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The human trafficking crisis: Identifying and reporting in the dental setting

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Abstract

Human trafficking is a growing public health and safety issue in the United States. It is the fastest growing commerce in the world with more than 200,000 minors at risk in the US. People of all ages are forced into labor or sexual exploitation through fraud and coercion. It is believed that up to 80% of victims are seen by health-care providers while under the influence of traffickers.¹ These victims will not identify themselves as such due to the fear of being further abused by their traffickers. Currently, only 13 states require health-care professionals to take courses on recognizing the signs of a trafficked individual.² As dental care providers, it is imperative to identify the signs and know how to report suspected human trafficking. Through education of professionals in all health-care settings, victims of trafficking may be more likely to be rescued and receive the proper resources for healing and recovery.

Educational objectives

- Understand the definition of human trafficking
- Learn who is at risk to be trafficked
- Understand the difference between sex trafficking and sex work
- Learn how to identify a person who is being trafficked
- Evaluate the need to report a potentially trafficked person
- Understand the procedures for reporting a potentially trafficked person
- Use trauma-informed care and apply effective communication skills with a potentially trafficked patient



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Introduction

More than 20 million people worldwide are currently affected by human trafficking (HT), including five million children. As the fastest growing, multibillion-dollar industry in the world, HT puts more than 200,000 minors in the United States at risk for victimization.¹ Human trafficking is defined as “the act of recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or commercial sex acts through fraud, force, or coercion.”¹ Transporting a person from one location to the next is not necessary to fall under this definition, and HT occurs even in affluent communities. Trafficking does not always mean a person is kept physically captive. Emotional and mental manipulation, coercion, threats, and loss of financial freedom force victims to return to their captors day after day. Vulnerable populations are typically targeted, which gives recruiters more power.³

As of 2016, only 13 states required health-care professionals to participate in training to recognize and report potentially trafficked individuals.² Dental professionals must train in all aspects of recognizing and reporting suspected trafficked patients because it has been reported that more than 80% of trafficked persons are taken to health-care providers by their captors.¹ Dental professionals are well positioned to recognize and report due to the extent of intake information acquired, the amount of time spent with each patient, and the intimacy of a dental appointment. This course will define types of trafficking, differentiate between sex trafficking and sex work, identify at-risk populations, describe how to identify and report trafficked patients, discuss trauma-informed care, and focus on the importance of challenging all states to require dental professionals to be trained in HT.

What is human trafficking?

Human trafficking can be in the form of sex or labor trade. Labor trafficking is forcing or exploiting a person into physical work or domestic servitude. Labor-trafficked victims are promised an escape from poverty and a better life, only to work exhausting hours with little or no pay. According to law enforcement officials,

the most vulnerable people are those working inside homes as nannies and housekeepers. One officer stated that people working in homes tend to be treated poorly due to the isolated and unregulated nature of domestic work.⁴ Though many labor-trafficked people are undocumented workers yearning for a better life, many are US citizens who are in vulnerable situations. Traffickers take advantage of disabilities, expired work visas, no proof of documentation, and history of criminal convictions. Workers searching for a better life get trapped and may feel they can never escape due to threats of violence or death.⁴

Sex-related trafficking involves selling a human for sex acts or the production of pornography. The “rental” of women and children for the making of pornographic films is common.⁵ The Polaris Project, an organization that operates the National Human Trafficking Hotline, states that 60% of reported pornography-related cases involve minors.⁶

Trafficked individuals are prostituted by captors and can often be sold multiple times in one day to more than one customer or “john.”¹ Buying of victims is an underground industry that finds potential patrons through the internet, in truck stops, strip clubs, escort agencies, massage parlors, and by word of mouth.⁷ Sex-trafficked victims endure horrific physical and psychological abuse beyond the subjectification of forced sex acts. Women, children, and sometimes men get trapped by deception, extortion, and threats of physical injuries. These atrocities lead to a lifetime of mental unwellness manifested as post-traumatic stress disorder (PTSD), chronic disease, and reproductive disorders.⁸

