Invisible chains of human trafficking: Critical lessons learned from a teenage survivor's story



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"Human trafficking did not begin for me the moment somebody exchanged money.
It began long before that…"

"They don't start with control. They start with connection."

“Someone I trusted had left me in a vulnerable position.
And eventually, I reached out to someone I knew from a nightclub.
At that moment, I wasn’t thinking:
“This person is going to traffic me.”
I was thinking:
“I need help.”
And that distinction matters.”

“Because victims don’t always recognize the danger in front of them.
Sometimes the person who eventually hurts you is the same person who initially appears to rescue you.
He didn’t immediately show me the person he would become.
There was attention.
There was affection.
There was the appearance of protection.
There were promises.
And slowly, those things became control.”



Definition

Trafficking Victims Protection Act (TVPA):

- Defined as the use of force, fraud, or coercion to compel labor or commercial sex acts.

The Minor Exception Rule (Critical Clinical Distinction):

- For adolescents/minors under 18, ANY commercial sex act is legally classified as trafficking.

- Proof of force, fraud, or coercion is NOT required by law for individuals under 18.

- Consent is legally irrelevant for minors experiencing exploitation.

Prevalence

United States:

- Human trafficking is actively reported across all 50 states, suburban neighborhoods, and rural areas.

- Estimates point to approximately 199,000 unique trafficking incidents occurring annually in the U.S.

National Human Trafficking Hotline Data:

- Over 52,000 initial contacts resulting in over 15,000 potential cases and 21,000 unique victims in a year.

- Severe underreporting exists due to victim isolation, trauma bonds, and fear of retaliation.

- **Globally, an estimated 27.6 million people are victims of human trafficking at any given time (ILO)**

- United Nations Office on Drugs and Crime (UNODC): Sexual exploitation accounts for about 79% of detected cases (mostly women and girls), but labor trafficking is on the rise. Many exist simultaneously.

- As well, romance/scam forced labor operations have been increasing.

Adolescent Statistics

Initial Exploitation:

- The average age of entry into child sex trafficking is 15 years old.

- Over 89% of adolescent victims are between the ages of 14 and 17.

High-Risk Intersections:

- Up to 88% of child sex trafficking victims recovered nationally had a history with the foster care or child welfare system.

- 1 in 5 runaway or homeless youth are approached by a recruiter within 48 hours of leaving home.

- Demographic Shift: Boys represent the fastest-growing segment of newly identified labor and sex trafficking cases.

HOW and WHY?

Digital and Social Media Recruitment

-Traffickers increasingly use social media, video games, online chat apps, catfishing, and fake job postings to target, groom, and exploit minors.

Online Commercial Sexual Exploitation and Sextortion

-Research published by the American Academy of Pediatrics shows growing prevalence rates of online commercial sexual exploitation and sextortion among young people, with girls, transgender youth, and adolescents aged 13 to 17 facing the highest risk.

Acquaintances and Peer Networks

-Analysis by the McCain Institute indicates that many minor sex trafficking cases involve perpetrators who are already known to the victims, including peers, gang networks, and acquaintances.

Rise in Female Traffickers

-Law enforcement and research data show an increasing number of arrests involving female sex traffickers of minors, shifting away from the traditional stereotype that traffickers are exclusively male.

Re-trafficking

-U.S. Department of State Trafficking Persons Report found fluctuating conviction rates and ongoing gaps in stable housing and recovery services for survivors.

System-Involved Youth

-Minors with a history of childhood abuse, homelessness, housing instability, or involvement in the foster care and juvenile justice systems face elevated danger.

LGBTQ+ Youth

-Studies highlighted by organizations such as SAFE Austin indicate that LGBTQ+ youth face roughly double the risk of trafficking compared to heterosexual youth, driven by factors like housing discrimination and lack of familial or social support.

Pornography

-Pornography and human trafficking intersect primarily through forced production, digital blackmail, grooming, and the normalization of sexual violence.

Grooming

"We have to understand grooming.

Grooming can look like love.
It can look like somebody finally paying attention.
It can look like gifts.
It can look like protection.
It can sound like:
"I've got you."
"Nobody understands you the way I do."
"You don't need them."
"We're going to build a life together."
Until eventually the person has isolated you enough that your world becomes smaller and smaller.

And then the rules change.



