

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES



**CONFIDENTIAL**  
**MANDATED REPORTER CHECKLIST**  
**FOR SUSPECTED HUMAN TRAFFICKING**

Mailing Address: INTAKE UNIT Igggg  
420 Waiakamilo Road, Suite 300A  
Honolulu, HI 96817-4941

Oahu HUMAN TRAFFICKING Reporting Line: (808) 832-1999  
Oahu FAX: (808) 832-5292

Toll Free HUMAN TRAFFICKING Reporting Line: (888) 398-1188  
Toll Free FAX: (888) 988-6688

Hawaii Department of Human Services Website: <http://humanservices.hawaii.gov>

**To file a report of HUMAN TRAFFICKING, please:**

1. Complete one checklist for each trafficked child/victim.
2. Review all available records and fill out the checklist as completely as possible, especially key areas (\*\*) which help the Department locate and assess children.
3. Upon completion of the checklist, immediately call the **Human Trafficking Reporting Line (Oahu or Toll Free)** to complete your oral report. Be sure to obtain the name of the intake social worker to document receipt and disposition of your referral.
4. FAX or mail this document with comments to DHS immediately after verbally reporting to the intake worker.

**DUTY TO NOTIFY:** Doing so fulfills your statutory obligation under Chapter 350-1 (2) and 350-1.1 (c), Hawaii Revised Statutes, which requires an oral report followed as soon as possible by a report in writing to the Department when a child has been the victim of sex trafficking or severe forms of trafficking in persons.

**DATE OF REPORT:** \_\_\_\_\_

**MANDATED REPORTER INFORMATION \*\***

Name	Agency	Title
Address:		Telephone:

**MANDATED REPORTER ORAL REPORT/CONTACT WITH DHS AND/OR POLICE**

Name of DHS Intake Social Worker	Date/Time of Report
Name of Police Officer/Badge #	Date/Time of Report/Police Report #
May DHS share your identity with the county police, or contract provider for follow up? Yes ___ No ___	

**TRAFFICKED CHILD/VICTIM INFORMATION \*\***

Name	DOB/AGE	School/Grade/SPED
Description &/or Special Needs for Child/Victim		
Address or Directions or Location Frequented	Telephone (s)	
Employment/Phone	Other	

**TRAFFICKER INFORMATION \*\***

Name:		DOB/Age		Name:		DOB/Age	
Relationship of Trafficker to Child/Victim: (SPECIFY)				Relationship of Trafficker to Child/Victim: (SPECIFY)			
FAMILY MEMBER				FAMILY MEMBER			
INTIMATE PARTNER				INTIMATE PARTNER			
PIMP				PIMP			
EMPLOYER				EMPLOYER			
OTHER				OTHER			
UNKNOWN				UNKNOWN			
Address or Directions or Location Frequented				Address or Directions or Location Frequented			
Telephone:		Description		Telephone:		Description	
Employment/Phone		Military/Branch		Employment/Phone		Military/Branch	

**OTHER ALLEGED MALTREATERS OR TRAFFICKER INFORMATION**

Name:		DOB/Age		Name:		DOB/Age	
Relationship of Trafficker to Child/Victim: (SPECIFY)				Relationship of Trafficker to Child/Victim: (SPECIFY)			
FAMILY MEMBER				FAMILY MEMBER			
INTIMATE PARTNER				INTIMATE PARTNER			
PIMP				PIMP			
EMPLOYER				EMPLOYER			
OTHER				OTHER			
UNKNOWN				UNKNOWN			
Address or Directions or Location Frequented				Address or Directions or Location Frequented			
Telephone:		Description		Telephone:		Description	
Employment/Phone		Military/Branch		Employment/Phone		Military/Branch	

**PARENT/LEGAL CARETAKER INFORMATION (If parent/caretaker is NOT the trafficker) \*\***

Name:		DOB/Age		Name:		DOB/Age	
Relationship to Child//Victim (Specify)				Relationship to Child//Victim (Specify)			
Address or Directions or Location Frequented/Phone				Address or Directions or Location Frequented/Phone			
Employment/Phone		Military/Branch		Employment/Phone		Military/Branch	

**KIN or SOCIAL SUPPORT INFORMATION****(Non offending Parent/ Relative/ Adult Sibling/ Friend/Church/Coach/ Community Group/ Service Provider/ Other)**

Name:		DOB/Age		Name:		DOB/Age	
Relationship to Child//Victim (Specify)				Relationship to Child//Victim (Specify)			
Address or Directions or Location Frequented				Address or Directions or Location Frequented			
Telephone:		Other Info (Placement Resource?)		Telephone:		Other Info: (Placement Resource?)	
Employment/Phone		Military/Branch		Employment/Phone		Military/Branch	

