heat map. Data were collected through structured telephone interviews with ED directors/managers and analyzed using qualitative and content analysis to uncover patterns and themes.	ED directors or managers/ Urban, suburban, and rural hospitals South Carolina, U.S.	South Carolina hospitals were largely unprepared to address HT, with most lacking formal policies, protocols, or training for healthcare professionals. While 72.2% of participants believed trafficking occurred in their area, only 22.2% had cared for a confirmed victim, mostly related to sex trafficking. Identification relied on patient disclosures and behavioral indicators, but responses to suspected cases were inconsistent and ad hoc. Key barriers included lack of resources, knowledge, and prioritization. Few hospitals partnered with local organizations, and safety concerns for victims and staff were common. Overall, hospitals demonstrated significant gaps in readiness, highlighting the need for improved training, protocols, and community collaboration.

		these factors to improve implementation.			
Dols, J. 2019 (140) U.S.	Analysis of Strategies to Identify HT Victims in Hospitals	**Contextual Adaptation and Customization** Barrier and Facilitator Assessment: The study identifies barriers such as lack of staff training, misconceptions about trafficking indicators, absence of standardized tools, and legal limitations (e.g., privacy laws). It also acknowledges facilitators, including staff interest in improving practices and the existence of external tools that can be adapted. **Organizational Strategies** Organizational Culture: The study reflects a gap in organizational culture regarding awareness and prioritization of HT screening. Limited staff education and a lack of systematic approaches indicate that identifying and intervening in trafficking cases is not yet embedded in the core culture of these healthcare organizations. However, interest among leaders suggests potential for cultural shifts with proper interventions.	The study aimed to explore and document the strategies employed in EDs across 47 South Texas counties for identifying, assessing, and intervening in cases of HT. Using a descriptive survey design, researchers developed a 23-question survey based on literature and ED practices, targeting ED leaders. Data was collected through online tools, emails, and phone interviews, with implied consent through survey completion. The analysis centered on the methods and outcomes of screening practices for HT victims.	ED leaders/ EDs in 47 counties, including urban, suburban, and rural areas. Texas, U.S.	**Survey Response:** Out of 99 EDs surveyed, 27 (27.3%) ED leaders responded. **Screening for Adults:** 11 EDs (40.7%) screened adults for HT. Most used safety-related questions during triage to identify potential victims. 59.3% of EDs did not formally screen adults for trafficking. No EDs identified new adult trafficking victims in 2017. **Screening for Children:** 10 EDs (37.0%) screened children for trafficking. Screening methods often mirrored those used for adults, including general safety assessments. 63.0% of EDs did not screen children specifically for trafficking. One ED identified 10 child trafficking victims in 2017, all referred by external agencies. **Barriers:** Lack of standardized protocols and validated tools for trafficking victim identification. Limited education and training on HT for ED staff. **Actions Upon Identification:** Common actions included reporting to police (30.8%) or consulting social workers (15.4%). Few EDs provided referrals to shelters or community resources. **Challenges:** Variability in screening practices across EDs. Limited awareness and misconceptions about trafficking indicators among staff. **Opportunities Identified**: High interest among ED leaders in improving HT screening and intervention protocols.
Franklin, A. 2018 (138) UK	Analysis of Strategies to Identify HT Victims in Hospitals	**Organizational strategies,** Quality improvement: Evaluation cycles to monitor and enhance the use of detection tools, aligning with	The study explores the development and use of tools and checklists for assessing the risk of child sexual exploitation (CSE) in the UK, aiming to evaluate their effectiveness in	Professionals from various agencies involved in safeguarding children/ social	**Lack of solid evidence**: The tools used are not supported by rigorous research nor validated to measure their effectiveness in identifying CSE victims.

		continuous improvement processes.	identifying potential victims, understand their application across agencies, and provide recommendations for improvement. Using a rapid evidence assessment to review existing literature on risk and protective indicators and conducting surveys and interviews with 42 professionals from fields such as social care, police, healthcare, and education, the study highlights the strengths, limitations, and practical use of these tools in safeguarding children and mitigating risks.	services, law enforcement, healthcare, education, and voluntary organizations. England and Wales.	**Variability in tools:** There is a wide diversity of tools with inconsistent indicators and a lack of standardization in their application. **Confusion between risk and harm:** Tools mix indicators of actual harm with risk factors, potentially leading to inadequate responses for children already being exploited. **Reliance on scoring systems:** Some tools depend on scoring methods that do not always reflect actual risk, overlooking broader contextual information. **Need for professional judgment:** While useful, tools should not replace professional expertise; a balance between both is necessary. **Improvement proposals**: Recommendations include standardizing tools, promoting multi-agency evaluations, incorporating detailed narratives, and avoiding victim-blaming approaches. **Limited training:** Professionals require further education on the complexity of CSE and the proper use of tools.
Long, E. and Dowdell Eb. 2018 (141) UK	Analysis of Perceptions of HT and Its Identification Among Emergency Nurses	**Organizational strategies** Organizational culture: The recognition by nurses of the need to identify HT victims and the lack of specific policies suggests a necessary strategy to build an organizational culture that supports detection. This includes the need for organizational policies and leadership that foster an environment conducive to addressing this issue.	This study explored emergency nurses' perceptions of HT victims, including victims of violence and prostitution, and how these views influence their identification and care. Using a descriptive qualitative design, the researchers conducted semi-structured interviews with 10 registered nurses in an urban ED, analyzing the audio-recorded and transcribed data thematically through manual coding and independent reviews to ensure credibility.	10 Bachelor of Science in Nursing (BSN) degree / An urban academic emergency Philadelphia, Pennsylvania, U.S.	**HT awareness:** Nurses recognized the existence of HT in their patient population but lacked experience in screening or knowingly treating victims. **Stereotypes of trafficking victims**: Victims were perceived as predominantly young, female, and foreign-born, influenced by media portrayals. **Screening for interpersonal violence (IPV):** Nurses consistently screened for IPV and felt confident in their ability to identify such cases, unlike HT victims. **Perceptions of victims**: IPV victims were described as "sad and grieving" or emotionally fragile. Prostitutes were perceived as "hard and tough," with little recognition of potential trafficking involvement.

					Lack of education: Participants reported no formal training on HT, relying on IPV-related education, which was insufficient for addressing trafficking-specific needs. **Resource gaps**: Nurses highlighted a lack of specific resources for trafficking victims, particularly during night shifts when social workers were unavailable. **Desire for education**: Participants expressed interest in additional training to better identify and care for HT victims.
Stoklosa, H. 2016 (116) U.S.	Analysis of protocols used in healthcare entities	**Organizational Strategies** Organizational Culture: Through the use of protocols, a culture that supports the detection of HT can be created. **Contextual Adaptation and Customization** Setting-Specific Adaptation: Protocols need to be adapted to the specific needs of different healthcare settings, such as EDs or pediatric care. Barrier and Facilitator Assessment: Reviewing protocols allows organizations to identify potential barriers (e.g., staff workload, lack of training) and facilitators (e.g., leadership support, availability of resources) for successful implementation and adjust the approach accordingly.	The aim of the study was to characterize and assess the protocols for identifying, treating, and referring victims of HT in U.S. healthcare institutions. It analyzed 30 protocols from 19 states and 2 national organizations. The strategies used included collecting protocols from hospitals, clinics, and healthcare entities through respondent-driven sampling. The protocols provided various indicators to identify HT, such as physical or sexual abuse, dependency on others, and medical symptoms. Additionally, they offered guidance on how to act in suspected trafficking cases, including contact information for local organizations and the definition of HT.	Healthcare professionals / Healthcare institutions	The findings demonstrate the varied inclusion of indicators and resources across protocols, highlighting areas where more comprehensive guidance could be implemented to improve the identification and treatment of HT victims. **Indicators of HT:** Physical or Sexual Abuse: Present in 73% of protocols. Medical Symptoms: Found in 70%, including bruises (57%) and malnutrition (60%). Dependence on Another Person: Noted in 70%, including lack of control over identification (63%). **Communication Signs:** Seen in 70%, with 50% mentioning inconsistencies in stories. Mental Health**:** 63% noted depression and PTSD signs. Sexual History: 63% included factors like STI history (53%). Housing & Appearance Indicators: 60% and 47%, respectively. Technology Indicators: Present in 20%, such as explicit photos. **Information and Guidance:**

					Resources and Hotlines: 83% provided local contacts. Definition of HT: 60% defined it; 50% explained trafficking types. Mandatory Reporting: 67% addressed laws, especially for youth. Screening and Clinician Guidance: 67% provided screening questions, 57% listed involved clinicians. **Missing Information:** Screening Accompanying Individuals: 80% omitted this. Focus on EDs: 20% were emergency specific. Child Indicators: 33% included children. Follow-up Guidance: 33% mentioned safety plans, 23% follow-up.
Beck, M. E. 2015 (142) U.S.	Analysis of Perceptions and Knowledge on the Identification of Trafficking Victims in Healthcare Settings	**Outcome Evaluation and Continuous Improvement** Usage data monitoring: The study evaluates the effectiveness of training by comparing outcomes (e.g., knowledge and confidence) between trained and untrained providers, aligning with monitoring and evaluation practices. **Contextual Adaptation and Customization** Barrier and facilitator assessment: Barriers to the identification and care of trafficking victims by healthcare workers are evaluated.	The study aimed to identify knowledge gaps and training needs among medical providers regarding pediatric victims of sex trafficking (ST), emphasizing the importance of training to address their specific needs and overcome barriers to recognition and response. Using a survey distributed to physicians, nurses, social workers, and other providers in urban, suburban, and rural hospitals and clinics in southeastern Wisconsin, the research collected demographic data, assessed clinical vignettes, and analyzed knowledge and perceptions about ST through statistical methods to uncover trends and correlations.	Medical providers / multiple hospitals and medical clinics in urban, suburban, and rural locations. southeastern Wisconsin, U.S	**Knowledge Gaps:** 63% of participants had never received training on identifying or assisting victims of sex trafficking. Only 48% correctly identified a minor as a trafficking victim in a clinical vignette. 42% adequately distinguished between a trafficking case and child abuse. The main barriers to recognizing victims were lack of training (34%) and lack of awareness (22%). **Training Background:** Participants with prior training were significantly more likely to: Recognize trafficking as a local issue (68% vs. 45%; $p \leq 0.001$). Encounter victims in their clinical practice (75% vs. 49%; $p \leq 0.001$). Feel confident in identifying victims (10 points vs. 8 points average knowledge score; $p \leq 0.001$). No participants from primary care or urgent care clinics reported having received training. **Actions Taken with Victims:** 69% of respondents who identified victims contacted child protective

					services or local police. Only 14% of medical providers, compared to 45% of social workers, contacted national hotlines or referred victims to specialized services. **Myths and Misconceptions:** 85% knew trafficking does not require movement across borders. 90% understood that initial consent does not negate a victim's trafficking status. 10% incorrectly labeled a minor as a "prostitute" instead of a trafficking victim. **Identified Barriers:** Major obstacles to identifying and responding to victims included: Lack of training (47% among untrained participants). Lack of awareness about the issue. Absence of clear organizational policies and standardized protocols. **Confidence and Competence:** Participants with higher confidence in identifying victims scored significantly better on knowledge questions ($p \leq 0.001$).
Lumpkin, C.L. and Taborda, A. 2017 (136) U.S.	Interview with survivors to improve identification and referral processes	**Patient engagement and empowerment** Patient-reported indicators	A survey was conducted with survivors to assess victims' access to health services and the ability of staff to identify and refer them to other services, in order to improve healthcare training processes. A structured questionnaire of 20 questions was developed for the purpose of this study, titled The Identification and Referral in Health Care Settings survey.	Survivors of labor and sex trafficking	**Respondents:** 55 individuals, with 54% survivors of sex trafficking, 42% labor trafficking, and 4% both. Trafficking Duration: 61.8% trafficked for 1-5 years, 20% for over 5 years; 24 were trafficked in California. **Age at Trafficking:** 63.6% trafficked as adults, 18.2% as minors, and 18.2% as both. Healthcare Access: 64% accessed healthcare during trafficking, with community clinics being the most common. **Identification by Providers:** 96.7% were never received information on trafficking from healthcare providers; only one person was identified by healthcare providers.

