JOINT HOUSE SENATE CRIME POLICY HEARING
WRITTEN TESTIMONY

Dr. Anna E. Ssentongo, DrPH, MPH, MBA(c)
Founder and CEO, Pennsylvania Coalition Against Human Trafficking (PCAHT)
HRSA T32 Post-Doctoral Fellow and Adjunct Professor, Penn State College of Medicine
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Executive Summary

This testimony is submitted for the Joint Hearing of the Senate Majority Policy Committee and House Republican Policy Committee on Crime Trends and Solutions. It focuses on how Pennsylvania can strengthen its response to human trafficking by complementing law enforcement with earlier victim identification, prevention, and multidisciplinary collaboration. Particular attention is given to a gap in the healthcare system, where physicians and other clinicians have far more direct contact with trafficking victims than almost any other profession, yet receive almost no formal training to recognize it. This testimony also reviews Pennsylvania's trafficking data, the situation in Northeast Pennsylvania specifically, the connection between the child welfare system and trafficking risk, the role of online recruitment, and Pennsylvania's recent legislative progress, and closes with six specific recommendations.

Oral Remarks

Good morning, Senator Argall, Representative Rowe, Representative Watro, members of the Committee, and distinguished guests.

My name is Dr. Anna Ssentongo. I'm the Founder and CEO of the Pennsylvania Coalition Against Human Trafficking, and an Assistant Professor at Penn State College of Medicine.

I founded PCAHT because I saw an opportunity in Pennsylvania. We had outstanding researchers, professors, dedicated service providers, committed law enforcement, and incredible survivor leaders, but they weren't always connected. I wanted to help bridge the gap between research and practice, bring organizations together across the Commonwealth, and create a platform where survivors could share their stories in their own words.

Since then, we've published two books: 33: Voices of Survival and Strength, an anthology written by survivors of human trafficking and sexual assault, and Fox Is Not Your Friend, a children's book that helps young children recognize online grooming before exploitation occurs.

Thank you for the opportunity to testify today.

Today, I'd like to do three things. First, briefly explain what human trafficking actually looks like today. Second, discuss how victims are increasingly being recruited, particularly online. And third, highlight two areas where I believe Pennsylvania has significant opportunities to strengthen early identification and prevention.

Human trafficking remains one of the most misunderstood crimes we deal with.

Most people picture kidnapping or someone being physically restrained. While those situations do occur, they are not the norm. More often, trafficking begins with grooming, manipulation, fraud, coercion, and the exploitation of vulnerability. Victims are controlled through psychological manipulation, financial dependence, trauma bonding, threats, or the exploitation of vulnerabilities. Many are never physically restrained, yet feel they have no realistic way to leave.

It's also important to distinguish trafficking from smuggling. Smuggling involves the illegal movement of someone across a border with that person's consent. Human trafficking does not require crossing a border at all. Increasingly, it begins online through social media, gaming platforms, messaging apps, and other digital spaces where traffickers can build trust long before exploitation begins.

The scale of this crime is difficult to overstate.

The Department of Homeland Security estimates that human trafficking generates approximately $150 billion globally each year. Children entering sex trafficking are often between the ages of 12 and 14, and survivors experience significantly higher rates of depression, PTSD, substance use disorders, and suicide risk than the general population.

Pennsylvania is not immune.

Since the National Human Trafficking Hotline began collecting data in 2007, more than 2,300 trafficking cases involving over 4,800 victims have been identified in Pennsylvania. Last year alone, there were more than 600 contacts to the hotline, resulting in approximately 220 identified cases. More than 140 of those contacts came directly from victims themselves.

This is not simply a Philadelphia or Pittsburgh issue. Recent prosecutions here in northeastern Pennsylvania remind us that trafficking affects rural, suburban, and urban communities across the Commonwealth.

The second area I'd like to highlight is recruitment.

Traffickers no longer need to approach children in person. Increasingly, recruitment happens online through social media, gaming platforms, messaging applications, and other digital communities where young people spend their time.

Research consistently shows that children involved in the child welfare system are at significantly higher risk of trafficking. Histories of abuse, neglect, housing instability, foster care involvement, and running away all increase vulnerability to exploitation. Those realities reinforce the importance of prevention efforts that include parents, educators, child welfare professionals, and communities—not just law enforcement.

That's one of the reasons I wrote Fox Is Not Your Friend. Prevention begins long before exploitation. Helping children recognize grooming behaviors and helping trusted adults recognize warning signs gives us an opportunity to intervene before trafficking occurs.