“There is dependency.
There is isolation.
There is shame.
And there is trauma bonding.
You can be afraid of someone and still feel attached to them.
You can know someone is hurting you and still believe you love them.
You can desperately want the violence to stop without yet knowing how to imagine your life without the person causing it.
Even after I left, there were emotions that didn’t suddenly disappear.
That is one of the hardest things for outsiders to understand.
Leaving a trafficker does not automatically undo years of psychological control.



WE HAVE WORK TO DO.

SO…
WHY is your role critical in in this fight?

The Clinical Point of Contact:

- Research confirms 68% to 88% of trafficking survivors interact with a healthcare provider WHILE being actively exploited.

- Most frequent presentation venues: Emergency Departments, Urgent Care, and Reproductive Health clinics.

Failure to Identify:

- Majority of cases walk out undiscovered due to a lack of professional training or reliance on outdated visual stereotypes.

- Clinicians must shift from 'rescuing' to creating an immediate, safe physical space for safe disclosure.

(Chisolm-Straker et al., 2016)

HOW ?

1. Start with Trauma-Informed Care & Safe Patient Separation

- You cannot safely screen or evaluate a suspected trafficking victim with a companion present in the examination room.

- Never display suspicion or confront the companion. Protect yourself and the patient by utilizing institutional rules.

- Script: 'Hospital policy requires us to bring every patient back individually for vitals and a private clinical exam.'

- Never use a companion, acquaintance, or family member to translate if a language barrier exists.

- Try to use an institutional, certified medical interpretation phone/video system to ensure complete privacy…. or if all else fails, Google translate.

2. Know the Clinical & Medical Red Flags

Physical & Trauma Presentation:

- Signs of acute, clustered, or poorly healed trauma (fractures, internal/soft tissue contusions, deep variable bruising).

- Severe, unaddressed dental decay and chronic malnourishment.

Reproductive Health Markers:

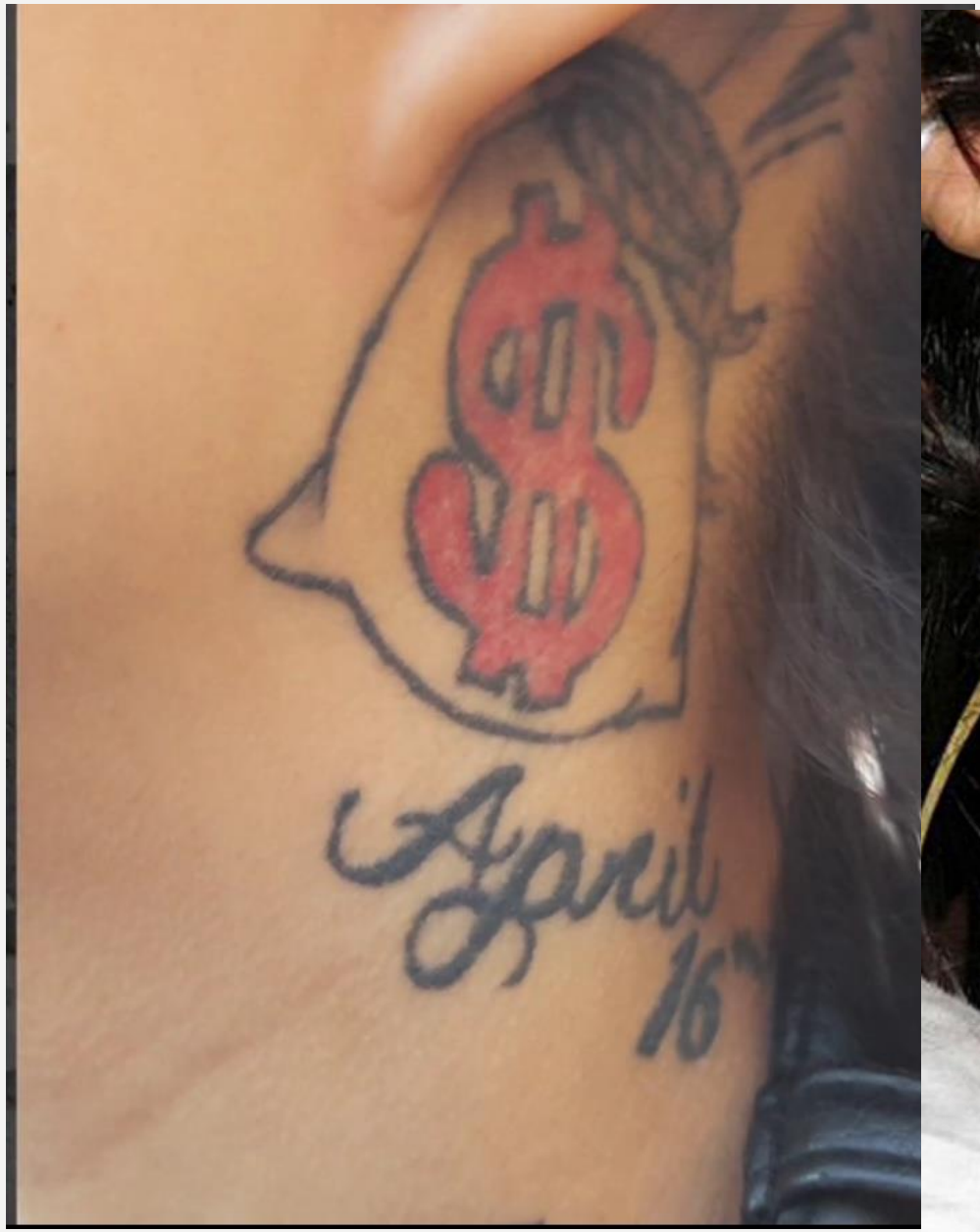
- Recurrent STIs, frequent emergency contraception requests, or multiple closely spaced pregnancies.