					Provider's Role: 64.3% believe healthcare providers can help identify and refer victims. **Improvement Suggestions:** Screening questions, resources, supportive behavior, and offers to contact authorities. **Screening Questions**: 81% were never asked suggested screening questions; key helpful questions differed by trafficking type. **Additional Needs:** Suggested more questions for minors and noted behaviors that may indicate trafficking.
Family Violence Prevention Fund In Partnership with the World Childhood Foundation, 2005 (137) U.S.	Analysis of the experiences and needs of HT survivors and identification of barriers, facilitators, and opportunities for improving identification and care in healthcare systems	**Organizational strategies:** Organizational culture: The strategy aims to build an organizational culture that supports trafficking detection through training healthcare professionals, implementing policies, and raising awareness within healthcare systems.	The report analyzes the data that emerged from interviews with 21 victims of trafficking who were brought to the U.S. to serve as unpaid domestic and sex workers, unpaid restaurant helpers, sweatshop workers, and in one case, as a wife forced into a servile marriage. This study focused on understanding the health care needs and rights of trafficking victims, identifying if the health care setting is appropriate for screening and intervention, and exploring public policy opportunities to improve health care for trafficked women and children.	Healthcare professionals, Government agencies and social organizations, Police and security forces, Researchers and academics / Healthcare systems	**Limited access to medical care:** Victims had limited contact with healthcare providers, often controlled by traffickers, which prevented meaningful communication. **Barriers to victim identification:** Victims faced isolation, fear, and manipulation, making it difficult for them to recognize they were trafficked. **Need for healthcare sector training:** Many healthcare professionals lack training to identify trafficking victims, highlighting the need for specific protocols. **Physical and psychological impact:** Victims suffer from severe health issues, including STDs, malnutrition, and emotional trauma, especially minors who struggle to recognize their situation. **Effective interventions:** Clear intervention protocols, such as separating victims from traffickers, could have enabled identification and assistance. **Key recommendations:** The study recommends awareness programs, improved healthcare

					protocols, and better coordination between healthcare, law enforcement, and social services.
Evaluation of the Implementation of a Tool or Protocol					
Roe-Sepowitz, D. 2024 (130) U.S.	Evaluation of the implementation of a screening tool for HT Provide privacy, Educate, Ask, Respect, and Respond (PEARR) tool	**Training and Support for Healthcare Workers** Formal training: Structured educational modules on HT, trauma-informed care, and the PEARR Tool provide formal training for healthcare workers. **Contextual Adaptation and Customization** Setting-specific adaptation: Adjustments to training formats (e.g., PDFs, mini-trainings) and the availability of informational posters in staff areas demonstrate adaptation to pandemic-related constraints and hospital-specific needs. **Supervision and Performance Monitoring** Managerial oversight: Monitoring the implementation process and providing guidance through multidisciplinary task force teams ensures the integration of the PEARR Tool into workflows.	The study evaluated the implementation and impact of the PEARR Tool—a structured guide for healthcare professionals to assist patients experiencing violence, including HT—in three Dignity Health hospitals in central California. The implementation of the PEARR Tool in three Dignity Health hospitals in central California included its integration into policies addressing abuse and violence, supported by educational modules on HT and trauma-informed care. Due to the COVID-19 pandemic, in-person training was adapted to PDF formats and mini-trainings. It was complemented by informational posters, surveys to assess the impact, reference cards for staff, and guidelines integrated into the electronic health system. Multidisciplinary teams promoted its adoption and access to supporting materials.	ED staff / EDs of three hospitals within the U.S.	**Increased awareness** Greater perception of HT at the local, national, and patient levels. **Limited use** Most did not use the PEARR Tool due to not identifying victims, although those who used it found it valuable. **Available resources** Improved perception of workplace resources and support availability. **Educational impact** Training enhanced staff understanding and readiness despite pandemic challenges. **Step adherence** More staff followed PEARR Tool steps, including privacy, education, and referral to resources.
Duke, D. 2023 (131) U.S.	Implementation of software for the identification of HT victims	**Information and Communication Technology (ICT)** Health Information Systems: The human trafficking detection software, such as Octavia, is a system based on information technology that manages and stores clinical and social data of patients, helping to identify	The primary aim of this study was to explore a technological solution using automated informatics to identify HT victims in real time within hospital and emergency room settings. Strategy used: A software application called Octavia was implemented in three hospitals in	Emergency room settings	During the observation period (2019-2021), the Octavia software generated alerts for 1 to 8 potential cases per day (out of an average of 440 daily encounters). Of the alerts generated by the Octavia software, 43.17% were reviewed by a High-Risk Patient Navigator (HRPN).

		potential trafficking victims through the automated analysis of electronic health records (EHR). <u>Use of Information and Communication Technology:</u> The software allows for transferring information and supporting healthcare delivery, utilizing technology-based tools to identify risk patterns associated with HT in real-time. **Organizational Strategies:** <u>Implementation Strategies - Continuous Quality:</u> The use of the software contributes to continuous improvement processes, as it allows for evaluation cycles to adjust and enhance the detection tools based on data gathered.	California. This application scanned all patient encounters for social and clinical determinants that matched predictive patterns of HT. Encounters that matched these patterns were reviewed by a High-Risk Patient Navigator (HRPN), who was specially trained to identify potential victims and, when possible, made contact with them to offer assistance.		Of the reviewed cases, 24% were classified as "highly suspicious" or confirmed as victims of HT. In total, 184 high-suspicion cases were identified during the 23-month observation period. Comparison with Pre-Implementation Baseline: Before Octavia's implementation, during 2017 and 2018, the hospitals involved only identified an average of 10 cases per year of potential HT victims. The response from HRPNs was affected by the COVID-19 pandemic, limiting their capacity to review all alerts generated. For example, in September 2020, no alerts were reviewed due to staffing shortages caused by the pandemic response. This is reflected in the 47.3% of alerts being reviewed during that period.

Smirnoff, M. 2022 (132) U.S.	Feasibility assessment of implementing a screening tool for HT victims. **RAFT (Rapid Appraisal for Trafficking)**	**Contextual adaptation and customization:** Setting-specific adaptation: The study evaluated the implementation of the RAFT tool specifically in the ED, focusing on its integration into the unique workflow and operational constraints of this setting. Participants identified the ED as a critical point for addressing trafficking due to its role as a "front door" for healthcare access. Barrier and facilitator assessment: The study explicitly identified barriers such as time limitations, lack of privacy, staff workload, and insufficient awareness of trafficking protocols. Facilitators included staff willingness to screen, the feasibility of a short tool, and the importance of education and training.	The study evaluated the feasibility of implementing RAFT (Rapid Appraisal for Trafficking), a validated four-question screening tool for labor and sex trafficking, in an ED, while identifying barriers and facilitators to its integration into routine care. Using a qualitative design and a phenomenological analysis, eight ED staff and leaders (including service directors, nurses, physicians, and a social worker) were recruited through purposive and snowball sampling. Semi-structured interviews, conducted between July and September 2019, lasting 30–45 minutes each, were transcribed, manually coded, and analyzed using thematic analysis with Dedoose software.	ED leadership and clinical staff / A tertiary, academic ED in an urban location	Three key themes emerged: **Appropriateness:** All participants agreed that trafficking screening aligns with the ED's mission, as the ED is often the first point of contact for addressing social issues like intimate partner violence. Staff viewed a brief screening tool with fewer than five questions as feasible, with primary responsibility falling on nurses during triage. **Dissonance:** Participants identified practical challenges, including: Limited staff time and privacy for sensitive conversations. Reliance on recognizing "red flags" due to operational constraints. Concerns about causing offense or discomfort to patients. Some participants highlighted the lack of confidence in follow-up actions after a positive screen. **Education:** A strong need for staff education on trafficking indicators, existing protocols, and available resources was emphasized. Participants suggested that education should also target patients through posters and signs to facilitate self-identification and access to resources.
Chen, E. Y.2023 (133) U.S.	A comprehensive care model for serving survivors of HT. **BCM Anti-Human Trafficking Program (BCM A-HTP)**	**Organizational Strategies** Organizational Culture: Promotes a supportive culture for trafficking identification through training and a favorable environment for survivor care. Quality Improvement: Implements continuous improvement processes to assess and adjust its detection and care practices for victims.	A pilot program in Houston, Texas, led by the Baylor College of Medicine in collaboration with the local government, hospitals, social service agencies, and support groups, aimed at addressing HT from a public health perspective. The program, called the BCM Anti-Human Trafficking Program (BCM A-HTP), is based on four main pillars:	The program targets healthcare professionals in clinical settings, along with support organizations, government agencies, and public health researchers	**Increased Detection:** Training healthcare staff resulted in a significant increase in the detection of HT cases in the associated clinical settings. **Improved Quality of Care:** The implementation of trauma-centered care improved the quality of services offered to survivors, providing them with a safe and supportive environment during clinical visits. **Effective Collaboration:** The program established effective collaborations with support organizations,

		Resource Allocation: Allocates specialized personnel, time, and specific tools for training and trauma-informed care for survivors. **Training and Support for Health Care Workers** Formal Training: Provides structured training to health professionals to identify and care for trafficking cases, addressing trauma and cultural sensitivity. Communities of Practice: Facilitates the exchange of experiences and best practices among healthcare professionals through a collaborative network. **Community and Inter-Agency Collaboration** Referral Systems: Collaborates with support organizations and social services to facilitate the referral of survivors to necessary services. Inter-Agency Information Exchange: Establishes joint practices and trains healthcare staff in collaboration with local organizations for the identification and referral of victims. **Outcome Evaluation and Continuous Improvement** Usage Data Monitoring: Collects and analyzes data on	Education: Training healthcare professionals to identify and respond appropriately to cases of HT through workshops and training modules covering clinical indicators, trauma-informed interviewing, and treatment plans. Clinical Care: Providing patient-centered, trauma-focused care with mental health services and access to follow-up care. The program includes a postdoctoral fellowship in psychology specializing in HT and social work staff. Advocacy: Collaborating with local and national organizations to coordinate support services and meet basic needs of survivors, such as shelter, medical, and legal services. Research: Conducting studies to improve understanding of trafficking as a public health issue and to develop evidence-based treatment guidelines. This integrated model seeks not only to identify and treat survivors of HT but also to serve as an example for other cities to replicate and enhance this public health approach in the fight against trafficking.	involved in identifying and supporting trafficking victims.	facilitating access to essential services for survivors, such as legal assistance and shelters. **Ongoing Research:** Valuable data was collected for future research to refine screening and treatment protocols and to improve public health practices related to trafficking. **Model Replicability:** Preliminary results suggest that the model could be replicated in other cities to strengthen the public health response to HT.

		the usage and effectiveness of its detection tools. Patient Impact Evaluation: Measures the success of referrals and the impact on survivors' recovery.			
McDow and Dols, 2021 (135) U.S.	Development and implementation of a standardized screening protocol for the identification of HT victims among women seeking prenatal care. **Polaris Medical Assessment Tool (2010)** **U.S. Department of Health and Human Services (USDHHS) Adult Human Trafficking Screening Toolkit (2018)**	**Organizational Strategies** Quality Improvement: Implementation of a standardized screening protocol with flowchart, confidential questionnaire, and EHR integration to enhance HT detection through ongoing evaluation and staff feedback. **Training and Support for Healthcare Workers** Formal training: Structured sessions for healthcare staff on HT indicators, risk factors, and protocol use, including trauma-informed approaches and case-based discussions. **Information and Communication Technology (ICT)** Health information systems: Updates to the EHR system incorporated HT screening prompts and documentation fields to support standardized data collection and facilitate follow-up care.	A quality improvement project at a nonprofit crisis pregnancy center in the United States aimed to enhance the identification of human trafficking (HT) victims among women seeking prenatal care. The strategy was structured around four core components: Education: Staff and volunteers received formal training on HT indicators, trauma-informed care, and the use of a standardized screening protocol. Screening: A confidential five-question tool, guided by a flowchart and integrated into clinical workflows, enabled consistent identification of potential HT victims. Resource Referral: Women who screened positive were discreetly connected to legal, medical, and social support services, with hotline information made available in private spaces. Sustainability: The protocol was embedded in the electronic health record system, and ongoing training procedures were established to ensure long-term implementation.	The program targets healthcare providers, ultrasound technicians, nursing assistants, and volunteers working in a nonprofit crisis pregnancy center that offers free services to women experiencing unplanned pregnancies.	**Detection Outcomes:** Out of 309 women screened over 10 weeks, 14 (4.6%) had positive responses. Among them, 5 (35.7%) were confirmed as HT victims, 3 (21.4%) reported abusive relationships, and 6 (42.9%) were classified as at risk. **Patient Demographics:** Most of the 14 were aged 20–29 (57.1%), Hispanic (42.9%), had annual incomes under $15,000 (78.6%), and were pregnant (85.7%). Common indicators included being threatened (reported by 7 women) and restricted freedom (6 women). **Tool Completion and Feasibility:** Of the 309 clients, 98.4% completed all screening questions. The protocol proved feasible and well-integrated into clinical workflow. **Training Outcomes**: All clinical staff (100%) and most volunteers (62.5%) completed training. Post-training, 93.3% felt confident using the protocol. **System Integration and Support:** The screening tool was embedded in the EHR. All 14 identified patients received the national HT hotline number, and 2 received additional tailored resources.
Tiller, J. 2020 (134)	Development and	**Organizational Strategies**	The study employed a practice-based approach by utilizing a	Physicians, nurses, and	**Protocol steps:**