Finally, I'd like to highlight what I believe is one of Pennsylvania's greatest opportunities: healthcare.

Pennsylvania has long recognized the importance of training healthcare professionals to identify child abuse, and many healthcare systems routinely screen for domestic violence. Human trafficking has not yet become part of that same standard of practice.

Research suggests that up to 88 percent of trafficking survivors interacted with healthcare providers while they were being trafficked, most commonly in emergency departments, yet many were never identified.

Our own research found that fewer than 10 percent of medical schools include formal human trafficking education in their curriculum. When PCAHT surveyed Pennsylvania physicians, only about 2 percent reported receiving formal trafficking training.

In my view, this isn't primarily a resource problem.

It's a training problem.

The referral pathways already exist. We simply need more healthcare professionals who know what to look for and how to respond safely.

One recommendation I outline in my written testimony is for Pennsylvania to consider expanding its existing Act 31 training framework or establishing a comparable statewide requirement to include education on recognizing and responding to human trafficking. The Commonwealth has already recognized the value of mandatory training for healthcare professionals to identify and report child abuse and, more recently, has required human trafficking awareness training in the hospitality industry. Healthcare remains an important gap. Building on that same prevention-focused approach within healthcare is, I believe, a practical, evidence-based next step.

I'll close with this.

Every trafficking victim represents not only a personal tragedy, but also a missed opportunity for earlier intervention. Law enforcement is essential to stopping traffickers, but preventing trafficking requires a broader coalition healthcare, education, child welfare, community organizations, technology partners, families, and survivors themselves. Every victim we identify is a life changed. Every victim we prevent is a life that never experiences exploitation in the first place.

Thank you for your time, and I welcome your questions.

Written Testimony

About PCAHT: A Mission Built on Education and a Survivor Platform

I founded the Pennsylvania Coalition Against Human Trafficking (PCAHT) in 2020 while I was a Doctor of Public Health student at Penn State College of Medicine. From the beginning, PCAHT has focused on two complementary areas: education and research, and survivor engagement. The recommendations in this testimony are grounded in that work and in what we have learned through research, education, and collaboration across Pennsylvania.

The first pillar of PCAHT's mission is education and research. Through the Penn State student research group that I lead, students conduct research to better understand human trafficking, identify risk factors, and examine community needs across Pennsylvania. That work is translated into practical educational resources designed to close the gap between research and practice, including curricula for medical students, physician assistant students, graduate trainees, healthcare professionals, and community audiences. Our educational efforts also include publishing resources that make trafficking prevention and survivor experiences more accessible to the public. In collaboration with survivors, we published 33: Voices of Survival and Strength, an anthology written by 33 survivors of human trafficking and sexual assault that serves as both a platform for survivor voices and an educational resource for professionals and the public. We also published Fox Is Not Your Friend, a children's book that helps children ages six to nine and the trusted adults in their lives recognize online grooming and stay safer online. The healthcare training recommendation outlined in this testimony reflects the same educational mission that has guided PCAHT since its founding.

The second pillar of PCAHT's mission is survivor engagement. We believe survivors should not simply be the subjects of research or policy discussions, but active partners in shaping education, awareness, and prevention efforts. Whenever possible, we create opportunities for survivors to contribute through writing, public speaking, advocacy, and other forms of creative expression, recognizing that sharing lived experience can both promote healing and strengthen public understanding of human trafficking.

I share this background not as a substitute for survivor testimony before this committee, but to provide context for the recommendations that follow. I would welcome the opportunity to connect the committee with survivor advocates, including contributors to 33: Voices of Survival and Strength, who are interested in sharing their lived experiences to help inform future policy discussions.

Understanding Human Trafficking

Human trafficking is a crime involving force, fraud, or coercion to exploit another person for labor or commercial sex. Under both federal and Pennsylvania law, any commercial sex act involving a minor qualifies as trafficking, even without evidence of force, fraud, or coercion, and even if the minor does not self identify as a victim.

Trafficking frequently involves psychological control rather than physical restraint. Survivors describe trauma bonds, debt bondage, threats against family members, confiscated identification documents, and manipulation that makes leaving feel impossible even when a victim is not physically confined. This distinguishes trafficking from human smuggling, which involves consensual, if illegal, transportation across a border. Trafficking, by contrast, centers on ongoing exploitation and does not require crossing any border at all.