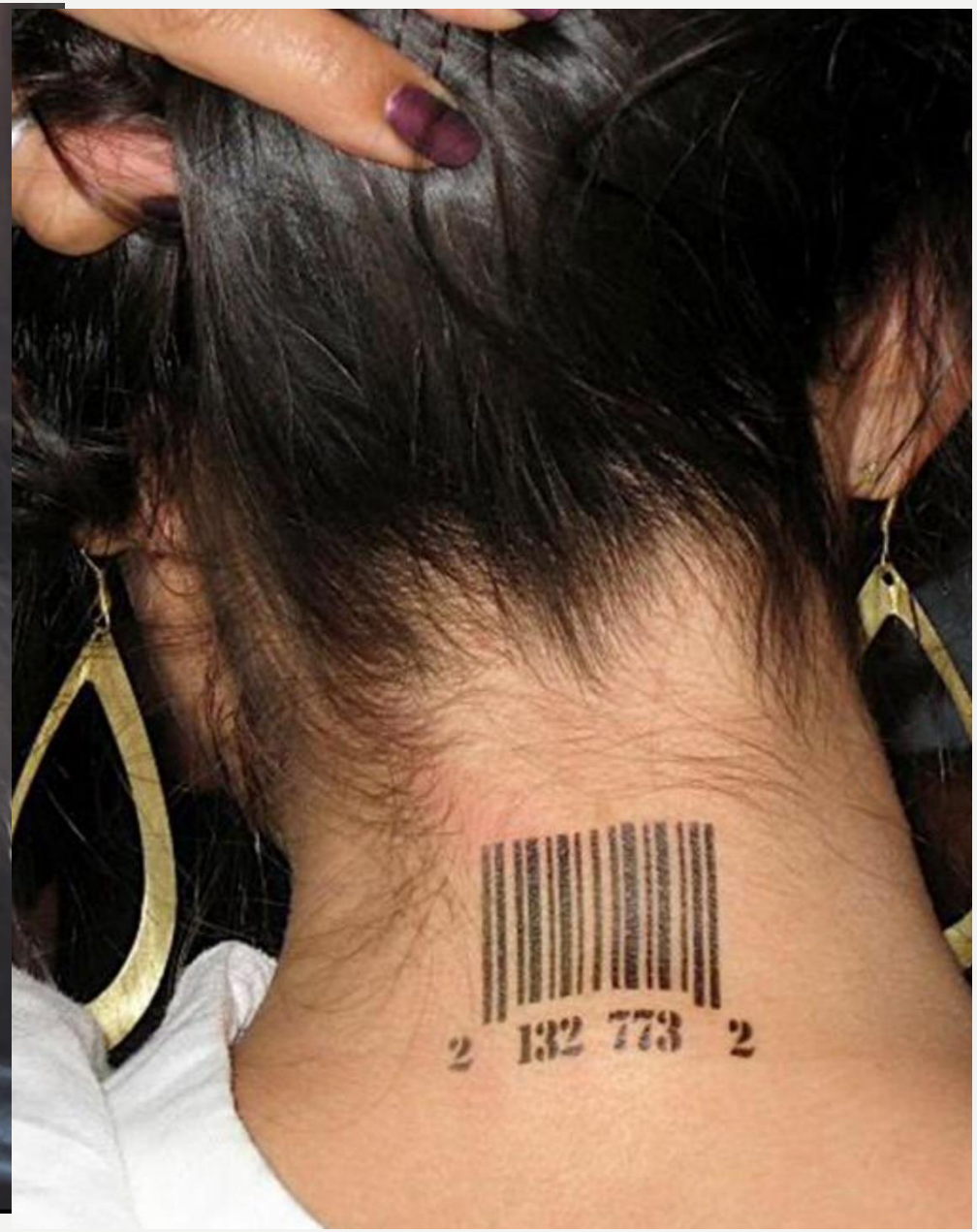
- Intense, hyper-fearful, or highly dissociative psychological reactions to standard routine breast or pelvic physical exams.