U.S.	implementation of a protocol to recognize and assist HT victims in an ED setting.	Organizational Culture: Promotes a supportive culture for trafficking identification through training and a favorable environment for survivor care. Quality Improvement: Implements continuous improvement processes to assess and adjust its detection and care practices for victims. Resource Allocation: Allocates specialized personnel, time, and specific tools for training and trauma-informed care for survivors.	published toolkit informed by existing guidelines, expert recommendations, and models from other centers to implement an ED response protocol for HT. The methodology involved understanding the local trafficking problem, networking with anti-trafficking organizations, collaborating across specialties, and developing a concise protocol focused on identifying at-risk patients, applying trauma-informed care, documenting appropriately, and providing resources for patients beyond medical care.	ancillary staff from EDs / EDs	Step One: Understand HT and Health Generally and Locally. Step Two: Understand How Survivors Gain Assistance from Non-Medical Stakeholders in the Community. Step Three: Organize the Medical Community to Provide a Safety Net for Survivors. Step Four: Create and Convene an Interdisciplinary Protocol Committee. **Protocol Components:** Identifying Patients at Risk for Trafficking Interviewing High-Risk Patients. Safety Considerations. Procedures for External Reporting. Strategies for Responding to Patients Who Decline Assistance. Procedures Regarding Documentation. Guidelines for Forensic Examination.
Chang, K. S. G. 2015 (111) U.S.	Evaluation of the implementation and effectiveness of the commercial sexual exploitation of children screening protocol in a clinical setting	**Outcome evaluation and continuous improvement** Usage data monitoring: The strategy included monitoring data on the protocol's usage frequency and effectiveness in detecting CSEC, providing qualitative and quantitative analyses to assess impact. Patient impact assessment: The strategy evaluated the tool's impact in terms of patient outcomes, including the prevalence of CSEC among those screened and the protocol's effectiveness in identifying cases.	The evaluation strategy used a retrospective cohort design, reviewing 621 medical records of female patients aged 13 to 23 in a clinic, collecting demographic information, sexual health data, and risk factors such as sexual abuse and school absenteeism. Descriptive statistics were applied to determine the prevalence of CSEC and associated risk factors. Additionally, univariate and multivariate logistic regression models were used to identify predictors of commercial sexual exploitation, considering variables such as history of sexually transmitted infections, number of sexual partners, and other concurrent risk factors.	Primary care providers at the Asian Health Services (AHS) Teen Clinic in Oakland, California / A community clinical environment focused on serving at-risk adolescents, particularly those of Asian descent and other vulnerable groups	Of the 621 female patients whose medical records were reviewed, 177 patients (28.5%) were specifically screened for commercial sexual exploitation of children (CSEC). Among the screened patients, 13 (7.3%) reported having experienced commercial sexual exploitation. **Risk factors** Statistical analyses revealed significant associations between certain risk factors and the likelihood of CSEC: Patients with a history of sexually transmitted infections (STIs) were nearly 7 times more likely to have been sexually exploited compared to those without an STI history. Patients with more than 2 current sexual partners were 15 times more likely to have experienced sexual exploitation. Those with more than 10 lifetime sexual partners had a 19 times higher likelihood of having been sexually exploited.

					Patients with 2 or more concurrent risk factors had a 6 times higher probability of exploitation compared to those with fewer than 2 risk factors.
Use of ICD-10 Codes					
Dell, N. 2023 (127) U.S	Measuring the use of ICD-10 codes for identifying HT victims in hospitals	**Outcome Evaluation and Continuous Improvement** Usage Data Monitoring: The study evaluates the frequency and effectiveness of ICD-10-CM codes used to document HT in EDs, highlighting gaps in their application. This aligns with monitoring how detection tools are utilized and identifying areas for improvement. **Policy and Regulatory Compliance** Regulatory Compliance: The study emphasizes ethical concerns, such as stigma, confidentiality, and patient consent, which are critical for aligning with regulatory requirements on patient rights and mandatory reporting. This ensures compliance with standards governing the documentation and handling of sensitive cases like HT.	The study aimed to identify the characteristics of U.S. ED patients documented as experiencing HT (forced labor or sexual exploitation) using ICD-10-CM codes. It analyzed data from the 2019 Nationwide Emergency Department Sample (NEDS), a 20% stratified sample of hospital-owned EDs, focusing on the ICD-10-CM codes introduced in 2018 for classifying HT. Descriptive statistical methods and logistic regression models were applied to examine sociodemographic characteristics and identify correlations.	Healthcare professionals, public health researchers, and policymakers / EDs U.S	**Low Prevalence:** Only 0.0016% of ED visits documented HT as an external cause of morbidity (517 cases out of 33.1 million visits). **Types of Exploitation:** Sexual exploitation (71.6%) was more frequent than labor exploitation (28.4%). **Demographic Characteristics:** The majority were female (87.3%) and minors (30.8%). Predominantly from large metropolitan areas. **Economic Factors:** Approximately 40% lived in ZIP codes with a median annual household income below $48,000. 41% of trafficking cases involved patients covered by Medicaid. **Limitations:** ICD-10-CM codes are not being applied consistently, underestimating the actual prevalence of HT.
Gutfraind, A. 2023 (129) U.S	Measuring the use of ICD-10 codes for identifying HT victims in hospitals	**Outcome Evaluation and Continuous Improvement** Usage Data Monitoring: The study assesses the use of ICD-10 codes across various clinical settings, gathering data on their frequency of use and the types of exploitation reported.	The study analyzed the use of specific ICD-10 codes to identify cases of HT in healthcare settings in the U.S. By examining medical records that included these codes, the study aimed to assess the effectiveness of healthcare systems in detecting and documenting cases of human exploitation.	Healthcare professionals and hospital administrators / Hospitals and clinical environments in the U.S	Cases of labor and sexual exploitation were identified through the ICD-10 codes, demonstrating that the coding system can be useful for identifying victims in healthcare. The study revealed that many victims exhibited mental health issues, such as depression and anxiety, as well as physical conditions associated with exploitation. There was a low frequency of code usage, indicating a need for more training in the healthcare sector to

		Patient Impact Evaluation: Analysis of patient data, such as the prevalence of mental health issues, to assess the impact of identification and documentation on addressing victims' needs. **Policy and Regulatory Compliance** Regulatory Compliance: Alignment with confidentiality regulations and victims' rights, ensuring the safe and ethical use of ICD-10 codes in the context of HT.			optimize identification and documentation of these cases. **Adoption Rate:** 5.8% annual increase in code adoption, slower than the dataset's overall growth (6.7% per year). Medical Providers: 1,810 providers used the codes (0.19% of total), with 77% reporting only one patient. Principal Diagnosis: Codes used as the principal or admitting diagnosis in 28% of cases. Patient Data: 2,793 patients, with 1,248 recently trafficked; 86% experienced sexual exploitation, 14% labor exploitation, and 0.8% both. Demographics: Predominantly female (83%), insured by Medicaid (63%), median age 20 (IQR: 15–35), 21% under 15, 52% under 25. Race/Ethnicity: 49% White, 35% Black, 11% Latin-American, 3% Asian American. Medical Needs: High prevalence of sexually transmitted infections, mental health conditions (anxiety: 21%, PTSD: 20%, major depression: 18%), high ED utilization. Annual Medical Costs: Mean cost $31,055 in the 12 months after diagnosis, median cost $5,254, compared to Medicaid enrollees' mean cost of $6,556 per year. First Report of Trafficking: 55% outside hospital/ED settings, 25% during office visits, 8% as new patients, 10% in psychiatric encounters, 4% in behavioral therapy, 25% in EDs.
Garg, A. 2022 (128) U.S.	Measuring the use of ICD-10 codes for identifying HT victims in hospitals	**Outcome Evaluation and Continuous Improvement** Usage Data Monitoring: The study assesses the use of ICD-10 codes, gathering data on their frequency of use and the types of exploitation reported. Patient Impact Evaluation: Analysis of patient data, such as the prevalence of mental	The objective of this study was to use a large, multicenter database of pediatric hospitalizations in the U.S. to describe the utilization of ICD-10-CM codes related to child trafficking, as well as the demographic and clinical characteristics of these children.	Healthcare professionals / Pediatric healthcare centers	These results indicate low utilization of ICD-10-CM codes to identify children who are victims of trafficking, especially in academic pediatric healthcare centers, suggesting a lack of awareness among healthcare providers about the scale of the issue. **Utilization of ICD-10-CM codes:** Only 0.005% of patient encounters (293 cases) included ICD-10-CM codes related to HT.

		health issues, to assess the impact of identification. Continuous Improvement: Continuous monitoring and refinement of the process by which healthcare systems utilize these codes. Data analysis is used to assess the effectiveness of the implementation, identify gaps, and drive improvements in how health systems and providers recognize and report HT cases. **Policy and Regulatory Compliance** Regulatory Compliance: Alignment with confidentiality regulations and victims' rights, ensuring the safe and ethical use of ICD-10 codes in the context of HT.			**Patient demographics:** 90% of the patients were female. 38% were Non-Hispanic Black, and 28.3% were Non-Hispanic White. 59% of the patients had public insurance. **Mental health disorders:** 64.8% of the patients had a mental health disorder diagnosis at the initial visit. 32.1% of the principal diagnoses were related to mental health disorders. **Hospital readmissions:** 16% of patients (48 cases) were readmitted to the hospital within 30 days of their initial hospitalization. **Most commonly used ICD-10 codes**: The most common code was Y07.6 (33.8%), related to "multiple perpetrators of maltreatment and neglect." The second most common code was Z62.813 (21.2%), related to "personal history of forced labor or sexual exploitation in childhood."
Kerr, P.L. 2022 (126) U.S	Measuring the use of ICD-10 codes for identifying HT victims in hospitals	**Outcome Evaluation and Continuous Improvement** Usage Data Monitoring: The study assesses the use of ICD-10 codes across various clinical settings, gathering data on their frequency of use and the types of exploitation reported. Patient Impact Evaluation: Analysis of patient data, such as the prevalence of mental health issues, to assess the impact of identification. Continuous Improvement: continuous monitoring and refinement of the process by which healthcare systems utilize these codes. Data	A retrospective data analysis using the TriNetX database, focusing on the use of ICD-10-CM codes for HT in the U.S. Clinical encounters with these codes, patient demographic data, and comorbid diagnoses were analyzed through descriptive statistics.	Healthcare professionals / 48 healthcare organizations	The study by Kerr (2022) found that out of 69,740,144 patients, only 298 had HT-related ICD-10-CM codes, mostly concentrated in the Southern U.S. (40.9%). The majority of patients were young women (average age 26), primarily White (53%) or African American (28.2%). The most used codes were for suspected forced sexual exploitation (32.2%) and personal history of exploitation (27.1%), with labor exploitation codes applied in less than 4% of cases. Comorbid diagnoses included psychiatric disorders (69.8%), particularly depression (51.7%) and anxiety (43%), as well as PTSD (33.2%) and substance use disorders (46.3%). These findings suggest low use of trafficking codes and underscore the need for improved training in the

		analysis is used to assess the effectiveness of the implementation, identify gaps, and drive improvements in how health systems and providers recognize and report HT cases. **Policy and Regulatory Compliance** Regulatory Compliance: Alignment with confidentiality regulations and victims' rights, ensuring the safe and ethical use of ICD-10 codes in the context of HT.			healthcare system for better identification of trafficking cases.

ASH: Asian Health Services, BCM-A-HTP: Baylor College of Medicine Anti-Human Trafficking Program, BSN: Bachelor of Science in Nursing, CEST: Children exposed to sex trafficking, CMDA: Christian Medical & Dental Associations, CME: Continuing Medical Education, CSE: Child Sexual Exploitation/ Commercially Sexually Exploited, CSEC: Commercial Sexual Exploitation of Children/ Commercially Sexually Exploited Children, ED: Emergency Department, EHR: EM: Emergency Medicine, EMR: Electronic Medical Record, EMS: Emergency Medical Services, FM: Family Medicine, FNP: HCP: Health Care Providers, HOPE: Healthcare Observations for the Prevention and Eradication, HRPN: High-Risk Patient Navigator, HT: Human Trafficking, HTMSH: Human Trafficking Training, ICD-10: International Classification of Diseases, ICT: Information and Communication Technology, IOM: International Organization for Migration, IPV: Intimate Partner Violence, LIFT: Learn to Identify and Fight Trafficking, LMS: Learning Management System, MSH: Medical Safe Haven, NEDS: National Emergency Department Sample, OBGYN: Obstetrics/Gynecology, PEARR: Provide privacy, Educate, Ask, Respect, and Respond (Tool); PED: Pediatric Emergency Department, PPE: Medical-Patient Interaction Training, PTSD: Post-Traumatic Stress Disorder, RAFT: Rapid Appraisal for Trafficking, RNs: Registered nurses, SD: Standard Deviation, SOAR: Significant increases in Stop, Observe, Ask, Refer; ST: Sex trafficking, STD: Sexually Transmitted Disease, STI: Sexually Transmitted Infection, TIC: Trauma-Informed Care, U.S.: United States..