Sex trafficking versus sex work

The difference between sex-trafficked people and sex workers is autonomy. Sex workers have free will to consensually participate in sex acts for payment. A common societal belief is that it would be unreasonable for a person to freely choose to participate in the sex industry, and assumptions are made that all sex workers are trafficked. This convergence has led to an increased risk of homicide among sex workers due

to stringent laws in an attempt to stop sex trafficking. Sex trafficking laws have shut down websites formerly used by sex workers in an attempt to protect exploited individuals. Once sheltered by the ability to screen potential clients through the internet and to work independently without a “pimp,” many sex workers are now forced back onto the street, leaving them vulnerable to harm. It has been argued that decriminalizing sex work would greatly reduce homicides and the demand for trafficked individuals.⁹ Note that any person under the age of 18 participating in prostitution or pornography, whether willing or not, is considered a trafficked person. This further blurs the line between sex work and trafficking, since 70% of adult prostitutes were forced into the business before the age of 18.¹⁰

Recruitment of at-risk populations

Many believe that imprisonment and slavery, whether for sex or labor, occur only in other countries. However, the exploitation of vulnerable people for sex or labor trade is pervasive in the United States. Despite ongoing legislative efforts, trafficking is the fastest growing crime and is synergistically driven by the drug industry.⁵ A recurrent quote found in the literature demonstrates the interdependence between drugs and sex trafficking: “You can sell a kilo of heroin once; you can sell a 14-year-old girl 20 times a night 365 days a year.” America’s drug crisis drives the sex trade, while sex trafficking increases the desire for drugs.¹¹ These disturbing findings solidify the need for further education among dental professionals to identify at-risk individuals.

Teens and children, more frequently females, are the most targeted victims of HT.⁵ Sex trafficking recruiters lure approximately 200,000 youth each year, with the typical age range between 12 and 14 years old.¹ Younger victims have been recovered, and it is believed that a history of childhood sexual abuse increases a young person’s risk of being trafficked by 50%.⁸ The acquisition of a trafficked person is not always by abduction. Commonly, traffickers gain the trust of an individual and begin the grooming process. This process involves the captor befriending someone, usually a child,

through venues such as live social events, social media, and fake modeling and acting agencies. After establishing trust and seducing an individual, recruiters threaten exploitation and harm to the victim's family members if the victim does not comply with the trafficker's demands.⁸

At any given time, there are approximately 750,000 predators on online apps and popular social media sites, scanning for opportunities to communicate with children. Generally, this starts with a simple private message where the predator poses as another child.¹² Fox Business reported that the social media site TikTok, which allows children and adults to post lip-synching and dancing videos, "facilitated a space for sexual grooming by abusers or potentially sex traffickers. These exploiters utilize TikTok to view minor users and either comment and/or message these minors, often requesting sexually explicit videos or pictures."¹³

Easy targets for recruiters are often individuals who have been exposed to violence and drugs, from low socioeconomic statuses, high-crime neighborhoods, or have aged out of the foster care system.⁸ It has been reported that one-third of all run-aways are lured into forced prostitution within 48 hours of being on the streets.¹⁰

One qualitative study investigated themes and attitudes about the self-perception of captors. A recurring theme that surfaced was that the traffickers admitted to being master manipulators and perceived themselves as "honest heroes." Pimps align as the "lovers" of the girls and women being sold, creating a trauma bond.⁷ Trauma bonds occur in abusive relationships when cycles of pain are temporarily interrupted by times of normalcy. The victim mistakenly holds onto the hope that the calm times are the norm and becomes emotionally attached to the abuser.¹⁴ The trauma-bonding phenomenon makes recovery efforts difficult for law enforcement as the victim may appear to be a willing participant, remain in the business as an adult, or even return to the captor.⁷

The role of dental health-care providers

Organizations such as the Blue Campaign and the Polaris Project have made great

efforts to recover victims and end the human trafficking problem. According to data collected by the Polaris Project, 41,088 individuals contacted the hotline in 2018.⁶ Twelve percent of the calls were made by actual victims.⁸ Only .2% of victims were rescued and less than 1% of survivors recovered from the trauma.⁵ Based on the estimated numbers of trafficked individuals who are taken to health-care providers by captors (more than 80%), most are unrecognized.¹⁵ More can be done by dental health-care providers to recognize and report victims.

