

Recognizing a Human Trafficking Victim or a Perpetrator



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Disclaimer: Participants must always be aware of the hazards of using limited knowledge in integrating new techniques or procedures into their practice. Only sound evidence-based dentistry should be used in patient therapy.

Conflict of Interest Disclosure Statement

- The author reports no conflicts of interest associated with this course. She has no relevant financial relationships to disclose.

Short Description – Human Trafficking

This course provides facts about the human trafficking world and the resulting psychological and physical effects to the victims involved. It also provides a guide to help the dental professional identify a trafficking situation as well as information about mandatory reporting of the crime.

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Overview

Human Trafficking is a global issue and is an active industry worldwide. The United States is a key enabler for human trafficking from other countries; but an equal number of victims are United States citizens that have fallen prey to those in the business of human trafficking.^{2,4,6} This crime transcends all races, social classes, demographics and gender. Human trafficking involves many facets including sex trade, domestic work, labor trade/bonded labor, debt bondage, involuntary domestic servitude, forced child labor, child soldiers, forced marriage and organ trafficking. Human trafficking is motivated by greed and devoid of respect for human rights. The problems related to human trafficking continue to rise and most human trafficking is never reported making a statistically accurate number of victims unknown.¹³ These victims suffer in silence, and the trauma in the form of both physical and mental abuse affects the victims' overall health. Once the victim is fully working in the trafficking world, their average life span is seven years. The victims usually die very early due to disease, stress related issues, suicide and trauma.^{14,15,19} This course delves into

the reasons that human trafficking is a high-income business for traffickers as well as how to identify both victims and the perpetrators within this sub-world. There is a great need for educated healthcare providers to recognize and report offenders of trafficking. The increase of individuals entering the United States has made the chance of treating an individual who may be a perpetrator or victim of human trafficking a real possibility. Knowing the signs that indicate a trafficking situation is paramount in assisting a victim and keeping your practice personnel safe.

Learning Objectives

Upon completion of this course, the dental professional should be able to:

- Identify seven key work-settings where humans may be trafficking victims.
- Discuss physical and psychological clues that a patient displays indicating that they may be a trafficking victim.
- List four specific verbal responses by the victim or the perpetrator that may assist in identifying a trafficking situation.
- Identify five key trafficking-associated words that may be commonly heard.
- List two major resources on both the local and national level that are recognized intervention specialists in human trafficking.
- Discuss four reasons why a victim may decline to be identified.
- Describe three oral injuries that are common findings in a dental practice related to trafficking victims.
- List the protocol that should be taken by a dental professional when identifying a trafficking victim and their perpetrator.

Introduction: What is Human Trafficking?

Human trafficking is intertwined with many names, not only child sex trafficking but other forms as well.^{10,13,15} These include bonded labor, debt bondage, involuntary domestic servitude,³¹ forced child labor, child soldiers, forced marriage, labor trade and even organ trafficking. The U.S. Department of Homeland Security (DHS)²⁶ defines human trafficking as "the use of force, fraud, or coercion to obtain some type of labor or commercial sex act." The DHS states that the perpetrators may use violence, force, fraud or coercion to obtain

compliance. Often there is a false promise of a well-paying job or a romantic relationship to lure victims into trafficking situations. Sex trafficking is more profitable than the sale of drugs or illegal arms.²¹ Sex trafficking perpetrators are reported to make approximately \$120,000 or more off one victim yearly and most perpetrators have many victims, thereby increasing their overall profit dramatically. A trafficking victim may be sold many times—drugs and arms are only sold once. However, traffickers may make their victims dependent upon them for the supply of their drugs and their addiction. This keeps them motivated to continue in the work designated by the trafficker. Most victims work for approximately seven years and then they are either replaced by new victims or many die from maltreatment and disease. Human trafficking is often confused with smuggling, which involves the consensual but illegal transportation of a human across a national border. Human trafficking is also not consensual sex, but the exploitation of a person through force, fraud or coercion.^{16,21} It should also be stated that a minor cannot consent to sex and the adult perpetrator is involved in child sex/and abuse. The age of consent varies within the United States (within a state), but a minor (those under 18 years of age) cannot consent to **commercial** sex—there are no exceptions. Additionally, if the victim of sex trafficking is a minor, the three means of force, fraud and coercion do not need to be present or proven. It is deemed automatic human trafficking.

Trafficking of humans is a \$150 multibillion-dollar global industry that continues to escalate worldwide. Human trafficking is the second most profitable industry after drug trafficking.^{13,30} However, the use of individuals has increased in recent years and is intertwined with the sale of drugs and it has become equally profitable. Legislation concerning child abuse has been in place for some time and has expanded to include human trafficking since many that are involved as victims of human trafficking are under age.^{1-3,1-3,19}

Human trafficking is a human rights violation involving a large segment of women and/or children. This number includes males who are trafficking victims usually involved in labor work, fishing, factory work and sex trafficking. There

is a large age span with all victims involved ranging from very young to very old. Human trafficking is being reported worldwide, and the suggested numbers within the United States have increased yearly. The National Human Trafficking Hotline (1-888-373-7888) defines human trafficking as the business of stealing freedom for profit; thereby, denying freedom to 40.3 million people worldwide.^{9,53} With the current numbers of individuals entering the United States, this total number is somewhat unknown at present since people/victims are not reported. In 2021-2022, the National Human Trafficking Hotline, run by Polaris, worked a total of 42,887 likely trafficking victims with the majority reporting sex trafficking.^{17,26,53} Since the Trafficking Hotline is involved with only reported cases, they state it is only the tip of the iceberg since most victims are not reported and continue to be used for many years. Other reports suggest that on any given day over 300,000 children are subjected to trafficking in various forms.^{19,33,34} Trafficking victims are reluctant to report their status because of threats used against them and their family. The victim may not even testify against the perpetrator out of extreme fear. In some cases, trauma bonding may occur—similar to the Stockholm Syndrome and the victim may believe there is a relationship with the trafficker. The numbers of victims are far higher than those that are successfully reported and prosecuted. Victims do not in most cases identify as a “victim” which makes the realistic number of cases difficult to ascertain.

According to current data and statistics, the United States is a prime area for trafficking in all forms with both of our borders, Canada and Mexico, as prime locations where we see an influx of victims brought into the United States from various parts of the world. This number is expected to increase dramatically because of the 2021 influx of immigrants in the southern border through Mexico. Currently, in 2024, The U.S. Border Patrol and Office of Field Operations report over 1,733,496 encounters have been recorded during 2024 (March 2024), 3,201,144 in 2023, 2,766,582 in 2022 and 1,956,519 in 2021. The numbers have continued to escalate with a total of over 10 million migrants in the last three years. These are the numbers we know, but there are many “gotaways” that we do not

know. The Border Control also reports that in 2023/2024, over 244 have been on the terrorist watch list.