Branding:

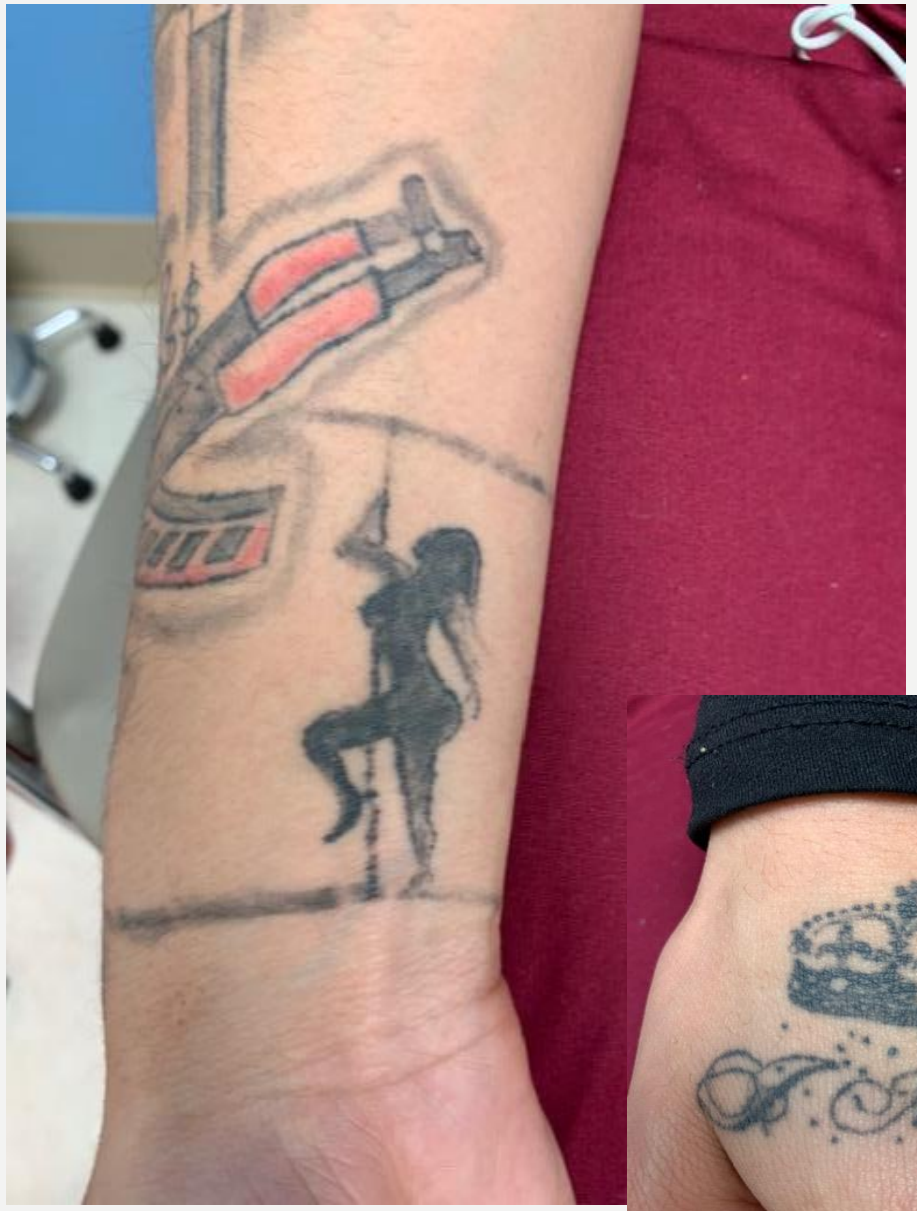
- Ownership tattoos (barcodes, money signs, crowns, initials) located on the neck, collarbone, or wrists.