Dental professionals are well versed in obtaining detailed assessments, collaborative communication, and creating trusting relationships with patients. Also, most dental providers maintain compassion and the desire to help others while outside of the operatory. These attributes put dental professionals in a prime position to be on the front lines in rescuing trafficked individuals. A nationwide requirement for every dental professional to be trained in recognizing and reporting a potentially trafficked person would increase the number of vigilant professionals by more than 650,000.¹⁶⁻¹⁸

Warning signs: Recognizing trafficked individuals

Many victims are not recognized in clinical settings because of their reluctance to speak up due to fear, shame, or language barriers. Traffickers may stay in control of the appointment by answering questions for the patient so that no sensitive information is revealed. In some cases, the captor could be a family member or "boyfriend," making it difficult for clinicians to detect foul play.¹⁵ Being educated on covert signs can help dental professionals be alert as to important clues that may be missed otherwise.

The trauma-informed care (TIC) approach to clinical care grounds dental professionals in the realization of how trauma and a patient's past experiences can impact a dental appointment. TIC helps clinicians remain open and compassionate toward patient behaviors with an attempt not to retraumatize or trigger past negative experiences.¹⁹ This allows dental clinicians to empathetically join

patients with a raised awareness of the potential signs of trafficking.

Warning signs, which may present physically and/or emotionally, often go overlooked by health professionals. Physical signs include but are not limited to bruising and lacerations on the face, neck, arms, and legs, evidence of self-harm, recurrent sexually transmitted infections (STIs), tattoo branding, and malnutrition.¹⁵ Patients may report addiction issues and chronic medical problems. Inconsistencies between the reported age and the actual age of the patient is a red flag. Emotional signs often present as exaggerated behaviors such as outbursts,

TABLE 1: Common warning signs in trafficked victims^{1,5,6,15}

- Bruising and lacerations on the face, neck, arms, and legs
- Evidence of self-harm
- Recurrent STIs
- Tattoo branding such as "Daddy," "Property of . . .," "For sale," etc.
- Malnutrition
- Addiction issues
- Chronic medical problems
- Inconsistencies between the reported age and actual age of the patient
- Exaggerated behaviors such as outbursts
- Extreme fear
- Startles easy
- Symptoms of PTSD
- Submissiveness
- Emotionally withdrawn
- Meek posture
- Nervous behavior
- Minimizing abuse
- Hesitant to answer questions
- Unaware of location/date/time
- Overapologizing
- Self-loathing language
- Paranoia and fear
- Suicidal thoughts
- Hypersexualization in language and appearance
- Captors will often remain close and appear to be in control of all information and money, not letting patients answer health history screening questions

extreme fear, easily startled, symptoms of PTSD, submissiveness, emotionally withdrawn, meek posture, nervous behavior, minimizing abuse, hesitance to answer questions, and being unaware of location/date/time.^{1,6} Some victims may overapologize, use self-loathing language, express paranoia and fear, and report suicidal thoughts. Hypersexualization in language and appearance may exist.¹ Captors will often remain close and appear to be in control of all information and money, not allowing the patient to answer health history screening questions.¹⁵ See Table 1 for common warning signs.

Dental clinicians have a unique opportunity to detect some forms of physical and sexual abuse by identifying head, neck, and oral factors. Orofacial signs of physical and sexual abuse can be easily overlooked or mistaken as nonabusive trauma. Common oral signs of physical abuse are lacerations and hematomas of the lips, bruising on the face and neck, abrasions and lacerations on the oral mucosa, and fractured teeth. Trauma from sexual abuse or forced oral sex can include significant erythema and petechiae of the hard and soft palate or the floor of the mouth.²⁰ Other considerations are oral manifestations of STIs, such as chlamydia (sore throat), gonorrhea (sore throat), herpes (herpetic lesions), and human papillomavirus (papilloma lesions or “warts”).²¹

Of course, one or a combination of the signs or symptoms listed above is not a confirmation that a patient is a trafficked individual. Victims will remain silent during appointments for fear of injury or death, especially if the captor is present. With little or no control of one’s life, remaining silent may feel like the safest option. Disclosing one’s situation to the provider may not present as an opportunity for the patient.¹ The diversity of warning signs and the fact that victims do not often ask for help from health-care professionals can put dental clinicians in a challenging situation, leaving room for uncertainty about reporting. This solidifies the fact that every dental professional in every state should be trained in recognizing and reporting suspected human trafficking.

The following section will clarify steps and procedures for accurate and confident questioning of the patient and reporting to appropriate authorities.