In the past years, six out of 10 victims are from another country and have crossed over at least one international border.⁶ Human trafficking is an escalating problem in the UK and in Europe as a whole.¹¹ In general, disaster locations and displacement of individuals promotes opportunity for trafficking. Nepal is an example cited where there has been an increase in reported trafficking after the recent earthquakes because of displaced children and adults.⁴ Although the problem with trafficking is an ongoing global issue, the displacement of individuals after these types of disasters increases human trafficking and creates an opportunity for the perpetrators to maximize exploitation. Displaced girls are taken from their homes and shipped to other areas for sex-trade. Women are especially vulnerable when displacement occurs; so are the elderly, marginalized caste members, LGBTQ populations, widows and those with disabilities.^{3,18,28,32}

Federal Laws, Regulations and Recognition

Recently the Child Abuse Prevention and Treatment Act (CAPTA) was amended by the *Victims of Child Abuse Act Reauthorization Act (P.L. 115-424. 1/7/2019)*. The law amends a section to provide immunity from civil and criminal liability (it previously provided immunity from only prosecution) for people who make good-faith child abuse or neglect reports or who provide information or assistance, including medical evaluations or consultations, in connection with a report, investigation or legal intervention pursuant to a good-faith report of child abuse or neglect.²⁵

The federal legislation addressing child abuse and neglect is CAPTA, originally enacted on January 31, 1974 (P.L. 93-247). The act has been amended multiple times, and in 2015 amended to include a child who is identified as a victim of sex trafficking or severe forms of trafficking in persons.²⁵ Thus, CAPTA has recently expanded the categories of people who are deemed victims of trafficking. It has

been determined that a child under the age of 18 is not considered to be involved in prostitution - there is no child prostitution - but those controlling the child are involved in human trafficking, child abuse and control of the minor.^{1,9}

Dentists and healthcare professionals are mandated to report suspected child abuse³¹. The recognition of child abuse is sometimes subtle and at other times quite recognizable by healthcare providers. Human trafficking may involve various age groups including children as young as seven or eight years old who are used for domestic work and groomed/seasoned for sex trade at a later time. Clues, signs and physical trauma may be visible in many cases, but healthcare workers who have not received adequate training may not recognize these signs as human trafficking^{1,2,8} or as child abuse.

Multiple forms of human trafficking have been identified even beyond what is known as sex-trafficking. Sex trafficking of minors is a form of child abuse, and human trafficking, in general, has various forms of criminality and abuse that are involved. Federal law 18 U.S.C. § 1591(a) (1) makes it a crime when a person “recruits, entices, harbors, transports, provides, obtains, advertises, maintains, patronizes, or solicits by any means” a minor for the purpose of a **commercial** sex act.³⁵ Domestic sex trafficking and exploitation of children within the borders of the United States is specific and supported by these laws and does not require proof that **force, fraud or coercion** was used to secure the victims actions. This law is reinforced by the states. In other words, a child can't be categorized as a willful participant in sex trafficking.³⁵

The victims may be United States citizens, non-citizens, legal immigrants or illegal immigrants. The Trafficking Victims Protection Act of 2000 (TVPA) gave protection to victims even if they were of illegal status, offering a “T visa.” At present, there are two types of visas-a U visa or a T visa. Both are in place to protect individuals who are victims of human trafficking with specific characteristics of the crimes. [NYC Human Rights](#) and [Nolo](#) are two good websites

to visit regarding T and U Visas.²³ The TVPA provided a three-pronged approach: Prevention, Protection and Prosecution (<https://polarisproject.org/>).

The Trafficking Victims Protection Act of 2000 (TVPA) is a federal statute which was passed into law in 2000. The Act extends protection to persons both internationally and domestically. Under this legislation, the government (1) is obliged to prohibit forms of human trafficking, (2) should prescribe an adequate punishment for any act of human trafficking, and (3) should use all means at their disposal to eradicate human trafficking^{13,14,19}.

According to the HHS, victims of human trafficking who are not United States citizens can receive help including immigration assistance. They are given the same rights as refugees. The benefits are already in place for United States residents and lawful permanent residents. Services involving healthcare, mental health, case management, legal assistance, education/job training, food, shelter, transportation and interpretation are all part of the services that are offered to victims¹⁷. Human trafficking must be differentiated from consensual commercial sex. And, human trafficking must be differentiated from human smuggling (the exportation of person) as well.

The [National Human Trafficking Hotline](#) gathers statistics from phone calls, emails and online tip reports. The data is used to support victims and survivors and to combat all forms of trafficking. The data collected in 2018 (as of December 31st, 2018) reported 41,088 contacts to the organization during this time period. The reports are also logged by state as well; 10,949 cases were documented. Of reported cases, the highest numbers came from community members reporting an incident. Since most trafficking victims go undetected, the true numbers are really unknown at this point in time.¹²

The Recruitment of Trafficking Victims

Human trafficking, described as “modern-day slavery,” is not a new topic within society, but what is “new information” involves the numbers of individuals who are trafficking victims and the

diverse ways that perpetrators use the victims to commit many crimes.^{18,32}

Why are Victims Vulnerable?

There are known variables that make a person more likely to become a human trafficking victim. Social determinants such as low self-esteem, poverty, low societal value of girls and women (this is especially common in certain cultures and countries), limited support systems and low educational levels make individuals very susceptible. Past sexual abuse, physical and emotional abuse, addiction or parental addiction/drug abuse, domestic violence, persons with disabilities, LGBTQ individuals and native/aboriginal persons are often targeted as well. Migration and refugee displacement, language barriers, along with opportunity for connection via the internet and networking sites allow the introduction of the victims to the perpetrators. Migrant workers and domestic workers are targeted internationally as well. Children, especially girls aged 12 to 14, are seen as more “malleable” and easily controlled long-term. Additionally, runaways are approached by traffickers within 48 hours after they leave their home. Traffickers use intimidation, threats against the victim, their families, confiscation of personal documents, threats of deportation and psychological tactics in order to gain control over the victims. These factors are obviously used more successfully in children who become dependent upon the perpetrator, and often begin to identify with their captor. They will also employ entrapment tactics such as listening, mentorship and promises of empowerment or romance.^{6,18,25} The top five exploiters listed for labor trafficking and sex trafficking are employers, familial relationships to the victim, recruiters, smugglers and intimate partners. In labor trafficking the employer was the largest source at 85%.^{53,54}