(American Academy of Pediatrics, 2025; Dovydaitis, 2010)





Photos from internet







Permission by patient

3. Look out for behavioral & environmental clues

- An over-controlling individual (often presenting as a 'boyfriend', 'uncle', or 'manager') who insists on remaining present.

- The companion demands to speak on behalf of the patient, fills out forms, and tightly controls the patient's ID and phone.

- Evasive, tightly scripted, or inconsistent medical history.

- Lack of direct eye contact, hypervigilance (startled when touched), or geographical disorientation.

- The patient does not know what city, neighborhood, or clinic they are currently inside.

Why didn't you leave?

"That question follows survivors everywhere.

Why didn't you leave?
Why did you go back?
Why didn't you call the police?
Why didn't you tell somebody?
Why did you protect him?
Why did you say you loved him?

Because trafficking is not simply physical captivity.
Sometimes the strongest chains aren't visible.
There is fear.
There is manipulation.



“My exploitation didn’t last for one night.
It didn’t last for one trip.
It didn’t last for a couple of months.
It became years.
Ten years.
Years of someone taking the money.
Years of expectations and quotas.
Years of fear.
Years of exhaustion.
Years of isolation.
Years of learning how to survive.
And when I began recognizing some of the lies and questioning things, drugs became another tool.
When people look at a survivor during that period of their life, they may only see the behavior.



They may see addiction.
They may see prostitution.
They may see arrests.
They may see somebody who won’t cooperate.
They may see somebody who returns to her trafficker.
And they think they know who she is.
But they are seeing the symptoms of what happened to her.
They are not seeing the whole person.

"This is why language matters

There was a time when somebody could have looked at me and said:

"She's choosing this."
"She knows what she's doing."
"She keeps going back."
"She doesn't want help."

Today, we understand more about trauma.
We understand more about coercion.
We understand more about grooming.

And we understand that sometimes what looks like a choice is a survival strategy.
That's why when a survivor walks into your office, your emergency room, your school, your courtroom, your church, your nonprofit, or comes into contact with law enforcement, that interaction matters."



Interaction: Evidence-Based Screening Tools

Validated Pediatric Frameworks:

- Utilize structured tools such as the Short Screen for Child Sex Trafficking (SSCST) or the PEARR Tool.

Direct Clinical Screening Questions (Ask Privately):

- 'Because we care about safety, we ask all our young patients this: Has anyone ever forced or pressured you to engage in sexual acts or work for money, food, or a place to stay?'

- 'Are you free to leave your current living or working situation whenever you want to?'

- 'Has anyone ever threatened to hurt you, your family, or your pets if you tried to leave?'

(Shandro et al., 2016)

Clinical Intervention (The PEARR Framework)

Systematic Steps for Clinicians:

- P - Provide Privacy: Secure a private space entirely separated from any accompanying parties.

- E - Educate Universally: Offer safety information and hotline details to ALL patients without placing blame.

- A - Ask Sensitive Questions: Deploy validated screening questions with empathy and a calm demeanor.

- R - Respond Legally/Clinically: Address physical safety, forensic needs, and psychological stabilization.

- R - Respect Autonomy: Honor the patient's agency, choices, and timeframe while keeping doors open.

Medical Charting Standards:

- Document pure, objective clinical findings, physical injuries, and verbatim patient quotes.

- Avoid inflammatory, subjective labels like 'patient is a trafficking victim' to protect data privacy if paperwork is compromised.

Know your reporting, legality, & safety protocols!

Mandatory Child Abuse Obligations:

- Because the patient is an adolescent minor, clinical suspicion legally triggers immediate mandatory child welfare reporting laws.

Critical Safety Mandate:

- NEVER confront or express open suspicion to the companion. This severely compromises your safety and the clinic's safety.