Screening

A victim-centered approach to screening a suspected trafficked person is essential to remain in a trauma-informed frame of mind. Trauma-informed clinicians keep every patient’s conceivable personal and past traumatic experiences, even if unreported, in mind during all clinical care. This approach prevents retraumatization and keeps both the provider and patient emotionally and mentally safe throughout treatment.¹⁹ Taking the appropriate screening and/or reporting steps can ease the anxiety and stress of both the clinician and patient during the process. It is recommended that every office implement screening methods and congruent standards and processes for the best possible outcomes.²²

Hope for Justice is an organization that exists to end modern-day slavery and has created the “Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings.” This 44-page document is available at www.healtrafficking.org and can be accessed for free by any health-care professional.²²

This comprehensive resource serves as the guideline for many health-care facilities in planning and implementing screening and reporting protocols into existing policies and procedures. The HEAL recommendations are in-depth, beyond the scope of this paper, and require a committed staff to fulfill the processes.²² Even if there is no time or resources to implement such a comprehensive plan, every practice should devise a protocol for safe screening and reporting. Dental team members can take on roles such as patient safety officer and appoint patient screeners so that accountability is built within the team.²²

Screening can become impossible if the person who is in control of the patient will not leave the room. When a patient is suspected of being trafficked, the clinician should attempt to get the patient alone. A few strategies include stating an “office HIPAA policy to interview patients alone,” diagnostic tests such as panoramic images that must be taken in another room, or creation of a task for that accompanying person, such as filling out paperwork at the front desk. If the potential exploiter refuses to leave, the clinician must weigh the risks versus benefits.²²

Once the patient is alone, the clinician may proceed with screening questions. Unfortunately, a standardized

TABLE 2: 14-question screening survey for potentially trafficked individuals²³

1. Do you have permission to eat, sleep, use the bathroom, or go to the doctor?
2. 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?
3. Has anyone threatened your family?
4. Is anyone forcing you to do anything that you do not want to do?
5. Do you owe your employer money?
6. Does anyone force you to have sexual intercourse for your work?
7. Is someone else in control of your money?
8. Are you forced to work in your current job?
9. Does anyone else control whether or not you can leave your house?
10. Are you kept from contacting your friends or family whenever you like?
11. Is someone else in control of your identification documents, passport, birth certificate, and other personal papers?
12. Was someone else in control of your arrangements for travel to this country and your identification documents?
13. Do you owe money to someone for travel to this country?
14. Has someone threatened you with deportation?

assessment is not available, and practitioners must choose the best fit from a variety of existing surveys. One study that was conducted in a Pennsylvania emergency room tested a screening tool that used a 14-question assessment. If the patient answered “yes” to one question, he/she was referred to a social worker. From there, under an identification process, it was either confirmed or denied that the patient was trafficked. This tool found that even one “yes” to a question was more reliable than when the only indicator was physician concern. Of the 143 patients screened, 10 were confirmed as “true positives,” and all answered “yes” to at least one question. None of the patients who were identified only by physician concern were trafficked individuals.²³ A sample of the questions is as follows: “Do you have permission to eat, sleep, use the bathroom, or go to the doctor?” “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?” “Has anyone threatened your family?” Refer to Table 2 for the complete 14-question survey.²³

Though the survey questions showed effectiveness, there is a wide range of screening questions that can be conducted. The most important step is that each office has a list of potential questions so that clinicians do not have to fumble or wonder what to ask. Keep questions simple such as, “Is anyone forcing you to do something you do not want to do?” “Are you in danger?” “Have you been threatened if you leave your current situation?”²⁸ Polaris, Vera Institute, and the US Department of Health and Human Services Rescue and Restore Campaign have helpful screening resources to consider when researching assessment tools.²²

Reporting

Once the provider has determined that the patient is a trafficked person through the confirmation of screening questions, a patient-centered approach should be maintained. If the accompanying person is out of the room, the patient should be given autonomy by having the choice to call the National Human Trafficking Hotline—(888) 373-7888—with the

assistance of dental staff or alone.²⁴ The hotline offers immediate guidance and safety plan suggestions to patients and clinicians. If time alone cannot be achieved with the patient, the provider can anonymously call the hotline number for assistance about what to do next. The calling clinician should maintain all HIPAA rules by protecting the patient’s identity.⁸ The hotline is staffed 24 hours a day, seven days a week, by trained individuals who are focused on support and getting the patient the safest help. English and Spanish speakers are available, as well as 200 different languages through an interpreting service. All callers remain anonymous and information is kept confidential. Each call is assessed individually to determine whether law enforcement will be activated. Law enforcement will not get involved unless the caller consents, is a minor, or the hotline staff believes the person is in imminent danger.²⁴