Young boys and male workers are often recruited to fishing boats for employment but are charged for food and shelter. After these fees are taken out of any earned salary, they are often left with little money. Most often, documents are taken from an individual, so they have no way to leave and get out of their current environment. The fishing

boats also may be involved in illegal activity, outside of human rights violations, that may involve drugs, illicit fishing practices and sex trafficking.^{3,4,24} According to a recent paper,³ there is an STD/HIV crises that has been a cited problem and is occurring in Vietnam due to the sex trade of boys/men (MSM-Men who have sex with men). These boys are involved in “shared houses” that are run by brokers who serve as intermediary “sales” persons. The boys often believe, when they are taken from their existing environment, that they will be doing work in agriculture, domestic, farming, etc. when brought to the area but find out that the prime work is sex trade. This concept is also found in China and other locations globally. Younger men/boys are targeted since there is less chance that they will have an STD or HIV at the time of involvement and be able to work for a longer period of time. As previously mentioned, this has become a global problem and concern.^{3,32} There is also a cultural aspect since boys of a certain age in many countries are expected to leave home, find employment and assist the family financially. So, in addition to being taken against their will, some boys will see this as an opportunity for employment.^{3,32}

Victims, especially females involved in sex work, may develop the “**Stockholm Syndrome**” and become emotionally supportive of their captor. This is also termed: **Trauma Bonding**. In some cases, they may not even testify against the trafficker or will not make an attempt to free themselves of the bondage. The syndrome was termed because of a case in Stockholm where robbers held bank employees captive for six days and the captive workers began to sympathize with the robbers even to the point of defending their perpetrator. Younger trafficking victims have no one to look out for them and see the perpetrator as someone who takes care of them and meets their fundamental needs.¹⁵ The victim may believe that the captor has done them a favor by not killing them and giving them a place to live. This has occurred in India, England and the United States. They describe this as a coping and survival strategy when the victim is held in captivity. Four conditions are necessary for the syndrome:^{7,15}

1. A threat to survival
2. A captor who shows some kindness
3. Isolation from the outside world
4. A perceived inability to escape.

In addition to the development of the Stockholm Syndrome, other factors such as those below make these individuals more vulnerable, thereby, making them extremely dependent upon the perpetrator over time:

- Anxiety
- Nervous disorders
- Substance abuse
- Post-traumatic stress disorder
- Severe psychological disorders in general along with poor coping skills

Profiles of Trafficking Victims

The variety of trades that tend to promote and use human trafficking victims are prostitution, escort work, pornography, and forced labor including farming, construction, tourism, domestic type labor, fishing industry and organ harvesting. In a published brochure by the Health and Human Services Administration, the trafficking victims can be found in places such as brothels, massage parlors, strip clubs, street prostitution, truck stops, online, domestic service, nannies, elder care, construction, landscaping, farms/ranches, fisheries, manufacturing factories, hotels, hospitality industry, restaurants, food services, bars, spas, salons, sales crews, fairs and carnivals, peddling and begging rings. The top venues for labor trafficking are: domestic, agriculture and traveling sales crews. The top venues for sex trafficking are massage/spa, residence-based sex, hotel-motel based and pornography.¹²

Health-related problems of trafficking include higher rates of sexually transmitted diseases, including increased rates of hepatitis, HIV and mental disorders (PTSD)⁹. The average life expectancy of a victim after they enter the world of trafficking is 7-10 years and death usually results from homicide, suicide, communicable diseases, overdose and addiction.^{3,16,25} Trafficking victims are easily controlled because of language barriers, social and geographic isolation with no other options and they face verbal, physical and mental abuse.^{18,27,28,31,32}

How is Human Trafficking Recognized? Head and Neck Indicators Associated with Possible Trafficking Victims in a Dental Practice^{18,28}

- Any bruising, head trauma or areas that are visible or in the process of healing. Bruising will go through different color variations depending upon whether the bruise is new or old. A variation could mean an ongoing process of frequent beating and trauma.
- Trauma to the oropharynx or soft palate indicating forced oral sex. This could also result in long-term neck issues due to force. These may be in the form of ecchymosis, petechia or purpura. The victim may also be exposed to the Human Papilloma Virus, HPV 6 & 11. And develop oral squamous papillomas. Condyloma Acuminatum results from oral-oral or oral-genital contact. When condyloma acuminatum is detected in a child, it is considered child abuse until proven otherwise.
- Broken teeth, oral lesions and evident trauma to the mouth.¹⁵
- Signs of anemia or poor nutrition. The lack of sun exposure and vitamin C deficiency may indicate confinement suggesting there has been a lack of sun exposure, etc. This may affect the skin and also the hair of the victim.
- Children may have growth and developmental abnormalities. Lack of nutrition and poor environment may decrease a child's growth. Some children are in trafficking even before age 12 and have not had proper nutrition or care.^{10,20,30,36}
- Gingival inflammation resulting from poor oral care as well as fungal infections in the oral tissues and lip areas. There may be indications of gonorrhea, syphilis, and infections from human papilloma virus (HPV).
- Abnormal neck findings such as trauma and bruising from strangulation. A common finding may be bruising, scars from ropes or branding on the back of the neck.
- Tattoos (indicating property of an individual) in neck area or hairline, including any tattoos that are visible in any areas of the body. These could be evaluated in an oral exam while examining the occipital nodes and auricular nodes.
- Respiratory issues or complaints that indicate inhalation of chemicals, toxic fumes, or poor working conditions in damp, cold or hot locations. These may indicate domestic trafficking or use of the individual in a labor capacity such as a factory, closed containment facility or even mines.
- Cigarette or scald burns in visible areas. These could have resulted from the perpetrator controlling the victim during seasoning activities (preparing the victim for work by psychological and physical control). *Seasoning* is usually a prime time when severe injury of the child or adult may result.^{18,29}
- Ligature marks or visible scars around the ankles or wrists. This is an indication of confinement and/or torture.
- Marks around the commissures may indicate the person has been gagged extensively. Also, candida and any sores around the commissures may indicate poor oral health with repeated neglect. This may also indicate infection related to HPV and oral sex of the captive person.
- Angular cheilitis in children usually indicates an iron deficiency. Nutritional deficiency in children can be observed quickly when living conditions are poor.
- Torn or crushed frenums may indicate extreme pressure applied possibly because of adult hand over the mouth of the child victim.
- Observable bruises to the pinna (ear area) due to possible blunt force trauma. This is another feature that is considered child abuse until proven otherwise. Children do not fall on the ear-they will fall backwards or forward. The ear has very little blood supply and blunt force must be applied to develop severe bruising.
- Agricultural workers spend extensive time in the sun without proper SPF protection leaving them vulnerable to sun damage. Squamous cell carcinoma, basal cell carcinoma and evident skin changes should be noted and discussed.