- If a trafficker senses the team is 'onto them', they will immediately remove the patient, causing them to disappear entirely.

Immediate Help & Consultation Lines:

- National Human Trafficking Hotline: 1-888-373-7888 (TTY: 711) | Text 'HELP' or 'INFO' to 233733

- Call the hotline for real-time risk-assessment guidance, crisis coordination, and to find specialized local beds. ***Call the POLICE if you suspect the patient is in immediate danger.

"Getting Out Wasn't the End

Eventually, I got out.
But I need people to understand something about that word—**"out."**
We sometimes tell survivor stories as if escaping is the ending.
She got away.
She survived.
She's free.
And then we move on.
But getting out was only the beginning of another fight for me.
I left trafficking, but I left addicted.

The person controlling me may no longer have been standing beside me,
but the things I had learned to use to survive were still there.
The drugs were still there.
The trauma was still there.
The fear was still there.
The shame was still there.
And suddenly, I was supposed to figure out how to live a life I had never really learned how to live.
For years, survival had been my normal.
I knew how to survive chaos."



Post exploitation reality

“You can remove someone from exploitation without removing what exploitation did to them.

That’s why survivors need more than rescue.
We need time.
We need consistency.
We need people who don’t disappear when healing becomes messy.
We need safe housing.
We need treatment and recovery support.
We need counseling.
We need community.
We need opportunities.
And sometimes, we need somebody to keep believing in us when we’re still learning how to believe in ourselves.
My freedom didn’t happen in one day.

I got out of trafficking before trafficking got out of me.



Yes,

We have a lot of work still to do.

THE CHALLENGE-

"See the person!
There are going to be survivors who aren't ready the first time you offer help.
Help them anyway.
There are going to be survivors who return to dangerous situations.
Leave the door open anyway.
There are survivors who will be angry.
Confused.
Distrustful.
Defensive.
They may test you because every person before you who promised not to leave eventually did.
Be consistent.
One safe adult can matter.
One advocate can matter.
One police officer can matter.
One teacher can matter.
One nurse can matter.
One pastor can matter.

“Because eventually, somebody saw me differently.
Somebody saw beyond everything that had happened.
They saw a human being.

Not as what happened to me.
Not as the decisions I made while trying to survive.
Not as a statistic.
Not as a label.
A human being.
And my hope is that after today, more people will be seen—
before it’s too late.

Plea to you here today:

"For the law enforcement officers: You may encounter the same victim more than once before she accepts help.
Please don't assume that means your effort didn't matter.

For medical professionals:
The woman sitting in front of you may never disclose trafficking.
But you can still create an environment where she knows she is safe enough to disclose someday.

For educators:
Pay attention to sudden behavior changes, unexplained possessions, older relationships, chronic absences, exhaustion, changes in appearance, online activity, or a child who suddenly seems disconnected from everybody around them.

For advocates and service providers:

Don't make survivors prove their worthiness before helping them.

And for parents:

Know who is talking to your children.

Online exploitation does not always begin with a stranger asking a child for something sexual.

Sometimes it begins with:

"You're beautiful."

"Nobody understands you."

"Your parents are too strict."

"You can trust me."

Again—

They don't start with control. They start with connection.

Closing words-

"So when you encounter the angry teenager…
The woman who keeps going back…
The victim who refuses to cooperate…
The child whose behavior suddenly changes…
The person everybody else has already given up on…

Before you judge her.
Before you label her.
Before you decide she doesn't want help.
Before you look away—
look again.

“You may be looking at someone just like I once was.
And you may be the person who changes the direction of her life.
But ultimately, I know I didn’t make it through all of that on my own.