The Scope of the Problem: National and Pennsylvania Data

The United States Department of Homeland Security estimates human trafficking as a 150 billion dollar global industry, composed of roughly 80 percent forced labor and 20 percent sex trafficking. The United States Department of Justice places the average age of entry into sex trafficking at 12 to 14 years old, and children as young as one year old have been documented as trafficking victims. Victims face markedly elevated risk of severe depression, post traumatic stress disorder, suicide, sexually transmitted infections including HIV, and substance use disorders.

Pennsylvania specific data from the National Human Trafficking Hotline shows the following. Since the hotline began tracking data in 2007, it has identified more than 2,300 human trafficking cases in Pennsylvania and over 4,800 victims. In the most recently reported full year, Pennsylvania generated over 600 signals to the hotline, meaning calls, texts, web chats, online tips, and emails, resulting in 220 identified cases. Of those signals, more than 140 came directly from victims or survivors themselves, a meaningful share, indicating that awareness of the hotline itself is reaching the people who need it most, even where downstream service capacity may not be keeping pace. Pennsylvania was ranked among the top ten states for reported human trafficking as of 2019, with Pittsburgh ranked among the ten most affected cities nationally.

It is important for the committee to understand what hotline data does and does not show. It reflects only contacts to a single national hotline, made by people who were aware of it and chose to use it. It is not a prevalence estimate. If anything, the true scope of trafficking in Pennsylvania is understated by these figures, not overstated.

The Northeast Pennsylvania Context

This committee's decision to convene this hearing in a format that includes a localized panel, including the Luzerne County Manager, the Chief of Hazleton Police, and the Chief of the Hazleton School Police, reflects an accurate read of where active caseloads exist. This is not solely a Philadelphia or Pittsburgh issue.

As recently as December 2025, the Pennsylvania Attorney General's Human Trafficking Section and the Pennsylvania State Police charged a trafficking ring alleged to have used physical force, intimidation, and emotional manipulation to compel victims into commercial sex acts across Lehigh, Luzerne, and Lackawanna counties between 2023 and November 2025. This is one example among a longer documented history of trafficking prosecutions connected to Luzerne County, including federal cases involving the sex trafficking of minors.

Luzerne County is also served by the NEPA Task Force Against Human Trafficking, working in partnership with the Victims Resource Center of Luzerne County, a task force whose leadership has publicly and directly acknowledged that trafficking exists not only across the country and across the world, but right in our own backyard. I would also note a structural gap for the committee's awareness. When PCAHT launched in 2020, Pennsylvania had at least nine county based anti trafficking coalitions actively operating, in Berks, Chester, Lancaster, Montgomery, Allegheny, Philadelphia, and the Lehigh Valley, among others. Luzerne County was not among that original nine. The task force and Victims Resource Center partnership now doing this work in Luzerne County is valuable and necessary infrastructure, and it is worth this committee understanding that this kind of infrastructure has historically been unevenly distributed across the Commonwealth, with northeastern counties arriving to formal coalition building later than other regions.

Why This Matters for Crime Policy

By the time trafficking reaches law enforcement, substantial harm has often already occurred. Crime policy should therefore support prosecution while also strengthening the systems that identify victims earlier and prevent continued exploitation. A purely enforcement focused response treats trafficking primarily as something to be

investigated after the fact. A prevention and identification focused response treats it as something that can be interrupted while it is happening, often by professionals who are not police officers at all: doctors, nurses, teachers, caseworkers, and hotel staff. Strengthening those non law enforcement points of contact is not a substitute for prosecution. It is what makes prosecution possible in the first place, because it is how victims get identified and connected to advocates who can support them through the legal process.

Healthcare: The Missed Front Line

This is the area where I believe this committee has the clearest, most actionable opportunity, and I want to spend the most time on it.

A substantial body of research, beginning with a widely cited 2014 study in the Annals of Health Law and replicated across subsequent studies, has found that as many as 88 percent of trafficking survivors had contact with a healthcare provider at some point while they were actively being trafficked, most commonly in emergency departments, but also in primary care, reproductive health, and urgent care settings. Estimates vary by study and population, with a commonly cited range of roughly 50 to 88 percent, but every version of this research points the same direction: healthcare workers, and emergency department staff in particular, have more direct physical contact with active trafficking victims than almost any other profession in the state.

Despite that, training has not kept pace. In a survey PCAHT conducted of physicians in Pennsylvania, only 2 percent reported ever having received any human trafficking recognition training, and very few reported feeling confident in their ability to identify a trafficking victim in a clinical encounter. This mirrors national findings: fewer than 5 percent of healthcare providers nationally report having been trained to recognize trafficking indicators, even though a majority of emergency medicine and primary care providers report encountering an active trafficking victim more than once in their career.