Discussion

This review analyzes a wide range of resources designed to support professionals in identifying and responding to HT. These materials vary in format, target audience, and scope. They range from structured tools such as questionnaires, interview guides, and indicator checklists to toolkits, guidelines, and protocols that address broader aspects of identification, care, and management of individuals affected by trafficking.

Regarding detection tools, their development has been predominantly concentrated in the U.S., with limited representation from other regions. Additionally, their focus varies depending on the target population. Tools applicable to different age groups tend to address trafficking in general, incorporating indicators related to labor and sexual exploitation, as well as other contextual factors. In contrast, tools specifically designed for minors often focus on sexual exploitation. In general, the detection of sexual exploitation is more prominent in existing tools, when applied to children, while labor trafficking and other forms of exploitation receive less attention.

A key challenge identified in this review is that healthcare professionals often struggle to determine which tool is most useful for their practice. This difficulty arises due to the overwhelming number of available tools, the fact that not all have been evaluated for their psychometric properties, and the absence of a clearly defined reference standard for validation studies, which limits confidence in their accuracy and applicability across different contexts. As highlighted in measurement science literature, validity is not an inherent property of a tool but of the interpretation of its scores in a specific context and population. Therefore, even when a tool has been validated in one setting or with a particular target group, it cannot be assumed to be valid in other contexts or populations without additional evidence. Applying tools beyond their original validation framework may result in inaccurate measurements, misinterpretation of results, and inappropriate decisions, underscoring the need for rigorous re-validation when adapting them to new cultural, linguistic, or clinical environments (158,159). While the Greenbaum tool is practical, it has limitations in identifying child sexual exploitation. The CSE-IT and TVIT offer more reliable assessments, offering greater depth in the assessment of human trafficking cases, but both require considerable resources in terms of time and training. Notably, the CSE-IT is specifically designed to identify child sexual trafficking. Single-question screening is promising but may be overly simplistic.
Moreover, the diversity in the design of these tools—whether through standardized questionnaires, indicator lists, or key questions—highlights the need for greater standardization and comparative evaluation to enhance their practical utility. Healthcare systems must prioritize both effectiveness and feasibility, ensuring that screening tools are validated, efficient, and adaptable to clinical realities.

Although there are similarities between toolkits and guidelines, their purposes differ. Toolkits primarily function as a set of tools, some structured for detecting and addressing HT, providing systematically designed instruments to identify cases. In contrast, guidelines have a broader focus, aiming to guide professionals in identification, care, and referral processes, often based on normative frameworks or reference models, as well as systematic reviews.

This review identified five key toolkits that integrate screening tools, decision-making frameworks, and referral protocols, with an emphasis on trauma-informed care, interdisciplinary collaboration, and institutional policies to enhance detection and response efforts. Additionally, a significant number of guidelines and protocols were identified, most originating from the U.S., and others developed by international organizations such as *IOM* and *UNICEF*. While many address HT in general, others specifically focus on sexual exploitation or a combination of labor and sexual exploitation. These documents are designed for addressing HT in children, adults, or both, and vary in format, including guidance materials, user manuals, formal protocols, and reports. Most of these resources are intended for healthcare professionals, including doctors, nurses, and social workers, to use, but can also be used by law enforcement, legal professionals, and social service providers. Some documents target

emergency responders and frontline personnel. While many guidelines are specifically designed for healthcare settings, others have broader applications in social services and law enforcement, underscoring the importance of intersectoral collaboration for an effective response.

Many of these toolkits and guidelines reference screening tools identified in this review, such as *TVIT* and *CSE-IT*, while also including trauma-informed interviewing guidelines that prioritize trust and confidentiality. They incorporate clinical indicators and risk factors, categorized into physical, behavioral, and contextual signs, along with medical assessment protocols covering physical and mental health. Multidisciplinary response strategies are highlighted, facilitating coordination between healthcare, justice, and social service sectors, as well as legal protection guidelines ensuring access to legal assistance, shelters, and migration support. Training and awareness for professionals emerge as key components in these documents, promoting best practices in identifying and addressing HT. Additionally, support and referral mechanisms provide directories of assistance services and helplines to facilitate case referrals. In this regard, guidelines and protocols can be considered not only as detection tools but also as implementation strategies aimed at optimizing the response to HT.

Notably, no clinical practice guidelines were identified that met methodological rigor standards, including systematic reviews and expert panel or stakeholder involvement in their development. This represents another major challenge for healthcare professionals: the lack of clinical practice guidelines that provide evidence-based recommendations and transparently present the certainty of the evidence. While the target population for detection seems clear, aspects such as the target audience (e.g., general practitioners in emergency settings) and the context of application (e.g., outpatient consultations) remain less defined. Additionally, recommendations should be clearly recognizable and sufficiently detailed to facilitate implementation, supported by the underlying evidence and accompanied by practical tools (e.g., flowcharts) to aid application. Furthermore, it is essential to establish criteria for monitoring implementation to ensure adherence and effectiveness.

The HT indicators identified in the review are presented as a valuable tool for professionals to detect potential cases of exploitation. In fact, they are frequently used not only as part of detection tools but also recommended in various guides and toolkits and are included in educational strategies aimed at improving the detection of trafficking situations in the healthcare setting. However, it is important to highlight that these indicators are not definitive tools for detecting trafficking or predicting future risk but rather allow for the identification of signs and symptoms that may be related to trafficking situations. The lack of consensus in the classification and specificity of the indicators in the reviewed resources underscores the need for greater standardization in the definition and use of these signs.

In regard to the identified strategies, most consist of educational approaches aimed at enhancing knowledge of trafficking indicators, increasing confidence, and raising awareness among professionals who may encounter individuals in trafficking situations. These strategies have proven to be effective, as most studies and reports showed significant improvements in awareness of HT among participants. However, some studies noted a decline in these gains over time, highlighting the need for continuous training. Despite these advancements, only three studies reported an increase in case identification, a crucial outcome for evaluating the effectiveness of these strategies, yet one that is not frequently considered.
To maximize their impact, training should be integrated with practical tools, institutional protocols, and an interdisciplinary approach. Additionally, the use of digital and online formats enhances accessibility and scalability. While education is a fundamental component, institutional support and structural changes are essential to ensure effective detection and a sustainable response to HT.

Studies on the implementation of screening tools and protocols have demonstrated the potential of integrating trauma-informed approaches, multidisciplinary collaboration, and AI-based technologies to enhance the identification of potential HT survivors. However, systemic barriers continue to limit the effectiveness of these interventions. Among them, time constraints, lack of privacy in emergency

settings, and healthcare professionals' discomfort in asking screening questions reduce the likelihood of case identification. Additionally, biases and a lack of knowledge about HT among healthcare professionals contribute to missed identification opportunities, particularly affecting high-risk populations.

To address these challenges, studies recommend the mandatory implementation of structured screening tools, ensuring their systematic application in healthcare settings. Furthermore, they emphasize the need for standardized training protocols integrated into medical curricula and continuous professional development programs to ensure long-term knowledge retention. Strengthening interdisciplinary collaboration between healthcare institutions, social services, and survivor support organizations is also essential to establishing a comprehensive and coordinated response. Additionally, improving post-screening response protocols would help clarify procedures for healthcare professionals, ensuring effective referrals and timely interventions.

Limitations and Strengths

This study has several limitations. First, it does not evaluate the effectiveness of screening tools or implementation strategies. As a scoping review, its objective was to map the available evidence on tools and implementation strategies used to detect HT in healthcare settings, not to determine which tools are more effective or recommend one over another. Second, the review focused specifically on screening tools rather than diagnostic instruments, which may limit the applicability of some findings in clinical contexts where diagnostic confirmation is required. Third, the lack of standardized terminology across the included reports—for example, the interchangeable use of sexual exploitation and sex trafficking—posed challenges in consistently classifying the evidence.

Despite these limitations, this study also presents notable strengths. First, given the profound impact of HT on individuals and society—including its economic and political implications—this issue remains a research priority where collaborative efforts are crucial to advancing prevention, identification, and intervention strategies. The systematic methods, including the comprehensive and updated literature search, contribute to understanding the current landscape of screening tools for HT in clinical settings, their psychometric properties, validation, and implementation efforts. Additionally, a significant effort was made to synthesize and summarize the extensive number of HT indicators compiled over the years by different researchers and organizations.

Future Directions

This study provides insights into the necessary next steps to enhance the detection of HT in clinical settings:

1. Development of user-friendly tools: There is an urgent need for decision-support tools that assist healthcare professionals in selecting the most appropriate screening tool based on their specific needs and context.
2. Clinical practice guidelines: The development of evidence-based clinical guidelines is imperative to establish clear and systematic recommendations for HT screening. The guidelines should be able to be adopted in and adapted to resource-limited settings, ensuring adoption and adaptation to resource-limited settings.
3. Harmonization and collaboration: Efforts should be coordinated and collaborative to minimize redundancy and research waste in evidence synthesis. Research priorities should focus on the validation of existing screening tools and implementation considerations, ensuring their effectiveness in real-world settings.

Conclusion

It is essential to improve and unify the tools used to identify and address HT. Although multiple tools, guidelines, and protocols exist, there is still no consensus on the definitions of trafficking or on a

universal reference standard to ensure their effectiveness across different contexts. Many tools prioritize sexual exploitation, particularly among minors, while labor trafficking and other forms of trafficking receive less attention, creating gaps in detection and response.

Continuous training is key to improving detection, as it increases professionals' confidence and awareness. However, its impact diminishes over time, highlighting the need for regular training, practical tools, and interdisciplinary collaboration. Systemic barriers persist, such as time constraints, privacy concerns, and discomfort in addressing trafficking-related issues in healthcare settings, particularly in emergency services. To overcome these challenges, it is necessary to integrate clear detection protocols, strengthen training, and promote coordination between the healthcare sector, social services, and survivor support organizations.

A comprehensive approach, with validated tools and institutional commitment, will enable more effective identification and dignified, survivor-centered support for those who have experienced trafficking.

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Appendix 1

Medline- PuBMed (June 21st 2024) - Human Trafficking
"human trafficking"[MeSH Terms] OR "human traffic*"[Title/Abstract] OR "sex traffic*"[Title/Abstract] OR "sexual traffic*"[Title/Abstract] OR "sex exploitat*"[Title/Abstract] OR "sexual exploitat*"[Title/Abstract] OR "organ traffic*"[Title/Abstract] OR "transplant tourism"[Title/Abstract] OR "child* traffic*"[Title/Abstract] OR "modern slavery"[Title/Abstract] OR "labor traffic*"[Title/Abstract] OR "forced labor"[Title/Abstract] OR "kidnap*"[Title/Abstract]

Medline- PuBMed (June 21st 2024) - Reviews
#1 "human trafficking"[MeSH Terms] OR "human traffic*"[Title/Abstract] OR "sex traffic*"[Title/Abstract] OR "sexual traffic*"[Title/Abstract] OR "sex exploitat*"[Title/Abstract] OR "sexual exploitat*"[Title/Abstract] OR "organ traffic*"[Title/Abstract] OR "transplant tourism"[Title/Abstract] OR "child* traffic*"[Title/Abstract] OR "modern slavery"[Title/Abstract] OR "labor traffic*"[Title/Abstract] OR "forced labor"[Title/Abstract] OR "kidnap*"[Title/Abstract]
#2 AND *("review"[Publication Type] OR "systematic review"[Filter] OR "review"[Title])*

Medline- PuBMed (June 21st 2024) – Primary studies
#1 ("human trafficking"[MeSH Terms] OR "human traffic*"[Title/Abstract] OR "sex traffic*"[Title/Abstract] OR "sexual traffic*"[Title/Abstract] OR "sex exploitat*"[Title/Abstract] OR "sexual exploitat*"[Title/Abstract] OR "organ traffic*"[Title/Abstract] OR "transplant tourism"[Title/Abstract] OR "child* traffic*"[Title/Abstract] OR "modern slavery"[Title/Abstract] OR "forced labor"[Title/Abstract] OR "labor traffic*"[Title/Abstract] OR "kidnap*"[Title/Abstract])
#2 AND *("clinical trial"[Publication Type] OR "meta analysis"[Publication Type] OR "randomized controlled trial"[Publication Type] OR "trial"[Title] OR "qualitative"[Title] OR "observational"[Title] OR "case"[Title] OR "cohort"[Title] OR "stud*"[Title] OR "analys*"[Title] OR "global"[Title] OR "countr*"[Title] OR "region*"[Title] OR "nation*"[Title] OR "internat*"[Title] OR "report"[Title] OR "brief"[Title] OR "polic*"[Title] OR "who"[Title] OR "organizat*"[Title])*