## 1. SEX and LABOR TRAFFICKING

### CHARACTERISTICS /DYNAMICS/ INDICATORS: (Check ALL items that apply)

a	<b>CONTROL:</b> Unreasonable restrictions/controls/ monitoring, dominating posture by trafficker, isolation, denies access to family/friends
b	<b>COERCION/THREATS/FORCE:</b> Physical harm or threat of harm to child, child's family, or child's friends
c	<b>HEIGHTENED SENSE OF FEAR OR DISTRUST</b> of authority, unwilling or not allowed to speak to authority
d	<b>ECONOMIC:</b> Promised things to improve circumstances and/or owes financial debt to trafficker, debt created can never be repaid, withheld or restricted access to income earned, exorbitant deductions and fees, limited resources
e	<b>MENTAL HEALTH:</b> Trafficking-induced mental health issues: PTSD, low self-esteem, anxiety, depression, isolation, shame, humiliation, plays mind games, hopelessness, treated as an object; suicidal/self-destructive behaviors due to trauma
f	<b>TRAUMATIC BONDING</b> and/or "Stockholm Syndrome," psychological alliance with trafficker, loyalty, protects trafficker from authorities, lacks desire to leave trafficker
g	<b>NORMALIZATION:</b> Following repeated victimizations, child believes that his/her exploitation is somehow "normal," that no one cares, there are no resources to help
h	<b>FOREIGN NATIONALS:</b> Threat of deportation, withheld passports, or other documents; threats of arrest, brought to U.S. under false promises, fear of the unknown/reprisals against family members remaining in another country trafficked from; numerous culture/language-based barriers to obtaining help to exit trafficking settings
i	<b>ASSOCIATION WITH OTHER YOUTH</b> known/suspected to be exploited
j	<b>DECEPTIVE:</b> Lies about age, false identification, unwilling or unable to provide local address or information about care provider/parent, deceptive responses to questions
k	<b>SUBSTANCE ABUSE:</b> Dependence may be forced by the trafficker or used as a coping mechanism for abuse/trauma, leading to addiction
l	<b>RELATIONSHIPS:</b> Lack of connectedness, disengagement from family structure, childhood history of trauma; lack of social/community support
m	<b>EDUCATION:</b> Compelling educational setbacks, unexplained absences, significant gaps in schooling or not in school, often I.D. as truant
n	<b>LEGAL:</b> Trafficker in control of identification, passports, documents; Immigration and legal obligations
o	<b>TRANSPORTED:</b> To current location from COUNTRY: _____ or STATE: _____
p	<b>ACTIVITY:</b> Reports of or actual recruitment behaviors/activity

## 2. SEX TRAFFICKING SPECIFIC

q	<b>HEALTH:</b> Trafficking-induced exposure to communicable diseases ,Sexually Transmitted Infections (STI), reproductive health problems, pregnancies; HIV exposure; severe medical/dental needs; malnourishment
r	<b>SEXUALIZED BEHAVIOR/ACTIVITY</b>
	Oversexualized/inappropriate sexual knowledge
	Exposure to explicit sexual media
	Reason to believe there are photos, social media posts, or recordings of sexual harm by trafficker
	Multiple sex partners/ older boyfriend
s	<b>APPEARANCE</b>
	Grooming: Hair/nails/new provocative clothing
	Sudden appearance of expensive items w/ no job or legal means of obtaining items-unexplained
	Brands/tattoos that indicate trafficker ownership
t	<b>ITEMS/INCIDENTS INDICATIVE OF TRAFFICKING</b>
	Commercial sex activity: escort services, prostitution, stripping, pornography, cyber sex, dancing, massage, bars, etc.
	Excess cash/condoms/two cell phones
	Hotel keys or recovery/arrest at a hotel
	Use of trafficking terminology
u	<b>RUNAWAYS/TRUANCIES/TROUBLED YOUTH</b>
v	<b>OTHER:</b> Specify

## 3. LABOR TRAFFICKING SPECIFIC

w	<b>HEALTH:</b> Trafficking-induced exposure to workplace environmental/labor/industrial-related injuries/accidents, hazmat exposure, respiratory issues-carcinogens, back, hearing, poor sanitation, urinary difficulties; severe medical/dental needs; malnourishment
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**4. SERVICES/TREATMENT HISTORY:**

a	Trafficking Victim Assistance Program (TVAP)	h	Educational services
b	CWS Involvement (Hawaii or other)	i	Substance abuse counseling/treatment Inpatient__ Outpatient __
C	Juvenile court involvement	j	Immigration
d	Medical/health services	k	Legal services
e	Mental health/psychiatric services	l	Law enforcement: Local, State, Military, FBI, HSI, etc.
f	Individual counseling or therapy		
g	Family counseling or therapy		
		m	Other (specify):

**5. NARRATIVE INFORMATION:**

Please provide information and/or attach documents to support responses for items 1 thru 4.

THANK YOU FOR YOUR ASSISTANCE.