The result is a system in which the single professional group most likely to have hands on contact with a trafficking victim is also among the least equipped to recognize one. Emergency departments in particular are required to provide a medical screening examination to anyone who presents, regardless of insurance or ability to pay, which makes the emergency room a uniquely consistent point of contact, and a uniquely consistent missed opportunity, for identification.

What makes this gap especially solvable is that Pennsylvania does not need to build new training infrastructure to close it. It needs to expand infrastructure that already exists. The Commonwealth's own licensure system already requires clinicians to be trained in recognizing one closely related form of harm, and to report it. Since 2014, Act 31 has required every health related licensee in Pennsylvania, physicians, nurses, and allied health professionals alike, to complete state approved child abuse recognition and reporting training as a condition of initial licensure and biennial renewal, three hours initially and two hours per renewal, and Pennsylvania law separately obligates these same licensees to report suspected child abuse. Domestic violence recognition has no comparable legal mandate, but most Pennsylvania hospitals have already established it as standard practice, built into medical school curricula and hospital protocols as a matter of accreditation expectations rather than statute. Human trafficking recognition has neither a legal training requirement nor domestic violence's informal practice standard, despite overlapping warning signs with both child abuse and domestic violence, and, in many Pennsylvania communities, overlapping service providers. YWCA chapters, for example, frequently serve domestic violence and trafficking survivors through the same programs; the YWCA of Greater Harrisburg alone has reported working with roughly 250 trafficking victims since 2014. This is not primarily a resource gap. The referral relationships and community partners in many cases

already exist. It is a training gap. Clinicians are simply never taught what trafficking indicators look like or which of those existing partners to call.

Pennsylvania also has a very recent, ready made example of how quickly a mandatory training standard can be established when the political will exists. This summer, Governor Shapiro signed House Bill 1286 into law as Act 31 of 2026, a coincidence of numbering with the 2014 child abuse statute, but a useful one, requiring hospitality employees with guest contact or room access to complete state approved human trafficking awareness training every two years, with booking platforms responsible for verifying compliance. That framework, a defined population, an approved curriculum, a recurring interval, and a compliance mechanism, is the same template already in use for child abuse recognition training in healthcare. The most direct legislative path forward is to add human trafficking recognition training as a required component of the existing Act 31 of 2014 continuing education framework, and to use that same vehicle to formalize domestic violence recognition training, which most hospitals already teach in practice but which no statute currently requires. Neither addition needs to extend Act 31's reporting mandate, which is specific to child abuse; the goal for domestic violence and human trafficking is recognition and referral training, not a new reporting obligation. If the Commonwealth can require awareness training of a hotel front desk clerk under a brand new statute, it can add training modules to a healthcare framework that has already been in place for over a decade.

Child Welfare and Foster Care

Youth with histories of abuse, neglect, family instability, or homelessness face elevated risk of trafficking, and the connection between the child welfare system and trafficking is well documented nationally. Widely cited estimates, drawn from National Center for Missing and Exploited Children data and echoed by the National Foster Youth Institute, suggest that roughly 60 percent of child sex trafficking victims nationally have a history in the foster care system, and among children reported missing to the National Center for Missing and Exploited Children who are likely trafficking victims, the share who were in the care of social services or foster care at the time they went missing has been measured at anywhere from about two thirds to nearly nine in ten, depending on the year and dataset. These figures vary by study and should be treated as estimates rather than precise counts, but they point in a consistent direction: youth without stable family placement are disproportionately targeted, and traffickers actively recruit from group homes and foster placements.

Regular, standardized training for caseworkers, foster parents, residential providers, and juvenile justice professionals, paired with consistent screening protocols when a young person in care goes missing and returns, would strengthen prevention and identification at exactly the point where Pennsylvania's own system already has contact with these youth.

Technology and Online Recruitment

Traffickers increasingly recruit victims online, and recent research from organizations including Thorn documents that grooming behavior on mainstream social media and gaming platforms has become a primary recruitment channel, particularly for minors. National surveys of youth ages 9 to 17 have found that a majority have communicated online with someone they first met on the internet, and that online enticement reports to the National Center for Missing and Exploited Children have grown sharply in recent years. Prevention efforts should include digital safety education for youth, parents, educators, and healthcare providers alike, since clinicians who understand how online grooming typically unfolds are better positioned to ask the right questions during a routine visit.