BVSalud (BIREME-LILACS-WHOIris-AIM (África) (June 21st 2024)
#1 ("human trafficking") OR ("sex trafficking") OR ("organ trafficking") OR ("labor trafficking") OR ("child trafficking") AND (db:("LILACS" OR "INDEXPSI" OR "IBECS" OR "LIPECS" OR "MINSAPERU" OR "WHOLIS" OR "colecionaSUS" OR "AIM" OR "SES-SP" OR "BIGG" OR "PIE" OR "SMS-SP"))

Medline- PuBMed (August 10th 2024)
#1 (("human trafficking"[MeSH Terms] OR "human traffic*"[Title/Abstract] OR "sex traffic*"[Title/Abstract] OR "sexual traffic*"[Title/Abstract] OR "sex exploitat*"[Title/Abstract] OR "sexual exploitat*"[Title/Abstract] OR "organ traffic*"[Title/Abstract] OR "transplant tourism"[Title/Abstract] OR "child* traffic*"[Title/Abstract] OR "modern slavery"[Title/Abstract] OR "forced labor"[Title/Abstract] OR "labor traffic*"[Title/Abstract] OR "kidnap*"[Title/Abstract])
#2 AND ("review"[Publication Type] OR "systematic review"[Filter] OR "review"[Title]))))) AND *("clinical trial"[Publication Type] OR "meta-analysis"[Publication Type] OR "randomized controlled trial"[Publication Type] OR "Observational Study"[Publication Type] OR "Comparative Study"[Publication Type] OR "Evaluation Study"[Publication Type] OR "Surveys and Questionnaires"[MeSH Terms] OR "Cohort Studies"[MeSH Terms] OR "stud*"[Title] OR "trial"[Title] OR "qualitative"[Title] OR "case"[Title] OR "cohort"[Title] OR "meta-analysis"[Title/Abstract] OR "metanalysis"[Title/Abstract] OR "rct"[Title/Abstract] OR "controlled"[Title/Abstract] OR "Observational Study"[Title/Abstract] OR "Comparative Study"[Title/Abstract] OR "Evaluation Study"[Title/Abstract] OR "Cross-sectional"[Title/Abstract] OR "survey*"[Title/Abstract] OR "questionnair*"[Title/Abstract] OR "Follow-Up"[Title/Abstract] OR "Longitudinal"[Title/Abstract] OR "Prospective"[Title/Abstract] OR "Retrospective"[Title/Abstract])*

Appendix 2

Framework on Human Trafficking

Based on the Palermo Protocol and UNODC Resources

Definition: Palermo Protocol's definition of human trafficking

According to Article 3 of the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime:

> "Trafficking in persons shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation."

Note: In the case of children, proof of "means" (e.g., coercion, deception) is not required to establish a trafficking offense.

Typologies of Human Trafficking:

- Sexual Exploitation
- Forced Labour
- Forced Begging
- Exploitation in Criminal Activities
- Organ Removal
- Forced Marriage
- Child Soldier Recruitment
- Commercial Surrogacy under Coercion

United Nations Response Framework

- **Prevention:** Public awareness, reducing vulnerability, regulating migration and work
- **Protection of Victims:** Identification, provision of health/legal/social services, safe reintegration
- **Prosecution:** Criminalization, investigation, prosecution of traffickers
- **International Cooperation:** Cross-border collaboration, data sharing, joint investigations
- **Monitoring & Data Collection:** National trafficking observatories, global reporting mechanisms

Framework for tools for detecting victims of human trafficking in healthcare settings

1. ***Validation process***

   Report on validation studies of the tool

   - **Validated**: tools with evidence of validation (sensitivity tests, specificity, internal consistency, etc.) To ensure their effectiveness in detection.
   - **Non-validated**: tools that lack a formal validation process but are used as references in the field.

2. ***Detection focus***

- **Sex trafficking**: tools specifically focused on detecting victims of sexual exploitation.
- **Labor trafficking**: tools designed to identify victims of labor exploitation.
- **Human trafficking in general**: tools covering multiple types of trafficking without specifying a particular form of exploitation.

3. ***Target population***

   - **Children and adolescents**: tools specifically developed for detecting trafficking in minors.
   - **Adults**: tools applied to individuals over the age of 18.
   - **Applicable to different age groups**: tools applicable to different age groups, with adjustments as needed.

4. ***Tool structure***

   - **Standardized questionnaires**: sets of structured questions designed to elicit specific responses from patients.
   - **Checklists**: lists of items or behaviors that help healthcare personnel identify possible signs of trafficking.
   - **Guides and toolkits**: reference materials with guidelines and procedures for detection, applicable in various contexts and adjustable to circumstances.
   - **Lists of indicators and signs**: sets of characteristics, warning signs, or risk factors observable in victims.
   - **Key questions**: specific questions designed to explore aspects that may suggest human trafficking without a structured format.

5. ***Application context***

   - **General healthcare settings**: tools designed for hospitals, primary care centers, clinics, and other general healthcare institutions.
   - **Specialized health services**: tools specific to emergency units, mental health services, pediatrics, or women's health.
   - **Multiple contexts adaptable to healthcare settings**: tools developed for broader settings but adaptable to healthcare environments, such as community centers, shelters, or social service agencies that can incorporate health screening for trafficking.

6. ***Evidence of effectiveness and use***

   - **Effectiveness studies**: tools evaluated in field studies or pilot studies with evidence of effectiveness.
   - **Diagnostic or prognostic property testing**: tools that have undergone testing for diagnostic or prognostic properties, such as sensitivity, specificity, predictive values, or reliability, to establish their accuracy and effectiveness in identifying trafficking victims.
   - **Usage experience**: tools recommended by organizations or professionals based on their practical use, though they may lack formal validation studies.

7. ***Ease of use and required training***

   - **Requires specialized training**: tools requiring specific training for appropriate application.
   - **Simple to use**: tools that can be used without extensive additional training.

Example of framework application

Each tool can be classified within each of these dimensions to provide a complete profile. For example:

- **Tool name**: XXX questionnaire for trafficking detection
    - **Type of tool**: Standardized questionnaire
    - **Validation process**: Validated
    - **Detection focus**: Sex trafficking
    - **Target population**: Applicable to different age groups
    - **Tool structure**: Standardized questionnaire
    - **Application context**: General healthcare settings
    - **Evidence of effectiveness and use**: Effectiveness studies
    - **Ease of use and required training**: Requires specialized training

Framework for strategies to implement HT detection tools in healthcare settings.

1. ***Organizational strategies***
    - **Organizational culture (EPOC: organizational arrangements – organizational culture):** strategies to build a culture that supports trafficking detection, such as organizational policies, leadership training, and fostering an environment conducive to the identification and support of victims.
    - **Quality improvement (EPOC: implementation strategies – continuous quality improvement):** continuous improvement processes using evaluation cycles to monitor and enhance the use of detection tools.
    - **Resource allocation (EPOC: organizational arrangements – staffing models):** planning and provision of human resources, time, and technology for effective tool implementation, including dedicated staff and time slots for training.
2. T***raining and support for healthcare workers***
    - **Formal training (EPOC: implementation strategies – educational meetings):** structured training programs for healthcare workers on using detection tools, trafficking indicators, and trauma-informed and culturally sensitive approaches.
    - **Audit and feedback (EPOC: implementation strategies – audit and feedback):** regular review of tool application and feedback to healthcare workers to improve accuracy and effectiveness.
    - **Communities of practice (EPOC: implementation strategies – communities of practice):** discussion and support groups among colleagues to share experiences, challenges, and best practices in using detection tools.
    - **Reminders and decision support (EPOC: implementation strategies – reminders):** reminders in electronic health records systems that prompt staff to use detection tools at relevant times.
3. ***Patient engagement and empowerment***

- **Patient-reported indicators (EPOC: implementation strategies – routine patient-reported outcome measures):** use of questionnaires or intake forms to assess trafficking risk factors, allowing patients to safely share relevant information.
- **Patient education (EPOC: implementation strategies – educational materials):** informational materials in waiting areas or provided to patients to raise awareness about human trafficking and their rights.

4. ***Contextual adaptation and customization***

   - **Setting-specific adaptation (EPOC: implementation strategies – local consensus processes):** adjustments in implementation to meet the needs of different settings, such as emergency departments, pediatrics, or mental health, and adaptation to the resources and constraints of each context.
   - **Barrier and facilitator assessment (EPOC: implementation strategies – tailored interventions):** identification of specific obstacles, such as language barriers or time constraints, and adjustments to implementation methods based on findings.

5. ***Supervision and performance monitoring***

   - **Clinical supervision (EPOC: implementation strategies – managerial supervision):** observation and support from clinical leaders to guide healthcare workers in applying detection tools.
   - **Managerial oversight (EPOC: implementation strategies – managerial monitoring):** managers monitor the implementation of tools, addressing operational issues that hinder their integration into workflow.

6. ***Community and interagency collaboration***

   - **Referral systems (EPOC: organizational arrangements – coordination of care and care process management):** formal collaboration with organizations supporting trafficking victims to ensure continuity of care after detection.
   - **Interagency information sharing (EPOC: implementation strategies – local opinion leaders):** joint training and practice standardization between healthcare staff and other community and government organizations.

7. ***Outcome evaluation and continuous improvement***

   - **Usage data monitoring (EPOC: implementation strategies – performance monitoring):** tracking data on the frequency and effectiveness of detection tools, including qualitative and quantitative analysis.
   - **Patient impact assessment (EPOC: implementation strategies – routine patient-reported outcome measures):** measuring patient outcomes, such as the rate of successful referrals, to evaluate the impact of the tools.

8. ***Policy and regulatory compliance***

   - **Regulatory compliance (EPOC: governance arrangements – patient rights):** aligning with regulations on victim rights, patient confidentiality, and mandatory reporting requirements.

- **Advocacy for systemic change (EPOC: implementation strategies – advocacy):** actions to promote policies that support the implementation and funding of trafficking detection tools.

Appendix 3

List of excluded studies and reason for exclusion

Author / year	Name	Exclusion reason
ICAT, 2020	20th anniversary of the adoption of the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children An analytical review	Wrong concept
Jarrell et. al., 2023	A Case of Human Trafficking in Appalachia and What Emergency Physicians Can Learn from It.	Wrong study design
Azab and Levine, 2023	A novel human trafficking curriculum	Wrong setting
Gifford, 2019	A practical guide to conducting a child sexual abuse examination	Wrong study design
Jacobson et. al., 2022	A protocol for a qualitative study on sex trafficking: Exploring knowledge, attitudes, and practices of physicians, nurses, and social workers in Ontario, Canada.	Wrong concept
Choi et. al., 2020	A qualitative needs assessment of human trafficking in Ethiopia: recommendations for a comprehensive, coordinated response.	Wrong concept
Dhavala et. al., 2018	A QUIP to improve staff engagement with a departmental safeguarding pathway for young people: A journey from failure to success	Wrong concept
Greenbaum, 2018	A Short Screening Tool to Identify Victims of Child Sex Trafficking in the Health Care Setting	Duplicate
Vlades et. al., 2023	A simulated pedagogical intervention to educate nurse practitioner students about human trafficking.	Wrong setting
Cooke-Sporing et. al., 2023	A Simulation-Based Human Trafficking Curriculum for Emergency Medicine Residents	Not available
Young et. al., 2024	A Teach-the-Teacher Module for Human Trafficking Bedside Instruction.	Wrong setting
Cole et. al., 2018	A Theory-based Didactic Offering Physicians a Method for Learning and Teaching Others About Human Trafficking.	Wrong setting
Cole et al., 2018	A theory-based didactic offering physicians a method for learning and teaching others about human trafficking.	Wrong concept
Langerman et. al., 2019	Acceptability of Adolescent Social and Behavioral Health Screening in the Emergency Department.	Wrong population
Knudtzen et. al., 2022	Accessing vulnerable undocumented migrants through a healthcare clinic including a community outreach programme: a 12-year retrospective cohort study in Denmark	Wrong outcome
Wells et. al., 2021	Addressing Adolescent Safety in the Time of Telemedicine: A Modified Human Trafficking Standardized Patient Case	Wrong concept
Mishori and Ravi, 2015	Addressing suspected labor trafficking in the office	Wrong publication type
Giannoukos et. al., 2018	Advances in chemical sensing technologies for VOCs in breath for security/threat assessment, illicit drug detection, and human trafficking activity.	Wrong study design
Thomas-Smith et. al., 2020	Advocacy & Pediatric Human Trafficking	Wrong study design
Pierce, 2012	American Indian adolescent girls: vulnerability to sex trafficking, intervention strategies.	Wrong setting
Moore and Williams, 2020	An Audit of the child sexual exploitation risk questionnaire (CSERQ15) in Wales	Not available
Robitz et. al., 2022	An integrated approach to providing care for people who have been trafficked.	Not available
Klein et. al., 2023	Approaches to the teaching and evaluation of trauma-informed care principles in an emergency department setting: a systematic review	Wrong population