Additionally, depending upon the type of work the victim is involved in, there could be extensive cuts, bruises and calluses on the hands and feet, perhaps suggesting farm work, fishing boat work or generally very hard labor.

In current studies, there appears to be a lack of focus and training on clinical indicators that are evident when healthcare providers are examining such patients.^{11,18,20,36} Dental providers have full view of the head and neck with the use of high-quality lighting. This makes the visibility extremely valuable in detection of oral/extraoral findings.

Common Characteristics of Trafficking Victims

In most of the literature reported on trafficking, a list of characteristics should call attention to the person seeking assistance or service. The individual will usually present with multiple characteristics that should be considered in a total assessment.^{13,14,18,19}

The items listed below may be visible “**outward indicators**” during an appointment visit. These along with the emotional and personality characteristics may warrant suspicion and prompt reporting to authorities. Medical history documentation becomes very important in making a diagnosis but also in rendering assistance legally for the victim.

It may be obvious that the person is from another country, and they speak a different language. This factor needs to be addressed and it becomes important that the personnel find someone who can act as an interpreter for the person who may be a victim. Not only can a conversation be misinterpreted, but cultural norms come into play during the interaction. If the office has made contact with those on a local level and is trauma informed, there is often someone who can be provided that speaks the person’s native language. The national organizations such as The National Human Trafficking Hotline have interpreters available and can assist. The organization has someone who can speak the language of the victim.

Indicators of Human Trafficking

- Recent migration or relocation to the area, indicated at times by a different language spoken.
- The victim may not know their current location—they are often kept hidden or moved from one place to another. This

involves “the circuit” and the victim is moved from one location to another in order to decrease a feeling of stability.

- Past history of substance abuse or outward signs of past substance use.
- Person may exhibit signs of mental illness or list past mental issues.
- Homeless youths are particular targets, and the person may state they ran away from home.
- Involvement with child welfare system – foster-care children, especially pre-teen and teen girls, are a target for traffickers. Families who become foster care families are warned to be cognizant of any nice articles of clothing or jewelry that a young girl may bring home that the family did not purchase.
- Obvious traumatic injury as indicated previously.
- Association with one of the highly known trafficking jobs or locations.
- Exhibit withdrawn, fearful, and/or submissive interactions toward the person who is with them and acting on their behalf. The characteristics of a perpetrator are listed within this CE.
- The person who is with them exhibits controlling behavior—may use forceful behavior to intervene in appointment procedures and demand to be with the person.

Specific questions can begin a dialogue with a suspected victim such as:

- Is the patient accompanied by another person who does not let patient speak for themselves, refuses privacy, or interprets for patient?
- Is the patient unwilling or hesitant to answer questions about the injury or illness?
- Can you detect any physical or psychological abuse or neglect?
- Does the patient seem submissive, nervous, fearful, or hostile?
- Is the patient under the age of 18 and engaged in commercial sex?
- Is the patient unable to provide his/her address or unaware of location and time?
- Is the patient not in possession of his/her money, identification, or other personal items?

Questions such as those above are available from the Department of Health and Human Services Human Trafficking and Screening Tools with additional information that should make the dental professional suspicious of trafficking situations.^{19,36}

Traffickers' Profile

Traffickers may accompany the victim to medical and dental appointments. They view the victim as property and they tend to "oversee" any care that the victim may receive.^{30,36,37} Essentially, the victim is viewed as potential income for the trafficker. The trafficker may fall into a wide range of social and economic realms. Other cues to identifying a trafficker include the insistence of directing all care for the patient as well as being part of all conversations. They may state they need to be present in order to translate for the person or even that the person may need assistance in understanding the issues being presented. They appear to be the person's representative and are there to speak for them.^{1,13,30}

There are specific characteristics that denote a trafficker such as:

- Traffickers span all social and economic status
- The clients of a trafficker include:
 - Business owners and professionals.
 - Elected officials, those serving in government agencies and those employed in a government capacity.
 - Individuals of poor economic status also participate in trafficking but may not pay as much as individuals at higher income levels.
- May be relative of victim, boyfriend, employer or parent
- Owner of businesses such as farms, casinos, truck stops, and these individuals may use the services of the victims but make a business of the trafficking victims.
- May be involved in modeling, acting or dancing (used to recruit victims).^{11,12,15}

Specific Clues of Concern (The Actions and Language of Trafficking)

There is a "*Language of Trafficking*" that is known to the victims and their perpetrators.^{18,37} Developing an awareness of clues, language

and behaviors will allow the healthcare provider to assess a possible trafficking situation. Developing an element of trust, building rapport and creating a safe environment is important. Asking open-ended questions instead of questions that just allow for a yes or no response, allows for a good flow of dialogue with the patient. For example:

- How did you find our facility/clinic?
- Who brought you here today?
- Tell me about where you live.
- Who inspired your tattoo?
- Where did you go to get your tattoo?

Traffickers, and even the victims, have a specific language that may be witnessed by those rendering treatment to a victim. Any of the following phrases or words should cause the healthcare provider to consider a "trafficking" possibility.

- **Daddy:** The word a victim is required to call their pimp/trafficker.³⁷
- **Guerilla Pimp:** (as in guerilla warfare) A trafficker or pimp that resorts to violence to control a victim.
- **Romeo/Finesse Pimp:** The trafficker that uses a false romance; a false promise of money, clothing or other gifts; or false hope of marriage to lure victims. Often referred to as "boyfriend." This is especially relevant in the control of very young sex victims.
- **Kiddie Stroll:** Younger victims frequent a certain prostitution area.³⁷
- **Lot Lizard:** Victims that are forced to prostitute themselves in a truck stop area.
- **Branding:** A carving, tattoo, or mark on a victim that implies ownership by a pimp/gang/trafficker. The tattoo may say "Daddy," "Property of"... or even "For sale."
- **Exit Fee:** An amount a pimp charges the victim to leave captivity. The fee is exorbitant to discourage the victim from leaving, so most victims never leave.³⁷
- **Quota:** The amount of money the trafficker expects each night from the victim. If quotas go unmet, the victim may be beaten, tortured or made to work exorbitant hours until the expected amount has been delivered. Generally, the set amount is between \$300 to \$2,000.³⁷
- **Circuit:** A series of places where prostitutes/victims get moved. Keeping

them in unfamiliar surroundings increases their vulnerability and facilitates the trafficker's control over the individual.