Pennsylvania's Recent Legislative Progress

This committee should be aware that Pennsylvania has made meaningful, recent, bipartisan progress on this issue, and I want to be clear that the recommendations below build on that progress rather than starting from nothing.

Act 31 of 2026, House Bill 1286, sponsored by Representative Regina Young, was signed by Governor Shapiro this summer and requires hospitality employees with guest contact or room access, including hotel and motel staff, short term rental operators, and certain contract workers, to complete state approved human trafficking awareness training every two years, with third party booking platforms responsible for verifying compliance.

Act 41 of 2026, Senate Bill 45, was signed the same week. Requested and fully supported by the Office of Attorney General, it relocates most prostitution offenses into the human trafficking section of the state crimes code, increases penalties for those who exploit vulnerable individuals through grooming and manipulation, places these offenses under the enforcement jurisdiction of the Office of Attorney General, and establishes the Prevention of Human Trafficking Restricted Account, funded in part by fines paid by those convicted of patronizing prostitutes.

Both new laws were championed by the bipartisan, bicameral Pennsylvania Anti Human Trafficking Caucus, chaired by Senator Cris Dush, alongside co chairs Senator Maria Collett, Senator Marty Flynn, Senator Kristin Phillips Hill, Representative Danilo Burgos, Representative Kate Klunk, Representative Clint Owlett, and Representative Regina Young. I would encourage the committee to consider the healthcare training recommendation below as a natural next step for that same caucus.

Separately, House Bill 753 would further strengthen protections for victims during prosecution, and Senate Bill 44 has sought to establish a formal victim determination process and a State Human Trafficking Resource Coordinator, along with driver's license restoration for trafficking victims. I would encourage the committee to check the current status of both, since legislative status can shift week to week, but the underlying goals of both bills, consistent victim determination and stronger prosecutorial protections, remain unmet needs regardless of a given bill's current procedural status.

Recommendations

- Add human trafficking recognition and referral training to the existing Act 31 of 2014 continuing education framework, and use the same vehicle to formalize domestic violence recognition training, for physicians, nurses, and allied health professionals. Neither is currently a legal training requirement, unlike child abuse recognition, which Act 31 has mandated, along with reporting, since 2014; the training addition for domestic violence and human trafficking should be limited to recognition and referral, without extending Act 31's reporting mandate to either. Pennsylvania's newly enacted hospitality training model, Act 31 of 2026, House Bill 1286, shows this kind of standard can be stood up quickly when there is a defined population, an approved curriculum, and a compliance mechanism, all of which the Act 31 of 2014 framework already provides for healthcare.
- Strengthen training across child welfare and foster care, for caseworkers, foster parents, residential providers, and juvenile justice professionals, with particular attention to screening protocols when a youth in care runs away and returns.
- Continue and expand multidisciplinary task forces and referral networks connecting law enforcement, prosecutors, healthcare, schools, and victim advocates, including support for county level infrastructure in regions, such as parts of Northeast Pennsylvania, where formal coalitions arrived later than in other parts of the Commonwealth.

- Support evidence based prevention and public awareness, including digital safety education for youth, parents, and educators, given the growing role of social media and gaming platforms in trafficking recruitment.
- Advance the remaining, unmet goals of Senate Bill 44 and House Bill 753: a consistent, statewide victim determination process, a State Human Trafficking Resource Coordinator, and stronger procedural protections for victims during prosecution.
- Evaluate outcomes using consistent, statewide data collection, including tracking healthcare setting identification rates once training requirements are in place, so the Commonwealth can measure whether new investments, including the training mandate recommended above, are actually working.

Conclusion

Pennsylvania has demonstrated real leadership in combating trafficking this year, from Act 31 of 2026's hospitality training requirements to Act 41 of 2026's expanded penalties and enforcement tools. The next, natural step is to apply that same standard setting approach to healthcare, the setting where trafficking victims are most consistently present and least consistently recognized. I would welcome the opportunity to connect the committee, or House Majority Policy Committee counterparts planning future hearings on this topic, with survivor advocates and county coalition leaders who are positioned to speak to lived experience directly. Continued investment in prevention, early identification, multidisciplinary collaboration, and survivor centered responses can further strengthen the Commonwealth's response while supporting law enforcement and protecting vulnerable Pennsylvanians.

Thank you again for the opportunity to testify and for the committee's attention to this issue. I am happy to answer any questions, today or in follow up.

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