Fernandes et. al., 2016	Are we 'spotting the signs?'	Not available
Jimenez et. al., 2015	Aspects of abuse: commercial sexual exploitation of children.	Wrong study design
McAmis et. al., 2021	Assessing Healthcare Provider Knowledge of Human Trafficking	Wrong concept
Panlilio et. al., 2019	Assessing risk of commercial sexual exploitation among children involved in the child welfare system.	Wrong setting
Panlilio et al., 2019	Assessing risk of commercial sexual exploitation among children involved in the child welfare system.	Wrong setting
Hurst et. al., 2020	Assessing the Utility of a Statewide Human Trafficking Screening Tool in Colorado	Not available
Williams et. al., 2017	Assessment of risk of child sexual exploitation at initial health assessments for looked after children: How well do we do?	Not available
Ward et. al., 2019	Association between STI and child sexual exploitation in children under 16 years old attending sexual health clinics in England: findings from a case-control study.	Wrong concept
Son 2014	Barriers to Access, Disclosure, and Identification in Healthcare for Potentially Trafficked Youth in Vermont, in 142nd APHA Annual Meeting and Exposition.	Wrong concept
Garg et. al., 2020	Barriers to the access and utilization of healthcare for trafficked youth: A systematic review.	Wrong concept
Landers 2017	Baseline Characteristics of Dependent Youth Who Have Been Commercially Sexually Exploited: Findings from a Specialized Treatment Program	Wrong concept
Pocock 2018	Because if we talk about health issues first, it is easier to talk about human trafficking; findings from a mixed methods study on health needs and service provision among migrant and trafficked fishermen in the Mekong	Wrong concept
Stoklosa et. al., 2022	Because the resources aren't there, then we fail. We fail as a society: A Qualitative Analysis of Human Trafficking Provider Perceptions of Child Welfare Involvement among Trafficked Mothers.	Wrong concept
Twis et. al., 2024	Beyond Victim Identification: A Practitioner's Guide to Designing a Youth Anti-Sex Trafficking Advocacy Program.	Wrong concept
McDonald et. al., 2023	Building a specialized model of care for youth involved in sex trafficking in child welfare: A systematic review and interviews with experts-by-experience.	Wrong concept
Chisolm-Straker, 2019	Building RAFT: Trafficking Screening Tool Derivation and Validation Methods	Duplicate
Chisolm-Straker, 2019	Building RAFT: Trafficking Screening Tool Derivation and Validation Methods	Duplicate
Lefevre 2017	Building Trust with Children and Young People at Risk of Child Sexual Exploitation: The Professional Challenge	Wrong concept
Katsanis et. al., 2019	Caring for trafficked and unidentified patients in the EHR shadows: Shining a light by sharing the data.	Wrong concept
IOM 2009	Caring for Trafficked Persons: Guidance for Health Providers.	Wrong concept
Rafferty 2016	Challenges to the rapid identification of children who have been trafficked for commercial sexual exploitation	Wrong concept
Lepianka and Colbert, 2020	Characteristics and Healthcare Needs of Women Who Are Trafficked for Sex in the United States: An Integrative Literature Review.	Wrong concept
Talbott et. al., 2023	Characteristics and Perspectives of Human Trafficking Education: A Survey of U.S. Medical School Administrators and Students.	Wrong setting
Varma et. al., 2015	Characteristics of child commercial sexual exploitation and sex trafficking victims presenting for medical care in the United States.	Wrong concept
Suniega et. al., 2022	Child Abuse: Approach and Management.	Wrong study design
Greenbaum, 2021	Child Labor and Sex Trafficking.	Wrong publication type

No authors listed, 2018	Child Labor Trafficking Essentials for Forensic Nurses.	Wrong study design
Greenbaum, 2018	Child Sex Trafficking and Commercial Sexual Exploitation.	Wrong study design
Greenbaum and Crawford-Jakubiak, 2015	Child sex trafficking and commercial sexual exploitation: health care needs of victims.	Wrong study design
Safeguarding children parthnership, 2016	Child Sexual Exploitation (CSE) Risk Assessment Toolkit	Wrong setting
Mason-Jones and Loggie, 2020	Child sexual exploitation. An analysis of serious case reviews in England: poor communication, incorrect assumptions and adolescent neglect.	Wrong concept
Thakur and Gurbani, 2021	Child trafficking & human trafficking: Legal aspects arole of a doctor	Wrong study design
White, 2022	Collaboration and Challenges in Antitrafficking Task Forces	Wrong study design
Chung and English, 2015	Commercial sexual exploitation and sex trafficking of adolescents.	Wrong study design
Benavente et. al., 2022	Commercial Sexual Exploitation of Children and Adolescents in Europe: A Systematic Review.	Wrong study design
Hornor and Sherfield, 2018	Commercial Sexual Exploitation of Children: Health Care Use and Case Characteristics.	Wrong concept
Bauer and Magana, 2018	Commercial sexual exploitation of children: What healthcare providers do (and don't) know	Wrong setting
Gallo et. al., 2022	Community Health Centers and Sentinel Surveillance of Human Trafficking in the United States.	Wrong study design
Jadhav and Gandhewar, 2022	Comparative Analysis of Various Machine Learning Models for Child Safety and Security System for Protecting Them from Child Trafficking and Assault	Wrong setting
Kachelski et. al., 2023	Comparative healthcare use by adolescents screening positive for sexual exploitation.	Wrong concept
Palines 2020	Comparing mental health disorders among sex trafficked children and three groups of youth at high-risk for trafficking: A dual retrospective cohort and scoping review.	Wrong concept
Wirtz et. al., 2016	Comprehensive development and testing of the ASIST-GBV, a screening tool for responding to gender-based violence among women in humanitarian settings.	Wrong population
Organización Mundial de la Salud, 2013	Comprender y abordar la violencia contra las mujeres: trata de personas	Wrong concept
Hurts et. al., 2021	Confidential Screening for Sex Trafficking Among Minors in a Pediatric Emergency Department	Duplicate
Institute of Medicine; National Research Council, 2014	Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States: A Guide for Providers of Victim and Support Services	Wrong concept
Brown et. al., 2024	Cross-sector collaboration in Project Catalyst: Creating state partnerships to address the health impact of intimate partner violence	Wrong setting
Herrero-Villoria et. al., 2022	Cultural Adaptation and Validation into Spanish of the Scale to Measure Attitudes Towards the Sex Trafficking of Women and Girls in Students of the University of Salamanca.	Wrong setting
Burgess et. al., 2008	Cyber child sexual exploitation.	Wrong setting
Pollock et. al., 2024	Dermatology's role in the fight against human trafficking: A report from the AAD Ad Hoc Task Force and call to action.	Wrong study design
Murphy et. al., 2016	Development and Pilot Test of a Commercial Sexual Exploitation Prevention Tool: A Brief Report.	Wrong population
Gray et. al., 2024	Development of an Index to Measure the Exposure Level of UN Peacekeeper-Perpetrated Sexual Exploitation/Abuse in Women/Girls in the Democratic Republic of Congo.	Wrong setting

Interiano-Shiverdecker et. al., 2023	Development of Child Sex Trafficking Counseling Competencies in the United States: A Delphi Study.	Wrong setting
Ministério Público Federal, 2014	Diálogos da cidadania: tráfico de pessoas: conhecer para se proteger	Wrong study design
Thompson et. al., 2017	Do clinicians receive adequate training to identify trafficked persons? A scoping review of NHS Foundation Trusts.	Wrong concept
Schroeder et. al., 2024	Do Social Service Interventions for Human Trafficking Survivors Work? A Systematic Review and Meta-Analysis.	Wrong concept
Ministério da Saúde, 2022	Documento técnico: enfrentamento ao tráfico de pessoas para profissionais de saúde	Wrong concept
Goldberg et. al., 2017	Domestic Minor Sex Trafficking Patients: A Retrospective Analysis of Medical Presentation.	Wrong concept
Moore et. al., 2021	Domestic Minor Sex Trafficking: A Case Series of Male Pediatric Patients.	Wrong concept
Kaplan et. al., 2018	Domestic Minor Sex Trafficking: Medical Follow-up for Victimized and High-Risk Youth.	Wrong study design
Leitch & Snow, 2010	Domestic minor sex trafficking: Practitioner guide and intake tool.	Duplicate
Coughlin et. al., 2020	Educating paediatric health-care providers about human trafficking.	Wrong study design
López-Domene et. al., 2019	Emergency Care for Women Irregular Migrants Who Arrive in Spain by Small Boat: A Qualitative Study.	Wrong population
Peeler, 2019	Emergency Care of Pediatric Asylum Seekers in the United States	Wrong study design
Muste et. al., 2023	Emergency department evaluation of nurse triage questions about safe-at-home and abuse or neglect in traumatic ocular injuries.	Wrong population
Khanna et. al., 2020	Empowering nurses: Using knowledge to screen & identify victims of human trafficking	Wrong setting
Harlow et al., 2019 19	EMS professionals: critical partners in human trafficking response	Wrong publication type
De Vries et al., 2020	Enhancing the identification of commercial sexual exploitation among a population of high-risk youths using predictive regularization models.	Wrong setting
Anderson and Modi, 2021	Evaluating a virtual interdisciplinary human trafficking training program in the emergency department	Not available
Panlilio et al., 2022	Evaluating and validating the classification accuracy of a screening instrument to assess risk for commercial sexual exploitation of child welfare-involved children and adolescents	Wrong setting
Shery-Ann et. al., 2018	Evaluation of a Screening Tool for Child Sex Trafficking Among Patients With High-Risk Chief Complaints in a Pediatric Emergency Department	Duplicate
Kim et. al., 2023	Evaluation of Services for the Commercial Sexual Exploitation of Children and Youth: A Scoping Review.	Wrong concept
Dimitropoulos et. al., 2022	Experiences of Canadian mental health providers in identifying and responding to online and in-person sexual abuse and exploitation of their child and adolescent clients.	Wrong concept
Timmel et. al., 2020	From family violence to trauma informed care: A multidisciplinary workshop for medical students	Wrong setting
Winks et. al., 2023	Frontline Medical Professionals' Ability to Recognize and Respond to Suspected Youth Sex Trafficking.	Wrong concept
Barbosa, 2023	Gender Dysphoria, ASD, and Sex Trafficking: Addressing Barriers in the Mental Health Care of Neurodiverse Gender-Minority Youth in a Rural State	Wrong concept
ILO, Walk Free & OIM, 2022	Global estimates of modern slavery	Wrong concept
International Labour Office (ILO), 2022	Hard to see, harder to count Survey guidelines to estimate forced labour of adults and children	Wrong concept