- **Date:** The time and location where the sex act is to take place. The buyer or "john" meet them at this predetermined site.
- **Head Cut:** A victim is beaten by their pimp severely.³⁷
- **The Life or The Game:** Sex trafficking victims refer to their situation as "being in the life." This title implies that "the game" is fun and an easy way to make a living.
- **Bottom:** A victim who is chosen by the pimp or trafficker to "handle" the other victims. The bottom may be required to entice others into servitude by posing as a student, a concerned friend or a mother-figure.^{18,32}
- **Seasoning:** Includes deprivation of sleep, isolation, intimidation, gang rape, holding victim's children hostage, sodomy, starvation, and it is designed to gain control over the victim. This usually occurs in the beginning of captivity.
- **Legend:** Has a cover story to advert suspicion but detail may be inconsistent.

According to the National Human Trafficking Resource Center (NHTRC) and hotline, "**general indicators**" or "**red flags**" of human trafficking may include but are not limited to the following with some modifications:¹³

1. Inconsistent history or a history that appears coaxed. May be difficult to determine if a language barrier is present.
2. Resistant to answer questions about the injury or incident.
3. Avoids eye contact, is nervous and fearful of touch.
4. No idea of address or general area where they live.
5. No control over their finances and lacks decision-making capacity.
6. Accompanied by a controlling companion or family member that refuses to let the patient speak for themselves, be alone for care and insists on being the translator.
7. Exhibits bizarre, hostile behavior and is resistant to care and assistance. May have initially consented but changes mind after asked to undress for an exam.
8. No identification or the companion has it in their possession.

9. Under age 18 and involved in a commercial sex act.
10. Tattoos or branding signs. Markings may say "daddy" OR "for sale," which implies ownership or read as an advertisement for a product.
11. Multiple sex partners. This may be easier to ascertain during a medical exam.
12. Inappropriate attire for the environmental conditions of the area suggesting poor care for the individual or possibly just arriving from another area of the world.
13. Attempt to reason away bruises or ligature marks by claiming a bruising or rare blood disorder.
14. Silent, afraid to speak, cringes at the sound of a loud voice.
15. Uses trafficking "lingo" such as "the life" or other words common in the commercial sex industry.
16. Struggles with addiction, including opioids.
17. Admits to a forced sexual encounter or being forced into sex acts.
18. Younger children may not establish eye contact, have fear of touch, be very passive, and be wary of the parent or care giver.

The state of Nevada has a high rate of drug use and trafficking and their Attorney General has addressed this issue. The [Nevada Attorney General, Aaron Ford](#), has a website that lists the following as warning signs of human trafficking:

1. Small children working in a family restaurant.
2. Person lacking any personal possessions.
3. Barriers such as fence or bars that restrict person from leaving the work area.

Who Can Assist in Recognizing Trafficking?

Healthcare Facilities - both medical and dental

Healthcare workers need more knowledge and training in recognizing a trafficking victim.^{1,2,9}

There are recent studies in the medical literature, specifically in pediatric nursing and nurse practitioner literature, suggesting that the recognition of human trafficking should be a part of the medical literature and that training in the area should be a part of the curriculum.^{2,9,10,28} Currently, there is little information in the dental or dental hygiene

literature and most is mentioned along with child abuse. As we know, many patients visit a dental office more often than they are seen by the physician or a nurse for medical care.^{29,30} Someone who has pain related to a tooth or oral lesions will select a dental office to solve this problem usually being treated and then released. Dental treatment for mouth pain will usually be sanctioned by the perpetrator because the victim is taken out of service, thereby, causing them to lose money.^{15,18,21} The perpetrator will agree to treatment so the victim can return to current work-related activities.

Medical institutions are suggesting that more training be made available to all those who interact with patients. This would include employees in dental schools, dental offices, emergency rooms, hospitals, airline employees and other transportation facilities. Local and state resources available for reporting suspicious activity should be made available to those involved in working with the public.^{16,21,36} If the victim of trafficking is identified but resources and a protocol **trauma-informed approach** are not in place, the victim may be in even more danger during this process. The person may be beaten (or worse) if the perpetrator believes the victim has identified them or made their situation known to healthcare providers.^{1,6,16,18}

Although healthcare providers are an essential component in the detection of human trafficking, most healthcare providers have very little knowledge or experience in the detection of these individuals who are victims. They know little about identifying victims and perpetrators or how to respond to situations, even if they do suspect the patient to be a victim.⁹⁻¹¹ Recently, more publications and guidance on the subject is emerging. However, there is a continued need to educate and provide direction in the medical and dental curriculum to those healthcare providers in order to recognize the signs of trafficking. Additionally, survivors need medical and dental care beyond that of just “identifying” a trafficking situation. Mental health, multidisciplinary referrals with a healthcare organization and community partners are paramount in the recovery process. Healthcare professionals

need to be confident in reporting suspected cases of child abuse and human trafficking.^{2,6,8,9,20} The saying, “The eye only sees what the mind already knows” is very appropriate in the case of human trafficking. The Reclaim 611 organization suggests that a **trauma-informed** approach be implemented in healthcare facilities. Basically, everyone should know the correct protocol and a specific sequence should be implemented if or when the occasion arises.^{31,32} Building a trusted local network of individuals within law enforcement and the medical community is essential in combating human trafficking and obtaining assistance when human trafficking is identified.

Most healthcare providers, especially the dental community, do not know the extent of the human trafficking problem in the United States, nor the global impact of this crime.^{2,9} One research study reported that 87.7% of trafficking victims within this demographic study obtained some form of healthcare treatment during captivity, but they are not usually recognized as a trafficking victim by those who treat them.^{10,11,21} Only 24% of healthcare providers reported confidence in their ability to identify an at-risk child.²⁷ In order to report child abuse, only a reasonable suspicion is needed and privileged communication does not apply in cases of child abuse. [The Child Welfare Information Gateway](#) lets you search State Guides and Manuals.²⁵ Unless there is concrete evidence of physical abuse, specific clues may be overlooked. Even if suspected, the proper protocol for handling any suspicion may not be known by most in dentistry. Under federal law, child abuse must be reported.