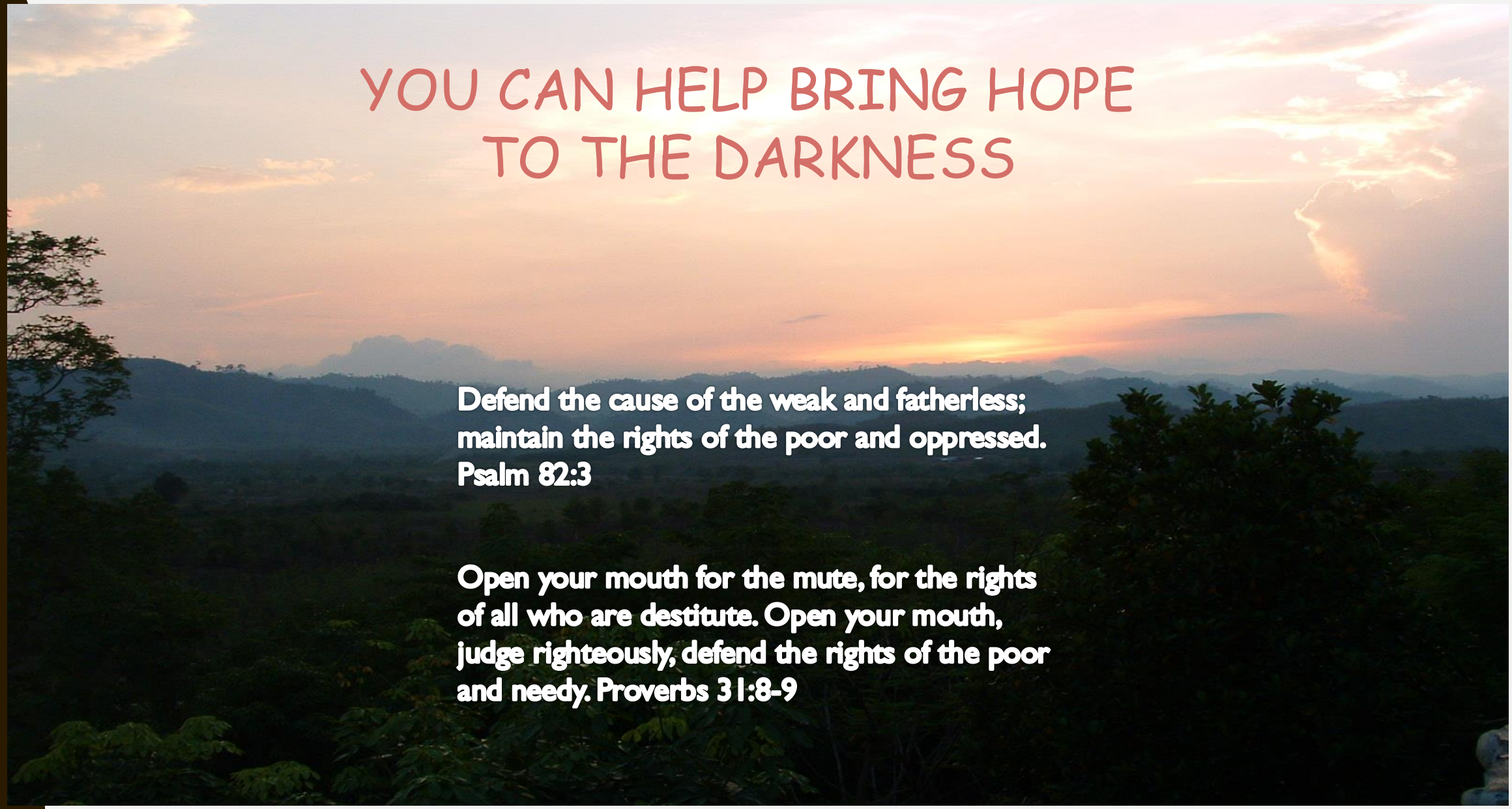
Ultimately, God pulled me through.
When I was lost, He kept me.
When I was broken, He carried me.
And when I couldn’t see a way forward, **God made a way.**
That is why I can stand today—
not just as someone who survived, but as someone who was restored, given purpose, and given a voice.”

WHAT LESSONS CAN WE LEARN FROM THIS STORY?



WHAT IS YOUR GOAL/ ACTION PLAN?

My prayer is that you are stirred up with a passion
to help in this fight…
to be encouraged to be a champion in the counter-trafficking army!


YOU CAN HELP BRING HOPE
TO THE DARKNESS
Defend the cause of the weak and fatherless;
maintain the rights of the poor and oppressed.
Psalm 82:3
Open your mouth for the mute, for the rights
of all who are destitute. Open your mouth,
judge righteously, defend the rights of the poor
and needy. Proverbs 31:8-9

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www.cmda.org/tip



THANK YOU FOR ATTENDING TO AND FOR YOUR WILLINGNESS TO MAKE A DIFFERENCE!

Questions?

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SESSION EVALUATION