Adult patients should never be pressured into reporting, and safety is always the highest priority. If an adult patient does not wish for help but is in a precarious situation, resource information such as the hotline number can be discreetly relayed. The word “help” can be texted to BEFREE, which will directly link the patient to the hotline.²⁴

Stellar documentation must be carried out as patient treatment notes can have legal implications. Well-written and thorough treatment notes can benefit the patient in the future. A follow-up appointment with a patient who refuses help allows the clinician to continue to build trust and perhaps provide time for the patient to have a change of heart.²⁵

Conclusion

Dental providers are perfectly positioned to join the teams of other health professionals around the country who are trained in recognizing and reporting trafficked persons. As more states require this training for dental clinicians and staff, more individuals will be rescued. The numbers of reported cases are surprisingly low compared to the number of people trafficked in the United States. Dental teams are skilled in building patient rapport and trust. These skills,

combined with proper assessment, could strengthen the odds for patients in need of help. Each office must take time to discuss and implement a plan that works for the entire team. All team members should be committed to their roles and feel confident to carry them out. Awareness, education, and the courage to speak up are the first steps in ending the atrocities of human trafficking.

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QUESTIONS

1. Human trafficking is defined as the act of recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or commercial sex acts through:
 - A. Fraud
 - B. Force
 - C. Coercion
 - D. All of the above
2. Who is typically targeted to give the recruiters more power?
 - A. The wealthy
 - B. Those working in health care
 - C. Vulnerable populations
 - D. Those with a high level of education
3. As of 2016, how many states required health-care professionals to participate in training to recognize and report potentially trafficked individuals?
 - A. 4
 - B. 13
 - C. 32
 - D. All 50 states
4. The people most vulnerable to labor trafficking are those working as:
 - A. Nannies and housekeepers
 - B. CEOs
 - C. Health-care professionals
 - D. Lawyers
5. Sex-related trafficking involves selling a human for:
 - A. Sex acts
 - B. Domestic servitude
 - C. Production of pornography
 - D. Both A and C
6. What is the difference between sex-trafficked people and sex workers?
 - A. Age
 - B. Autonomy
 - C. Sex acts
 - D. Gender
7. What is the fastest growing crime?
 - A. Drug use
 - B. Human trafficking
 - C. Robbery
 - D. Embezzlement
8. The process of traffickers befriending individuals and gaining their trust usually involves the use of venues such as:
 - A. Live social events
 - B. Social media
 - C. Fake modeling and acting agencies
 - D. All of the above
9. Easy targets for recruiters are often any of the following except:
 - A. Those from a low socioeconomic status
 - B. Those in high-crime areas
 - C. Those educated on the ways of recruiters
 - D. Those exposed to violence and drugs
10. What occurs when the victim mistakenly holds on to the hope that the calm times are the norm and becomes emotionally attached to the abuser?
 - A. Trauma bonds
 - B. Normal bonds
 - C. Family bonds
 - D. Friendly bonds
11. What percentage of people calling the Polaris hotline in 2018 were rescued?
 - A. 80%
 - B. 0.2%
 - C. 5%
 - D. 50%
12. Many victims are not recognized in clinical settings because of reluctance to speak up due to any of the following except:
 - A. Fear
 - B. Shame
 - C. Calmness
 - D. Language barriers
13. What approach to clinical care grounds dental professionals in the realization of how trauma and a patient's past experiences can impact a dental appointment?
 - A. Trauma-informed care (TIC)
 - B. Evidence-based dentistry
 - C. Knowledge of periodontal disease
 - D. None of the above
14. Which of the following are potential physical warning signs that the dental professional can look for?
 - A. Bruising and lacerations on the face
 - B. Tattoo branding
 - C. Malnutrition
 - D. All of the above
15. Taking the appropriate screening and/or reporting steps can ease the anxiety and stress of:
 - A. The clinician
 - B. The patient
 - C. The captor
 - D. Both A and B
16. Warning signs can include:
 - A. Physical signs
 - B. Emotional signs
 - C. Both A and B
 - D. None of the above
17. What kind of approach to screening a suspected trafficked person is essential to remain in a trauma-informed frame of mind?
 - A. Victim-centered approach
 - B. Captor-centered approach
 - C. Hygienist-centered approach
 - D. Dentist-centered approach