This course is written to awaken the dental community to the possibility of a human trafficking situation and acquaint them with strategies to deal with the event at hand. At the time of this course, education in trafficking varies globally. In the United States, most dental schools and dental hygiene schools do not have curriculum in place to train dentists, hygienists or office staff in recognizing the possibility of a patient being a human trafficking victim. Most locations in the UK have trafficking information in the form of workbook education, face-to-face learning, E-learning and lecture.¹¹

Child abuse is usually covered in dental schools with mandated reporting of suspected cases; however, human trafficking is an area that is still very vague to the dental community. Although some physical abuse may be present with trafficking victims, the signs are far more subtle. Since the perpetrator may accompany the victim to an appointment, there is equal opportunity to assess the relationship of the perpetrator and the victim by all involved in treatment of the patient. In a **trauma-informed approach**, this would include the dentist, hygienist, dental assistant, office manager and any other personnel working in the office, clinic or facility such as a college or university. One individual may assess the situation and other personnel may be in tune with various clues as the office visit progresses. Therefore, utilizing and training the entire office is the most beneficial approach.

In a **trauma-informed approach**, all staff of a facility know who to call, how to talk to the patient in order to promote a calm, directed interaction that will lead to successful and safe rescue of the victim or apprehension of the perpetrator. In some cases, the adult victim may decline assistance, but with a trauma-informed office, hospital, clinic or staff, the end result would be much safer when knowledge of protocol exists. If the perpetrator feels threatened, the victim may be at more increased risk as well as those within the dental office.

Emergency Rooms

The trafficking victim is most likely to have received medical treatment in an emergency room during their captivity. One recent reports suggest that over 87.8% of victims came into contact with a healthcare provider while enslaved but were not identified as a victim.^{1,2,9} This healthcare treatment visit is a prime opportunity for a healthcare provider to recognize a trafficking victim and secure the needed assistance for the victim.³⁶ There is what is termed a “**seasoning**” period that the perpetrator uses to break the will of the victim and often verbal, physical and sexual abuse resulting in physical harm to the victim.⁹ This could be the reason and timing of the visits to the emergency rooms, or in some cases to

the dental school clinics or offices due to facial, mouth, head or tooth injury. Emergency room doctors and nurses who received education in detecting and assisting trafficking victims reported significant increases in confidence levels leading to better detection of victims and higher probability of obtaining long-term assistance for these patients.^{1,2,36}

The medical community has far more opportunity to assess the physical damage of a possible trafficking victim since the team may be treating more medical complaints such as broken limbs, general health complaints and obvious complaints that would warrant a hospital or urgent care facility in the treatment of these individuals. The dental office will usually be contacted because of tooth related issues, perhaps oral trauma or infections (maybe an abscess causing pain or an inflammatory process).

Airline Employees and Flight Attendants

Global organizations involved in aviation and transportation who are likely to come into contact with trafficking victims have established training programs. Flight attendants and airline workers within the air travel industry are in a prime facility to detect trafficking victims. Those involved in detection would include not only flight attendants but also those working in ticketing, gate agents and others who work or have interaction with passengers. Multiple reports are on record citing flight attendants and others involved within the airline industry as reporting victims of trafficking. After specific training that has been instated, those working in air travel report more knowledge and recognition in their ability to detect a trafficking victim.

On October 5, 2018, President Trump signed Public Law 115-254, the FAA Reauthorization Act of 2018. Section 408 of the Act, Training on Human Trafficking for Certain Staff, amends 49 U.S.C. to add Section 44738. This new section expands the human trafficking training requirement to an additional employee group and requires that “each air carrier shall provide training to ticket counter agents, gate agents, and other air carrier workers whose jobs require regular interaction with passengers on

recognizing and responding to potential human trafficking victims.”

Support for the Victims

According to the [National Human Trafficking Hotline](#), the 11-highest rated states in 2018 for human trafficking were:

- California
- Texas
- Florida
- Ohio*
- New York
- Michigan
- Nevada*
- Georgia
- Pennsylvania
- Washington

**An example reported for Ohio is that there is farmland for the trafficking of domestic and farm workers who are brought into the state and this makes the rates higher. Examples for Nevada would be the casino environment and the high rate of substance abuse/opioid addiction in both states. Polaris outlines the traffic patterns in the United States and the increased numbers of the high traffic areas in both the east and west coast areas.⁵³ At the time of this course, May 2024, many immigrants are entering the United States through the border with Mexico. The numbers of domestic workers and labor workers are expected to increase in all areas of the country as many migrants are distributed from the border to many states throughout the country. This influx of persons is also expected to increase human trafficking victims making the identification of victims very important. As events occur, the limitations on identifying and documenting cases of human trafficking in all forms must be re-evaluated since the numbers are constantly changing. The influx of young children with some questionable relationships may or may not be with family members and may end up in continued human trafficking situations.* A publication in 2023, by Hannah Dreier, exposed and documented the all-time high of over 130,00 unaccompanied minors entering the United States in one year. The majority, 85,000, of the children were not able to be located a month later even though they had been released to sponsors. It is known that the children most often work to pay back the

sponsor, trafficker, smuggler and to maintain living expenses. The injury rates and deaths of these children is addressed in the article and federal laws are in place to protect children against dangerous jobs.⁵²

Reporting a Suspected Trafficking Situation/Victim

The key point to understand is that the dental professional has a legal obligation to report SUSPECTED child abuse. The need to protect children supersedes all other concerns. You can be charged legally **if you do not report** suspected child abuse. Human trafficking of minors is child abuse and has to be reported when recognized, or when there is suspicion of trafficking. This is a public health issue.²⁰ The importance of documentation should not be overlooked since this may be evidence used in a legal case. Having a co-worker document and acknowledge your findings is needed. If physical abuse is suspected, images that support your findings is crucial.

The first step is safety. If you suspect that the victim is in immediate need of help, have one of the staff members call 911 immediately without drawing too much attention to the situation. When an adult victim is suspected, the professional should try to speak with the person alone. Stating that radiographs are needed. Stating that anyone accompanying the person cannot be in the radiology area due to possible radiation exposure is one way to get the victim alone. This may give the dental professional a clue to the relationship between the persons and anyone accompanying the victim. The office staff will also have time to put their trauma-informed plan of action into play. If the accompanying person is not agreeing to this suggestion, this may give the dental professional a clue of the relationship and could indicate control issues by the perpetrator. If the adult victim does not want to be reported and does not agree to self-reporting, the rights of the adult and decisions made by the person should be respected. When trust is established, the person may consider contacting authorities at a later date or returning to your healthcare facility.²⁸ Also, providing information on national reporting sites such as the National Human Trafficking Hotline and the fact that the person can send a text to: HELP to BEFREE

(233733) and receive assistance should be provided.