Viergever et. al., 2015	Health care providers and human trafficking: what do they know, what do they need to know? Findings from the middle East, the Caribbean, and Central America.	Wrong concept
Isaac 2011	Health Care Providers' Training Needs Related to Human Trafficking: Maximizing the Opportunity to Effectively Screen and Intervene.	Wrong study design
Ehrhardt-Humbert et. al., 2023	Health Care Utilization by Pediatric Human Trafficking Victims in an Urban Health Care System	Wrong concept
Eappen et. al., 2022	Health Services to Meet Physical, Mental, and Social Needs of 126 Females Who Survived Boko Haram Abduction and Captivity: Providers' Perspective.	Wrong concept
Ertl et. al., 2020	Healthcare needs and utilization patterns of sex-trafficked youth: Missed opportunities at a children's hospital.	Wrong concept
Andersson and Örmon,	Healthcare providers' experience of identifying and caring for women subjected to sex trafficking: a qualitative study.	Wrong concept
Alhajji et. al., 2021	Helping survivors of human trafficking	Wrong publication type
Spadafore et. al., 2021	Histories of trauma: A qualitative analysis of lifetime traumatic experiences among emergency department patients.	Wrong population
Covenant House, 2013	Homelessness, survival sex and human trafficking: As experienced by the youth of Covenant House New York	Wrong setting
Gerassi et. al., 2023	How Do Providers Assess Young People for Risk of Sex Trafficking? Observed Indicators, Follow-Up, and Assessment Questions from a Sample of Social Service Providers.	Wrong setting
Jessop et. al., 2018	How good are we at 'spotting the signs'?	Not available
Cooper, 2016	How to spot signs of child sexual exploitation	Wrong publication type
Buśet. al., 2019	Human trafficking – Multinational challenge for forensic science	Wrong publication type
Shekhar and Macias-Konstantopoulos, 2023	Human Trafficking and Emergency Medical Services (EMS).	Wrong publication type
Ross 2015	Human trafficking and health: A cross-sectional survey of NHS professionals' contact with victims of human trafficking.	Wrong concept
Oram 2016	Human trafficking and health: A survey of male and female survivors in England	Wrong concept
Deutscher et. al., 2017	Human trafficking awareness, a learning module for improved recognition of victims in the emergency room	Wrong setting
Findlay et. al., 2016	Human trafficking didactic session resulted in improved awareness	Wrong setting
Das et. al., 2023	Human Trafficking Education: A Pilot Study of Integration into Medical School Curriculum.	Wrong setting
Schwarz et. al., 2016	Human Trafficking Identification and Service Provision in the Medical and Social Service Sectors.	Wrong study design
Einbond et. al. 2020	Human Trafficking in Adolescents: Adopting a Youth-centered Approach to Identification and Services.	Wrong study design
Beck et. al., 2017	Human Trafficking in Ethiopia: A Scoping Review to Identify Gaps in Service Delivery, Research, and Policy.	Wrong concept
Patel 2010	Human Trafficking in the Emergency Department.	Wrong study design
Tiller and Reynolds, 2020	Human Trafficking in the Emergency Department: Improving Our Response to a Vulnerable Population.	Wrong study design
Raker and Hromadik, 2021	Human Trafficking in the Radiology Setting	Wrong publication type

The Lancet Regional Health – Western Pacific, 2022	Human trafficking is more than a crime	Wrong publication type
State of Florida Department of Children and Family.	Human Trafficking of Children Indicator Tool.	Wrong setting
Peck and Meadows-Oliver, 2019	Human Trafficking of Children: Nurse Practitioner Knowledge, Beliefs, and Experience Supporting the Development of a Practice Guideline: Part One.	Wrong study design
Peck JL, Doiron ML	Human trafficking policies of professional nursing organizations: Opportunity for innovative and influential policy voice.	Wrong concept
Baldwin 2009	Human Trafficking Victims: At an Abortion Clinic Near You? 2009	Not available
Scott-Tilley and Crites, 2016	Human Trafficking, Sexual Assault, or Something Else? A Complicated Case With an Unexpected Outcome.	Wrong study design
Shandro et. al., 2016	Human Trafficking: A Guide to Identification and Approach for the Emergency Physician.	Wrong study design
ACOG, 2019	Human Trafficking: ACOG COMMITTEE OPINION	Wrong publication type
Leslie, 2018	Human Trafficking: Clinical Assessment Guideline.	Wrong study design
Pulvino et. al., 2023	Human Trafficking: Screening and Linkage to Care	Not available
Pulvino, 2023	Human Trafficking: Screening and Linkage to Care	Duplicate
Trout, 2010	Human trafficking: the role of nurses in identifying and helping victims.	Wrong publication type
Dovydaitis 2009	Human trafficking: the role of the health care provider.	Wrong study design
Cheetham and Hurst, 2022	Human Trafficking: When to Suspect in the Pediatric Emergency Department?	Wrong study design
Pegram, 2020	Human trafficking: would you recognize it?	Wrong study design
Hachey & Phillippi, 2017	Identification and management of human trafficking victims in the emergency department	Wrong study design
Hachey and Phillippi, 2017	Identification and Management of Human Trafficking Victims in the Emergency Department.	Wrong study design
Gibbons and Stoklosa, 2016	Identification and Treatment of Human Trafficking Victims in the Emergency Department: A Case Report.	Wrong study design
Grosgogeat et. al., 2024	Identification of a Human Trafficking Victim: A Simulation.	Wrong publication type
Baldwin 2011	Identification of human trafficking victims in health care settings.	Wrong concept
Rambhatla et. al., 2021	Identification of skin signs in human-trafficking survivors.	Wrong concept
Tracy y Macias-Konstantopoulos, 2017	Identifying and assisting sexually exploited and trafficked patients seeking Women's health care services.	Wrong study design
Hunt et. al., 2020	Identifying human trafficking in adults	Wrong publication type
Weiss et. al., 2023	Identifying Human Trafficking in the Hospital Via an Abuse Screening Tool	Not available
Nguyen et. al., 2018	Identifying Human Trafficking Victims on a Psychiatry Inpatient Service: a Case Series.	Wrong concept
Mostajabian et. al., 2019	Identifying Sexual and Labor Exploitation among Sheltered Youth Experiencing Homelessness: A Comparison of Screening Methods.	Wrong setting
Sinha 2019	Identifying victims of human trafficking in central Pennsylvania: A survey of health-care professionals and students. J	Wrong concept

Greenbaum, 2016	Identifying Victims of Human Trafficking in the Emergency Department	Not available
Coughlin et. al., 2019	Identifying victims of sex trafficking: Assessing medical student knowledge and confidence after a brief workshop	Wrong publication type
Balchan, 2018	Identifying youth at risk for commercial sexual exploitation of children (CSEC) in a foster care clinic	Not available
Brandt 2018	Identifying youth at risk for commercial sexual exploitation within child advocacy centers: a State-wide pilot study	Wrong setting
Song, 2021	Impact of COVID-19 on the exploitation of children	Wrong study design
Ficker et. al., 2023	Incidence of Sexually Transmitted Infections and Pregnancy Among Adolescent Sex Trafficking Victims	Wrong concept
Raj et. al., 2019	Incorporating Clinical Associations of Domestic Minor Sex Trafficking into Universal Screening of Adolescents.	Wrong concept
OIM, 2019	Informe sobre las Migraciones en el Mundo 2020	Wrong population
UNODC, 2020	INTERLINKAGES BETWEEN Trafficking in Persons and Marriage	Wrong setting
Hartsock and Helft, 2019	International Travel for Living Donor Kidney Donation: A Proposal for Focused Screening of Vulnerable Groups.	Wrong publication type
Lamb-Susca and Clements, 2018	Intersection of Human Trafficking and the Emergency Department.	Wrong publication type
Lamb-Susca et al., 2018 20	Intersection of human trafficking and the emergency department.	Wrong study design
Shared Hope International Leitch L, Snow M.	Intervene Practitioner Guide and Intake Tool	Not available
Lin et. al., 2024	Intimate Partner Violence and Human Trafficking Screening and Services in Primary Care Across Underserved Communities in the United States-Initial Examination of Trends, 2020-2021.	Wrong concept
Ulibarri et. al., 2017	Introduction to Special Section: Research, Treatment, and Policy Regarding Trafficking and Sexual Exploitation of Children and Adolescents	Wrong setting
Resolution Hope National Campaign to End Child Trafficking., 2013	Know What to Look For.	Not available
Lawrence et. al., 2020	Knowledge Base of Nurses Before and After a Human Trafficking Continuing Education Course.	Wrong concept
Greenbaum et. al., 2022	Labor trafficking of children and youth in the United States: A scoping review.	Wrong concept
UN, 2020	LEGISLATIVE GUIDE FOR THE PROTOCOL TO PREVENT, SUPPRESS AND PUNISH TRAFFICKING IN PERSONS, ESPECIALLY WOMEN AND CHILDREN	Wrong setting
OIM, 2014	LINEAMIENTOS REGIONALES PARA LA IDENTIFICACION PRELIMINAR DE PERFILES Y MECANISMOS DE REFERENCIA DE POBLACIONES MIGRANTES EN CONDICION DE VULNERABILIDAD	Wrong concept
Enríquez, 2015	Lo psicológico en el plan integral de lucha contra la trata de personas Colombia 2007- 2012	Wrong setting
Bick et. al., 2017	Maternity care for trafficked women: Survivor experiences and clinicians' perspectives in the United Kingdom's National Health Service.	Wrong concept
Chisolm-Straker, 2018	Measured Steps: Evidence-based Anti-Trafficking Efforts in the Emergency Department.	Wrong study design

Pacífico, 2011	Mecanismos institucionais de prevenção e combate ao tráfico de pessoas no Brasil	Wrong publication type
Kaplan, 2023	Medical Presentations and Needs of Exploited Youth in the Pediatric Emergency Setting	Wrong study design
Beck, 2015	Medical Providers' Understanding of Sex Trafficking and Their Experience With At-Risk Patients	Wrong concept
Borham et. al., 2019	Medical School Curricular Development: Sex Trafficking, Adverse Childhood Experiences, and Trauma-Informed Car	Wrong setting
Weis et. al., 2017	Medical tourism: The role of the primary care provider	Wrong publication type
Altun et. al., 2017	Mental health and human trafficking: Responding to survivors' needs	Wrong publication type
Iglesias-Rios 2018	Mental health, violence and psychological coercion among female and male trafficking survivors in the greater Mekong sub-region: A cross-sectional study	Wrong concept
Ruiz-Gonzalez et. al., 2022	Midwives' experiences and perceptions in treating victims of sex trafficking: A qualitative study.	Wrong concept
Migration data portal, 2023	Migration data in Eastern Africa	Wrong publication type
Miller et. al., 2007	Migration, sexual exploitation, and women's health: a case report from a community health center.	Wrong study design
Mæng et. al., 2014	Mobile health initiative for foreign prostitutes in the Region of Central Jutland and the Region of North Jutland.	Wrong concept
UN, 2020	MODEL LEGISLATIVE PROVISIONS AGAINST TRAFFICKING IN PERSONS	Wrong setting
Such et. al., 2020	Modern slavery and public health: a rapid evidence assessment and an emergent public health approach.	Wrong concept
Minderoo Foundation's Walk Free initiative and the Human Rights Resources and Energy Collaborative (HRREC)	MODERN SLAVERY RESPONSE & REMEDY FRAMEWORK	Wrong concept
Greenbaum et. al., 2018	Multi-level prevention of human trafficking: The role of health care professionals.	Wrong concept
Paraskevas and Bookes 2018	Nodes, guardians and signs: Raising barriers to human trafficking in the tourism industry.	Wrong setting
Bono-Neri and Toney-Butler, 2023	Nursing students' knowledge of and exposure to human trafficking content in undergraduate curricula.	Wrong concept
Ropero-Padilla et. al., 2022	Nursing students' perceptions of identifying and managing sex trafficking cases: A focus group study.	Wrong setting
NWG, 2017	NWG Network Child Sexual Exploitation (CSE) Risk Assessment Tool	Not available
McConkey et. al., 2023	Operationalizing Child Sex Trafficking Screening in an Academic Emergency Department	Not available
Dimas et. al., 2022	Operations research and analytics to combat human trafficking: A systematic review of academic literature.	Wrong concept
No authors listed, 2018	Oral and Dental Aspects of Child Abuse and Neglect.	Wrong publication type
Ministerio de Salud de Perú, 2021	Orientaciones técnicas para el cuidado integral de la salud mental del niñas, niños y adolescentes víctimas y sobrevivientes de trata de personas. Documento técnico	Wrong concept
Langerman et. al., 2018	Patient and caregiver attitudes towards comprehensive behavioral health screening in the emergency department	Not available