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QUESTIONS

18. Every dental office should have:
 - A. A printed copy of all human trafficking resources
 - B. A plan for safe screening and reporting potential human trafficking
 - C. The time and resources to implement a comprehensive plan
 - D. None of the above
19. Clinicians should attempt to get the trafficked patient:
 - A. In a room alone with their captor
 - B. Alone
 - C. In a room with as many people as possible
 - D. None of the above
20. One of the most important steps an office can take is:
 - A. Creating a list of potential screening questions that can be executed so that clinicians are not fumbling or wondering what they should ask
 - B. Referring every patient to a social worker just in case
 - C. Making sure that the potential captor is in the room, so the clinician can ask both people the screening questions
 - D. Getting the whole office involved in asking screening questions
21. Adult patients should ____ be pressured into reporting, and safety is always the ____ priority.
 - A. Always, lowest
 - B. Never, highest
 - C. Always, highest
 - D. Never, lowest
22. The clinician calling the National Human Trafficking Hotline should call anonymously for assistance and maintain all ____ rules by protecting the patient's identity.
 - A. OSHA
 - B. CDC
 - C. FDA
 - D. HIPAA
23. Patient treatment notes can have ____ implications and must be ____ since they may benefit the patient in the future.
 - A. Legal, minimal
 - B. Geographical, minimal
 - C. Legal, thorough
 - D. Geographical, thorough
24. What is a good potential screening question to ask patients?
 - A. Are you kept from contacting your friends or family whenever you like?
 - B. Is anyone forcing you to do anything that you do not want to do?
 - C. Is someone else in control of your identification documents, passport, birth certificate, and other personal papers?
 - D. All of the above
25. Which is a common warning sign that clinicians can look for in their patients?
 - A. Extreme fear
 - B. Meek posture
 - C. Hypersexualization in language and appearance
 - D. All of the above
26. How many people are affected by human trafficking worldwide?
 - A. More than 20 million
 - B. 5 million
 - C. 1 million
 - D. 200,000
27. Labor-trafficked victims are promised a/an ____ poverty and a better life, only to work with ____ pay.
 - A. Escape from, little/no
 - B. Fast-track to, little/no
 - C. Escape from, generous
 - D. Fast-track to, generous
28. Who are the most frequently targeted victims of human trafficking?
 - A. Teens and children, more frequently females
 - B. Men
 - C. Those over age 65
 - D. All of the above
29. Which of the following is an organization dedicated to ending the human trafficking problem?
 - A. Blue Campaign
 - B. Polaris Project
 - C. Hope for Justice
 - D. All of the above
30. At any given time, there are approximately 750,000 predators ____, scanning for opportunities to communicate with children.
 - A. On the streets
 - B. On online apps and popular social media sites
 - C. In restaurants
 - D. In neighborhoods

The human trafficking crisis: Identifying and reporting in the dental setting

NAME: _____ TITLE: _____ SPECIALTY: _____

ADDRESS: _____ EMAIL: _____ AGD MEMBER ID (IF APPLIES): _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

TELEPHONE (PRIMARY): _____ TELEPHONE (OFFICE): _____

REQUIREMENTS FOR OBTAINING CE CREDITS BY MAIL/FAX: 1) Read entire course. 2) Complete info above. 3) Complete test by marking one answer per question. 4) Complete course evaluation. 5) Complete credit card info or write check payable to Endeavor Business Media. 6) Mail/fax this page to DACE. A score of 70% or higher is required for CE credit. **FOR QUESTIONS, CALL (800) 633-1681. COURSE MAY ALSO BE COMPLETED AT DENTALACADEMYOFCE.COM.**

Educational Objectives

- Understand the definition of human trafficking
- Learn who is at risk to be trafficked
- Understand the difference between sex trafficking and sex work
- Learn how to identify a person who is being trafficked
- Evaluate the need to report a potentially trafficked person
- Understand the procedures for reporting a potentially trafficked person
- Use trauma-informed care and apply effective communication skills with a potentially trafficked patient

Course Evaluation

- Were the individual course objectives met?