By having the entire office educated about human trafficking, specific protocol should be in place. Contacting the local authorities and knowing specific phone numbers is crucial. Using 911 and asking for the specific local people trained in human trafficking that you have already established contact with, will allow the best individuals to intervene. Suggesting that the police arrive in plain clothes without sirens promotes less chance of an over-reaction of all those involved.³⁰

“Medical providers have a unique opportunity to come into contact and connect with those being exploited; therefore, it’s vital they be aware of the dynamics of coercion and manipulation in trafficking. However, this does not mean they should necessarily be the crisis intervention response to remove someone from an exploitative situation. It is imperative that medical providers are aware of their LOCAL crisis response point of contact.”

Kat Wehunt

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Attorney General’s Human Trafficking Task Force

theformationproject.org

Human trafficking identification in all dental facilities must involve a **trauma-informed approach**. This means that the facility should have a plan of action to follow with detailed duties should the occasion arise. All dental personnel are legally obligated and must be informed about the issues related to child abuse and trafficking victims for this plan of action to be successful. If your office is in the process of developing specific protocol for reporting a trafficking victim, the State Dental Association or Pediatric Association may be helpful in providing forms and guidelines.²⁹ Most states have regulations on their site to

provide assistance and reporting information to the reporter. Many state agencies have brochures and policy manuals to guide a person through this process. All states have varying regulations, and your office must know what those rules and regulations are for assisting the victims and reporting crimes.¹⁴

All dental personnel must know the existing protocol and services that are available to the local dental community. The connection with local and state agencies is essential, and specific laws related to reporting child abuse are in place for each state. All team members should be familiar with local and state requirements and reporting procedures. National reporting facilities are listed within this CE. The National Human Trafficking Hotline number is: 1-888-373-7888, text HELP to BEFREE (233733). You can help the patient memorize the number or possibly have the number on a toothbrush that is printed for just this occasion.

The state requirements and contact information will vary with each state. South Carolina, for instance, was recognized in 2018 for progress through Shared Hope International’s Protected Innocence. They were commended for not only recognizing human trafficking but for combatting human trafficking. Each state will have different reporting mechanisms and degrees of involvement.³³⁻³⁵ The Health and Human Services Training and Technical Assistance Center suggests the following steps to take: Establish Rapport with suspected victim, recognize red flags, screen for potential human trafficking, discuss the need to file a report and refer to resources [See Additional Resources](#).

Conclusion

Finally, education of human trafficking, including the education of dental and medical personnel, is absent in most cases. Those working in these fields do not believe they can adequately identify victims with their current knowledge of the issue. The need for more training in the curriculum of medical and dental schools, emergency rooms, hospitals, community-based healthcare facilities and public health facilities is needed. The more the dental community can assess a situation that

may involve trafficking and report this issue, the more likely we are to maintain a grasp on this global problem and assist those victims of human trafficking. Human trafficking is a global issue that must be solved on a local level.

Dental professionals are required to report child abuse, and this includes human trafficking victims. Learning the signs and language of trafficking may save the life of a victim and stop a perpetrator from acquiring another victim. Again, “the eye does not see what the mind does not know.”³² An example of resources for the State of Texas are listed here:

RESOURCES FOR THE STATE OF TEXAS:

Texas Human Trafficking Resource Center:
Health Development and Independence
Services

- Call: 888-373-7888
- Send a text message: Text HELP to BEFREE (233733)
- By email: help@humantraffickinghotline.org
- Chat online: [National Human Trafficking Hotline](#)
- To learn more about how HHSC is serving victims of human trafficking, view the [HHSC Provider Guidebook: Services for Victims of Human Trafficking in Texas \(PDF\)](#).

Course Test Preview

To receive Continuing Education credit for this course, you must complete the online test. Please go to: www.dentalcare.com/en-us/ce-courses/ce600/test

- 1. A trauma-informed approach to human trafficking means _____.**
 - A. notifying authorities that the victim suffered trauma
 - B. educating dental office and hospital personnel on the victim rights
 - C. having a plan of action in place that everyone in the office can follow
 - D. alerting the FBI that you may have a trafficking situation

- 2. Dentists and healthcare workers are mandated to report child abuse. Any person under the age of ____ is considered a child and under federal law must be reported, if child abuse is suspected. Human Trafficking is child abuse.**
 - A. 18
 - B. 17
 - C. 16
 - D. 15

- 3. The trafficking victims protection act of 2000 provides all of the following mandates EXCEPT which one:**
 - A. Extends protection to persons internationally and domestically.
 - B. Prohibits all forms of human trafficking.
 - C. Prescribes punishment for perpetrators involved in human trafficking.
 - D. Victims are not entitled to the same rights as refugees.

- 4. Healthcare providers who report a trafficking victim are protected from _____.**
 - A. prosecution only
 - B. criminal liability
 - C. civil and criminal liability
 - D. civil liability

- 5. Which statement is valid regarding children and human trafficking?**
 - A. A child must prove coercion, force or fraud.
 - B. Children under 18 cannot consent to commercial sex.
 - C. The child must be involved for at least six years.
 - D. Both the perpetrator, buyer and underage person may be charged.

- 6. Human trafficking, globally, is estimated to be a _____.**
 - A. billion-dollar industry worldwide
 - B. 100 billion-dollar industry worldwide
 - C. 125 billion-dollar industry worldwide
 - D. 150 billion-dollar industry worldwide

- 7. Human trafficking in the United States is affected by which of the following?**
 - A. The lack of interest by gangs.
 - B. The lack of police support.
 - C. The decline in monetary value.
 - D. Buyers and the increase in demand by those willing to pay for services.

