



Massachusetts Department of Public Health

Human trafficking:

Recognition and response in healthcare

What is human trafficking?

Human trafficking is exploitation of a person who is enticed to perform labor or sexual acts for the financial benefit of someone else. Traffickers may use force, fraud, or coercion to compel the victim to perform the labor or sexual acts, or they may use other tactics such as isolation; control; providing food, housing, and protection; manipulation; fear of harm to themselves or someone else; drug dependence; or blackmail, among others. **Labor trafficking** includes exploitative work (e.g., agriculture, construction, domestic work). **Sex trafficking** involves a victim participating in sexual acts in exchange for something of value given to the trafficker.

Why it matters: Patients often do not identify as being trafficked or disclose. Barriers include fear, shame, stigma, and prior negative healthcare experiences. At the same time, contact with healthcare staff may be a rare safe interaction.

Clinical indicators (patterns, not proof)

- **Behavioral:** Companion controls interaction; patient fearful/submissive
- **Communication:** Scripted or inconsistent history
- **Physical:** Delayed care, work-related injuries, malnutrition, poor oral health, reproductive concerns
- **Psychological:** Hypervigilance, distress

Additional context

- **Chart:** Frequent ED visits, recurrent sexually transmitted infections or pregnancies, no ID
- **Work/living:** Long work hours, unsafe conditions, lack of personal protective equipment, overcrowded housing, restricted movement
- **Social:** Isolation, fear of authorities, reluctance to discuss experiences

Trauma-informed response

Use the acronym PEARR to remember the key pieces of a trauma-informed response:

- **P**rovide privacy
- **E**ducate
- **A**sk (nonjudgmental)
- **R**espect and respond
- **R**esource

If concerned: Assess safety, offer resources, document objectively, and involve social work staff. **Avoid:** Forcing disclosure, confronting companions, and defaulting to law enforcement.

How to ask

Ask open, normalized questions – you do not need disclosure to help.

Ask about: safety; ability to leave; control over work, money, and ID; pressure or threats.

Examples of language:

- “I ask all patients about safety...”
- “Do you feel able to leave your situation?”

Note: Use validated tools (e.g., Rapid Appraisal for Trafficking, or RAFT) within protocols when available.

Key principles

- Indicators reflect patterns, not proof
- Trafficking includes labor and sexual exploitation
- Disclosure is not required to provide care
- Asking in a trauma-informed way is itself an intervention
- Focus on safe connection, not investigation

Resources

- [HEAL Trafficking](#), which developed the guidance shared in this document
- [National Human Trafficking Hotline](#)
- [Attorney General’s Office Human Trafficking Division Resources](#)

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