Objective #1: Yes No	Objective #3: Yes No	Objective #5: Yes No	Objective #7: Yes No
Objective #2: Yes No	Objective #4: Yes No	Objective #6: Yes No	

Please evaluate this course by responding to the following statements, using a scale of Excellent = 5 to Poor = 0.

- | | | | | | | |
|---|-------|----|---|---|---|---|
| 2. To what extent were the course objectives accomplished overall? | 5 | 4 | 3 | 2 | 1 | 0 |
| 3. Please rate your personal mastery of the course objectives. | 5 | 4 | 3 | 2 | 1 | 0 |
| 4. How would you rate the objectives and educational methods? | 5 | 4 | 3 | 2 | 1 | 0 |
| 5. How do you rate the author's grasp of the topic? | 5 | 4 | 3 | 2 | 1 | 0 |
| 6. Please rate the author's effectiveness. | 5 | 4 | 3 | 2 | 1 | 0 |
| 7. Was the overall administration of the course effective? | 5 | 4 | 3 | 2 | 1 | 0 |
| 8. Please rate the usefulness and clinical applicability of this course. | 5 | 4 | 3 | 2 | 1 | 0 |
| 9. Please rate the usefulness of the references. | 5 | 4 | 3 | 2 | 1 | 0 |
| 10. Do you feel that the references were adequate? | Yes | No | | | | |
| 11. Would you take a similar course on a different topic? | Yes | No | | | | |
| 12. If any of the continuing education questions were unclear or ambiguous, please list them. | _____ | | | | | |
| 13. Was there any subject matter you found confusing? Please describe. | _____ | | | | | |
| 14. How long did it take you to complete this course? | _____ | | | | | |
| 15. What additional dental continuing education topics would you like to see? | _____ | | | | | |

Mail/fax completed answer sheet to:

Endeavor Business Media

Attn: Dental Division
7666 E. 61st St. Suite 230, Tulsa, OK 74133
Fax: (918) 831-9804

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- | | |
|---------------------|---------------------|
| 1. (A) (B) (C) (D) | 16. (A) (B) (C) (D) |
| 2. (A) (B) (C) (D) | 17. (A) (B) (C) (D) |
| 3. (A) (B) (C) (D) | 18. (A) (B) (C) (D) |
| 4. (A) (B) (C) (D) | 19. (A) (B) (C) (D) |
| 5. (A) (B) (C) (D) | 20. (A) (B) (C) (D) |
| 6. (A) (B) (C) (D) | 21. (A) (B) (C) (D) |
| 7. (A) (B) (C) (D) | 22. (A) (B) (C) (D) |
| 8. (A) (B) (C) (D) | 23. (A) (B) (C) (D) |
| 9. (A) (B) (C) (D) | 24. (A) (B) (C) (D) |
| 10. (A) (B) (C) (D) | 25. (A) (B) (C) (D) |
| 11. (A) (B) (C) (D) | 26. (A) (B) (C) (D) |
| 12. (A) (B) (C) (D) | 27. (A) (B) (C) (D) |
| 13. (A) (B) (C) (D) | 28. (A) (B) (C) (D) |
| 14. (A) (B) (C) (D) | 29. (A) (B) (C) (D) |
| 15. (A) (B) (C) (D) | 30. (A) (B) (C) (D) |

EXAM INSTRUCTIONS
All questions have only one answer. If mailed or faxed, grading of this examination is done manually. Participants will receive confirmation of passing by receipt of a Verification of Participation form. The form will be mailed within two weeks after receipt of an examination.

COURSE EVALUATION AND FEEDBACK
We encourage participant feedback. Complete the evaluation above and e-mail additional feedback to Aileen Southerland (asoutherland@endeavor2b.com) and Laura Winfield (lwinfield@endeavor2b.com).

COURSE CREDITS AND COST
All participants scoring 70% or higher on the examination will receive a verification form for three (3) continuing education (CE) credits. Participants are urged to contact their state dental boards for CE requirements. The cost for courses ranges from \$20 to \$110.

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