- 8. Perpetrators involved in human trafficking use violence, force, fraud and coercion on the victims. The most visible evidence that may support a trafficking victim would be from which of the following?**
- A. Force
 - B. Fraud
 - C. Violence
 - D. Coercion
- 9. The most profitable transaction for those involved in human trafficking is _____.**
- A. drug sales
 - B. illegal arms sales
 - C. sex trafficking
 - D. domestic labor
- 10. Which of the following is NOT true with regard to “Shared Houses” involving young boys?**
- A. A broker acts as an intermediary agent.
 - B. Young boys are targeted since there is less likely previous STD's.
 - C. The young boys are paid higher wages for sex acts.
 - D. The young boys are initially recruited for domestic, fishing or agriculture work.
- 11. Young girls, aged 12-14, are targeted especially for sex trafficking because the perpetrators find them to be _____.**
- A. healthier
 - B. more malleable
 - C. less expensive
 - D. more easily obtained
- 12. The Stockholm Syndrome, with regard to victims of human trafficking, is defined as:**
- A. A victim becomes intimidated by the perpetrator.
 - B. The victim is psychologically abused by the perpetrator.
 - C. The victim becomes emotionally supportive of their captor.
 - D. The victim develops health-related problems due to psychological trauma.
- 13. In order for the Stockholm Syndrome to occur, all of the following would usually be present EXCEPT:**
- A. A threat to survival
 - B. Captor shows kindness to the victim
 - C. Isolation from the outside world
 - D. Perceived ability to escape the captor
- 14. A trafficking victim may seek dental care because of pain. The captor may allow this because of which of the following reasons?**
- A. Dental care is a part of total health
 - B. Dental care is a reward for “good work”
 - C. Pain does not allow the victim to perform adequately
 - D. Pain causes lost wages for the captor
- 15. Up to _____% of human trafficking victims obtain health care during captivity.**
- A. 50
 - B. 67.2
 - C. 87.7
 - D. 97.5

- 16. Of the listed occupations below, which is NOT a noted venue for trafficking?**
- A. Fishing boats
 - B. Domestic work
 - C. Farming-field work
 - D. Legal services/law
- 17. Which of the following would NOT be an “outward indicator” of a human trafficking victim?**
- A. Recent migration from another country<
 - B. History of substance abuse or possible marks of use on the person
 - C. Person appears controlled by someone<
 - D. Person makes direct eye contact with healthcare provider
- 18. The airline industry is now training employees such as flight attendants, ticket agents and other employees who have interactions with passengers in trafficking detection, and this has proven to increase confidence levels of all employees. This training is referred to as being:**
- A. Trauma-Informed
 - B. Trauma Based
 - C. Trauma-Reporting
 - D. Delayed Trauma
- 19. There is a period of time during which a captor breaks the will of a victim increasing the likelihood of physical evidence of torture, abuse and outward indications of maltreatment. This is referred to as _____.**
- A. the Stockholm Syndrome
 - B. seasoning
 - C. grooming
 - D. domestication
- 20. Which of the following best describes a perpetrator of a trafficking victim?**
- A. A male aged 20-45
 - B. A male in specific lines of work such as hotels, casinos and farming
 - C. Trafficking perpetrators span all social and economic status
 - D. A perpetrator can be male or female
- 21. According to the cited “Lingo” in this CE course, what is it called when victims get moved to a series of places in order to increase their vulnerability and perpetrator’s control?**
- A. Venue
 - B. Circuit
 - C. Route
 - D. Rounds
- 22. Sex trafficking victims refer to their situation as _____.**
- A. “Being in the life”
 - B. “Loving the life”
 - C. “Existing in the life”
 - D. “Bringing to life”

23. If you suspect someone of being a trafficking victim, what should you NOT do?

- A. Try to talk to the person alone-but, if an adult, ask permission to assist them.
- B. Ask the person if they feel threatened.
- C. Document and seek assistance if needed.
- D. Immediately start telling the possible victim your suspicions.

24. Human trafficking solutions must involve all of the following EXCEPT:

- A. A Trauma-informed approach.
- B. Specific education of all personnel involved in patient interaction.
- C. Communication education in human trafficking.
- D. A confrontational approach with a perceived trafficker.

25. A key factor indicating the possibility of human trafficking is the person who is with the perceived victim seeking treatment insisting on being involved in the procedure and decision making. The best course of action would be:

- A. Try to talk to the person alone and determine situation.
- B. Immediately call the authorities.
- C. Talk to the accompanying person and try to determine their motives.
- D. Try to do a quick check with police for any records on the person.

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Additional Resources

Many statistics, relevant information and received reports come through the National Human Trafficking Hotline and Polaris Be Free Textline.¹² The organization is partially funded by the US Department of Health and Human Services (HHS) and operated by Polaris, a non-profit agency. Hotline (1-888-373-7888). HHS reports that 240,000 to 325,000 children are at risk for sexual exploitation. According to the Reclaim 611 organization, founded in 2017 as a non-profit site to assist in ending human trafficking, there are 5,534 hospitals in the United States and less than 5% are trained to recognize human trafficking victims.^{30,31}

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About the Author

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Dr. Burkhardt received a Bachelor of Science degree in Dental Hygiene Education from Fairleigh Dickinson University School of Dentistry, a Master of Education degree from North Carolina State University in Occupational Health Education, a Doctor of Education Degree from North Carolina State University in Adult Education/Interdisciplinary studies. Nancy conducted a one-year postdoctoral fellowship in the section of Oral Pathology at the University of North Carolina School of Dentistry in Chapel Hill in the section of oral pathology. Her dissertation topic was "Oral Lichen Planus Commonalities: Educational and Psychological Implications." Dr. Burkhardt is an Adjunct Professor in the Department of Periodontics/Stomatology at Texas A&M College of Dentistry where she has been a faculty member since 1997. She is founder and Director of the International Oral Lichen Planus Support Group established in 1997.

Dr. Burkhardt has presented papers both nationally and internationally on Oral Lichen Planus/Mucosal Diseases and has published articles in national dental journals. She is co-author of "General and Oral Pathology for the Dental Hygienist" published through Lippincott, Williams & Wilkins and the book is now in its 3rd edition 2019 through Jones & Bartlett Learning. She was a 2006 recipient of the ADHA Crest Award through Procter & Gamble and The Philips Consumer Lifestyle and PennWell Corporation "Mentor of Distinction Award" in 2012. She is an Academic Affiliate Fellow of The American Academy of the Oral Medicine Association-awarded fellowship in 2016 and chair of the Academic Affiliate Fellowship Committee. Nancy is a 2017 recipient of the "Award of Distinction" through SUNSTAR and PennWell, Corporation and a 2017 "Dental Professional of the Year" recipient through The International Pemphigus and Pemphigoid Foundation. As a columnist for RDH magazine from 2007-2021, she wrote a monthly column titled, "Oral Exams/Oral Pathology" for the Endeavor publication that appears in both dental and dental hygiene literature. To date, she has written more than 170 columns for the publication on oral pathology/oral medicine topics. She is a reviewer for several national dental journals and a representative on the JCDE from 2014-2018. Presently, Dr. Burkhardt is part of both the South Carolina State Human Trafficking Task Force Healthcare Subcommittee and the Tri-County Human Trafficking Task Force-Dental Outreach for the Tri-County's Healthcare Subcommittee, Charleston, South Carolina.

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