Titchen et. al., 2023	Physician Understanding of Youth Labor and Sex Trafficking: A Need for Training	Not available
Ministerio del Interior de Perú, 2021	Plan nacional contra la trata de personas 2017 - 2021	Wrong setting
Speck et. al., 2018	Policy brief on the nursing response to human trafficking.	Wrong publication type
Anderson et. al., 2024	Preliminary Evidence of Validity for the Verbally Pressured and Illegal Sexual Exploitation Modules of the Sexual Experiences Survey-Victimization.	Wrong setting
Ma et al., 2020 23	Preparing residents to deal with human trafficking.	Wrong setting
Franchek-Roa, 2017	Preparing your healthcare system to identify and respond to victims of abuse, neglect and exploitation	Not available
Dank, 2017	Pretesting a Human Trafficking Screening Tool in the Child Welfare and Runaway and Homeless Youth Systems	Wrong setting
Ottisova et. al., 2016	Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: an updated systematic review.	Wrong concept
UN	Project Delta 8.7 Informing policies that contribute to achieving SDG Target 8.7 on modern slavery, human trafficking, and forced and child labour.	Wrong publication type
Ambagtsheer et. al., 2018	Proposal for an anonymous reporting code organ trafficking: how transplant professionals can play a role in preventing this trafficking	Wrong concept
Cooper, 2015	Protecting children from sexual exploitation.	Wrong publication type
Ministerio de Salud Pública y Asistencia Social, 2012	Protocolo de atención en salud integral con pertinencia cultural para la niñez y la adolescencia en situación de trabajo infantil y sus peores formas	Wrong concept
Ministerio del Interior de Perú, 2018	Protocolo intersectorial para la prevención y persecución del delito y la protección. atención y reintegración de víctimas de trata de personas - D.S. N° 005-2016-IN	Wrong setting
Gordon et. al., 2018	Psychiatry's Role in the Management of Human Trafficking Victims: An Integrated Care Approach.	Wrong study design
Basu et. al., 2021	Recognizing and intervening in child sex trafficking.	Wrong study design
Prakash et. al., 2023	Recognizing Human Trafficking in Radiology	Wrong publication type
Jouk, 2021	Recognizing Suspected Human Trafficking in the Pediatric Intensive Care Unit	Wrong concept
Danaher et. al., 2018	Recognizing, diagnosing, and preventing child maltreatment: an update for pediatric clinicians.	Wrong population
Taskforce on Trafficking of Women and Girls, 2014	Report of the taskforce on trafficking of women and girls.	Wrong concept
Hoffman and Argeros, 2022	Researching the Effectiveness of an Online Human Trafficking Awareness Program Among Community Health Nursing Students.	Wrong setting
Tambini Stollwerck et. al., 2024	Responding to human trafficking among refugees: prevalence and test accuracy of a modified version of the adult human trafficking screening tool.	Wrong setting
Williamson et. al., 2020	Responding to the health needs of trafficked people: A qualitative study of professionals in England and Scotland.	Wrong concept
Talbott et. al., 2020	Review of Published Curriculum on Sex Trafficking for Undergraduate Medical Trainees.	Wrong setting
Jaeckl and Laughon, 2021	Risk Factors and Indicators for Commercial Sexual Exploitation/Domestic Minor Sex Trafficking of Adolescent Girls in the	Wrong concept

	United States in the Context of School Nursing: An Integrative Review of the Literature.	
Kent and Medway, Safeguarding Children Board, 2017	Safeguarding children at risk of sexual exploitation. Risk assessment toolkit.	Not available
Wilkinson and Cranston, 2015	Safeguarding for anaesthetists: working to protect children	Wrong population
Dwyer and Rogstad, 2022	Safeguarding, child sexual exploitation and sexual assault	Wrong publication type
San Luis Obispo County, 2014	San Luis Obispo County CSEC collaborative response team commercial sexual exploitation of children (CSEC screening tool)	Duplicate
Ministério da Saúde, 2014	Saúde, migração, tráfico e violência contra mulheres: o que o SUS precisa fazer: caderno pedagógico	Wrong publication type
Ministério da Saúde, 2013	Saúde, migração, tráfico e violência contra mulheres: o que o SUS precisa saber	Wrong publication type
Spencer-Hughes 2017	Screening for child sexual exploitation in online sexual health services: An exploratory study of expert views	Wrong concept
Spencer-Hughes et. al., 2017	Screening for Child Sexual Exploitation in Online Sexual Health Services: An Exploratory Study of Expert Views.	Wrong setting
Costelloet. al., 2021	Screening for human trafficking in the pediatric emergency department: A pre-and post-intervention study	Not available
Indiana Coalition Against Sexual Assault.	Screening Tool for Victims of Human Trafficking.	Wrong setting
The US Department of Health and Human Services	Screening Tool for Victims of Human Trafficking.	Not available
O'Connell and Lomax, 2016	Service evaluation of the use of the young person's proforma in relation to central and community sexual health clinics	Not available
McAlpine et. al., 2016	Sex trafficking and sexual exploitation in settings affected by armed conflicts in Africa, Asia and the Middle East: systematic review.	Wrong concept
Barron 2016	Sex trafficking assessment and resources (STAR) for pediatric attendings in Rhode Island	Wrong concept
Haney et. al., 2020	Sex Trafficking in the United States: A Scoping Review.	Wrong setting
Bortel et al., 2008	Sex trafficking needs assessment for the State of Minnesota	Wrong setting
Chaffee and English, 2015	Sex trafficking of adolescents and young adults in the United States: healthcare provider's role.	Wrong study design
Moore et. al., 2017	Sex Trafficking of Minors.	Wrong setting
Scott-Wellington et. al., 2021	Sex trafficking screening tool in the emergency department	Wrong publication type
Lorvinsky et. al., 2023	Sex trafficking survivors' experiences with the healthcare system during exploitation: A qualitative study.	Wrong concept
Richie-Zavaleta et al., 2020 26	Sex trafficking victims at their junction with the healthcare setting-a mixed-methods inquiry.	Wrong concept
Rapoza, 2022	Sex Trafficking: A Literature Review with Implications for Health Care Providers.	Wrong study design
UN Dept of Field Support, 2018	Sexual Exploitation and Abuse: Risk management toolkit	Wrong setting
South Gloucestershire Council, 2020.	Sexual exploitation risk assessment framework (SERAF)	Not available
Clutton & Coles, 2007	Sexual exploitation risk assessment framework: A pilot study.	Wrong setting
Mays A, Harvill Z, Mejia J.	Sexually Exploited Children Screening Protocol: A Multidisciplinary Model Designed for the Clinical and School Health Setting.	Wrong setting

Ashby et. al., 2015	Spotting the Signs: a national toolkit to help identify young people at risk of child sexual exploitation.	Wrong publication type
Begley et. al., 2022	Student Perceptions of an Interprofessional Short Course Designed to Increase Awareness of Human Trafficking.	Wrong setting
Wretman et. al., 2021	Study protocol for an evaluability assessment of an anti-human trafficking program.	Wrong setting
Webster, 2018	Sutton practice toolkit for safeguarding children from sexual exploitation (CSE). (2nd ed.).	Not available
Fang et. al., 2018	Tattoo Recognition in Screening for Victims of Human Trafficking.	Wrong study design
Weiss and Kiluk,2018	Teaching human trafficking to 3RD year medical students	Wrong setting
Stevens and Berishaj, 2016	The Anatomy of Human Trafficking: Learning About the Blues: A Healthcare Provider's Guide.	Wrong study design
Kim et. al., 2018	The anti-human trafficking collaboration model and serving victims: Providers' perspectives on the impact and experience.	Wrong concept
Magdaleno et. al., 2023	The Development and Implementation of a Forensic Education Module for Nebraska Critical Access Providers: A Pilot Study.	Wrong concept
Tuharyati et. al., 2020	The eradication of women and children trafficking in emergency in relations to the legal protection for victims in the health perspective	Wrong concept
Adam and Webb, 2018	The Exploitation of Children: Understanding Human Sex Trafficking	Wrong concept
Lederer 2014	The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities.	Wrong concept
Wick, 2024	The Impact of Pharmacists and Pharmacy Technicians in Recognizing and Responding to Human Trafficking	Not available
Forbes et. al., 2017	THE in betweenness: 16 & 17 year olds attending SRH are vulnerable	Not available
Koss et. al., 2024	The Revised Sexual Experiences Survey Victimization Version (SES-V): Conceptualization, Modifications, Items and Scoring.	Wrong study design
Peters-Mosquera et. al., 2023	The Role Nurses Can Play in Addressing and Preventing the Prevalence of Missing or Murdered Indigenous Women and Girls (MMIWG).	Wrong concept
Mercer et. al., 2018	The use of standardized patients to increase medical student awareness of and confidence in screening for human trafficking	Wrong setting
Boparan et. al., 2020	To what extent are community pharmacists ‚Spotting the Signs' and acting appropriately according to the child sexual exploitation safeguarding training?	Not available
Tomsett et. al., 2024	Tools for the identification of victims of domestic abuse and modern slavery in remote services: A systematic review.	Wrong setting
Shah et. al., 2021	TraffickED and TraumatizED: The Effectiveness of a Human Trafficking Seminar in Building Confidence in Trauma-Informed Care	Wrong setting
Cannon et. al., 2018	Trafficking and Health: A Systematic Review of Research Methods.	Wrong concept
ICAT, 2021	TRAFFICKING IN PERSONS FOR THE PURPOSE OF ORGAN REMOVAL	Wrong concept
Ary and Maia, 2008	Tráfico de seres humanos na sociedade internacional contemporânea: globalização, políticas migratórias e os esforços multilaterais de combate	Wrong setting
Bechtel et. al., 2022	Training Experiences of Emergency Department Providers in the Recognition of Child Trafficking.	Wrong concept
Powell et al., 2017	Training US health care professionals on human trafficking: where do we go from here?	Wrong concept
World Health Organization, 2012	Understanding and addressing violence against women: human trafficking	Wrong publication type
Munro-Kramer et. al., 2022	Understanding Health Facility Needs for Human Trafficking Response in Michigan.	Wrong concept

Chisolm-Straker et al., 2018	Universal screening for trafficking in the emergency department: RAFT development and validation	Duplicate
United Nations 2021	UNODC TOOLKIT For mainstreaming Human Rights and Gender Equality into criminal justice interventions to address trafficking in persons and smuggling of migrants	Wrong setting
Severini et. al., 2015	Use of ancestry-informative markers as a scientific tool to combat the illegal traffic in human kidneys	Wrong population
Armstrong and Greenbaum, 2019	Using Survivors' Voices to Guide the Identification and Care of Trafficked Persons by U.S. Health Care Professionals: A Systematic Review.	Wrong study design
Chisolm-Straker et. al., 2021	Validation of a screening tool for labor and sex trafficking among emergency department patients	Duplicate
Basson, 2023	Validation of the commercial sexual exploitation-identification tool (CSE-IT). Technical report.	Duplicate
Cano et. al., 2023	Víctimas de trata de seres humanos: una realidad emergente en medicina forense	Wrong concept
Pocock et. al., 2021	Victims or suspects? Identifying and assisting potentially trafficked fishermen: A qualitative study with stakeholders and first responders in Thailand.	Wrong setting
Riley, 2019	When slavery hides in the symptoms - Are we ready to see it?	Wrong publication type
Tomsett et. al., 2025	Tools for the identification of victims of domestic abuse and modern slavery in remote services: A systematic review.	Wrong concept
Twis et. al., 2024	Beyond Victim Identification: A Practitioner’s. Guide to Designing a Youth Anti-Sex Trafficking. Advocacy Program	Wrong concept
Shirazi et. al., 2024	Human trafficking screening in Saskatoon Emergency Departments: What can be learned from high-risk patient presentations?	Wrong concept
Alnour et. al., 2022	Global Practices and Policies of Organ Transplantation and Organ Trafficking	Wrong concept
Ambagtsheer et. al., 2016	On Patients Who Purchase Organ Transplants Abroad	Wrong concept
Irish et. al., 2024	International Travel for Organ Transplantation: A Survey of Professional Experiences and Attitudes Toward Data Collection and Reporting	Wrong concept
Mishra et. al., 2020	mtDNA Analysis: A Valuable Tool to Establish Relationships in Live. Related Organ Transplants	Wrong concept
Hosey et. al., 2025	Barriers to and facilitators of human trafficking screening in the healthcare setting: a scoping review protocol	Wrong publication type
Mangual et. al., 2024	54003 Role of the Dermatologist in Identifying and Advocating for Those Affected by Human Trafficking: A Needs Assessment in High Density Regions of Human Trafficking within the United States	Wrong publication type
Saucedo et. al., 2024	Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health	Wrong publication type
Roe-Sepowitz et. al., 2024	PEARR tool training and implementation: building awareness of violence and human trafficking in a hospital system	Duplicate
The Advocated for Human Rights	Labor Trafficking Self-Assessment Card	Wrong setting
Missouri Hospital Association	Human Trafficking Toolkit: Guidance and Resources to Help Hospitals Combat Human Trafficking	Not available
Michigan Department of Health and Human Services, 2017	HUMAN TRAFFICKING SCREENING TOOL – ONGOING CASES	Wrong setting

Michigan Department of Health and Human Services, 2017	Human Trafficking of Children Protocol	Wrong setting
Macias-Konstantopoulos, 2018	Adult Human Trafficking Screening Tool and Guide	Duplicate
Labor International Office of United Nations, 2009	Operational indicators of trafficking in human beings	Wrong setting
Hachey, 2017	Identification and Management of Human Trafficking Victims in the Emergency Department	Wrong study design
Sonsiadek et. al. 2024	Development of a Human Trafficking Flowsheet for Clinical Forensic Examiners	Duplicate
He et. al. 2020	Use of Forensic DNA Testing to Trace Unethical Organ Procurement and Organ Trafficking Practices in Regions that Block Transparent Access to their Transplant Data	wrong concept