

IDENTIFYING HUMAN TRAFFICKING IN TEXAS:

WHAT PHYSICIANS NEED TO KNOW



Physicians Caring for Texans

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Identifying Human Trafficking in Texas: What Physicians Need to Know

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COURSE OBJECTIVES

Upon completion of this enduring material, readers should be able to:

- Recognize the elements of patient medical history, physical, and behaviors that suggest potential human trafficking;
- Screen patients for human trafficking; and
- Take appropriate action with patients and authorities in cases of suspected human trafficking.

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I. Introduction

Human trafficking, also known as “modern-day slavery,” is a global human rights atrocity that affects individuals of every age, nationality, gender, and sexual orientation. Although the media have directed more attention to the problem recently, forms of human trafficking have existed throughout human history. At its core, human trafficking involves deception, manipulation, and abuse. During their time in captivity, victims of human trafficking often are subject to forms of trauma that leave them vulnerable to a variety of medical problems. Physicians and health care providers are in a unique position to interact with victims as they seek medical care and can serve as powerful advocates for this patient population.

DEFINING HUMAN TRAFFICKING

One of the most widely used definitions comes from the Trafficking Victims Protection Act of 2000 (TVPA). The purpose of this legislation was to establish a framework by which to prevent human trafficking, protect victims of human trafficking, and prosecute traffickers. TVPA includes both sex trafficking and labor trafficking in “severe forms of trafficking in persons,” which it defines as:

- Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age, or
- The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

This definition can be deconstructed into three key elements: the act, the means, and the purpose, all of which must be present to meet the legal criteria of human trafficking (Figure 1).

These three elements of trafficking can be rearranged to describe a variety of scenarios, all falling under the same umbrella of human trafficking. Trafficking is generally categorized as either labor trafficking or sex trafficking and can be found in a multitude of settings including restaurants, hotels, carnivals, health and beauty services, and massage parlors.

Human trafficking is distinct from other categories of abuse or legal status. Refugees, migrants, sex workers, and victims of intimate partner violence also are marginalized populations, but



Figure 1. Three Key Elements of Trafficking
Source: U.N. Office on Drugs and Crime

they might not meet the criteria for being victims of human trafficking. Note there is not a requirement of physical transportation between locations in the definition of human trafficking. Smuggling, by contrast, involves transporting a person across a country's border illegally. Sometimes cases of smuggling are misrepresented in the media as human trafficking, but in fact these situations lack one or more elements of trafficking. Likewise, acts of consensual commercial sex theoretically could lack the elements of recruitment or coercion and may not be considered trafficking (however, this circumstance is rare, and elements of coercion are likely to be present).

How are individuals lured into being trafficked? Most victims of trafficking have one or more characteristics that make them vulnerable to the advances of traffickers, including mental health or substance abuse issues, poverty, physical disability, LGBTQ status, or young age. Traffickers take advantage of these vulnerabilities and employ techniques (physical and emotional abuse, forced use of drugs or alcohol, threats, and the like) to disempower the victim further and create a perceived dependence on the trafficker. Traffickers initially might approach victims with promises of protection or opportunities for advancement or a romantic relationship; this then morphs into an isolating, traumatic situation for the victim. To a health care worker, a trafficker might appear to be a maternal figure, a romantic partner, or a concerned relative. Traffickers take many forms, but they all seek to exert control over their victims with the goal of exploitation.

II. Scope

SCOPE AND DEMOGRAPHICS

The magnitude of human trafficking is difficult to quantify. The reported numbers of individuals affected by human trafficking vary widely because of the clandestine nature of the crime and lack of standardization in reporting. Figure 2 illustrates some of the more conservative published estimates of trafficking in Texas. Irrespective of the source, the scope of human trafficking is staggering and likely much greater than the current perception.

According to the International Labour Organization's (ILO's) most recent estimates (2016), 40.3 million people were victims of human trafficking globally, with a quarter of those affected being children. Almost two-thirds of the victims were involved in labor trafficking, and one-third were involved in forced marriages.¹ (ILO categorizes human trafficking into labor trafficking and forced marriage. Labor trafficking includes forced labor exploitation, forced sexual exploitation, or state-imposed forced labor.) Females were disproportionately affected, accounting for 71% of victims of trafficking in all areas and 99% of victims of sex trafficking.

In addition, ILO estimated the total illegal profits associated with forced labor were \$150.2 billion per year worldwide, with nearly two-thirds of those profits produced from forced sexual



Figure 2. Human Trafficking Impact in Texas

Source: Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin

exploitation.² One of the reasons human trafficking is such a lucrative industry is that, unlike arms or drugs, human services can be sold over and over.

Human trafficking is correlated to poverty but is not limited to the developing world. It is found in every region, with the highest incidence in Southeast Asia, followed by Africa and South America.

UNITED STATES AND TEXAS

Estimates of the number of victims trafficked into the U.S. vary greatly. The U.S. State Department estimates 14,000-50,000 (possibly more) individuals are trafficked into the U.S. each year; that does not include victims who are trafficked within U.S. borders.³ Victims originate from nearly every region in the world and are identified in every state. Trafficking can flourish in both rural and urban settings and affects U.S. citizens as well as immigrants.

Polaris is a federally funded organization that runs the National Human Trafficking Hotline (NHTL) and serves as a hub of resources for both victims and service providers. In 2019, the hotline received 48,362 incoming communications, including an increasing number of contacts made by text (62%), webchat (32%), and email (45%).⁴ The organization identified 11,500 trafficking situations during the reporting year that accounted for 22,236 victims and survivors. The national data indicated on average that labor trafficking began at age 22 and sex trafficking at 17 (Figure 3).⁵

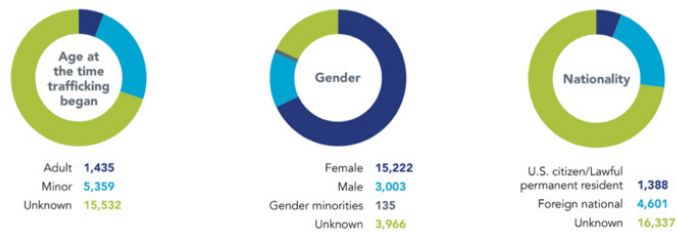
The organization's latest summary report for Texas includes demographics related to the 2,720 contacts received through the hotline. Of the contacts, 1,080 included reports of human trafficking.⁶ According to the report, the majority of victims were identified as adult, female, and either of unknown citizenship or foreign nationals.

Texas is often spotlighted for its human trafficking numbers. Because of its proximity to the border, large urban centers, and major transportation routes, Texas consistently ranks high in nationwide reports of human trafficking. In 2019, the National Human Trafficking Hotline tracked more cases of human trafficking from Texas than from any other state besides California.⁷ Recent estimates from an analysis in Texas suggest there are more than 300,000 victims in Texas (Figure 2).⁸

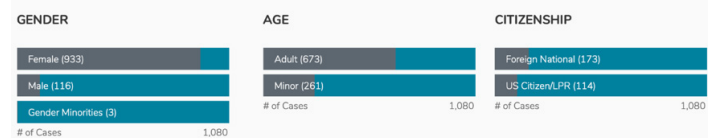
DETERMINANTS FOR HUMAN TRAFFICKING

Victims of human trafficking are drawn into captivity for a variety of reasons, namely poverty, at-risk home situations, and the promise of a better life. Once the victim has entered the trafficking situation, his or her captor typically will use a variety of methods to coerce the

United States (2019)

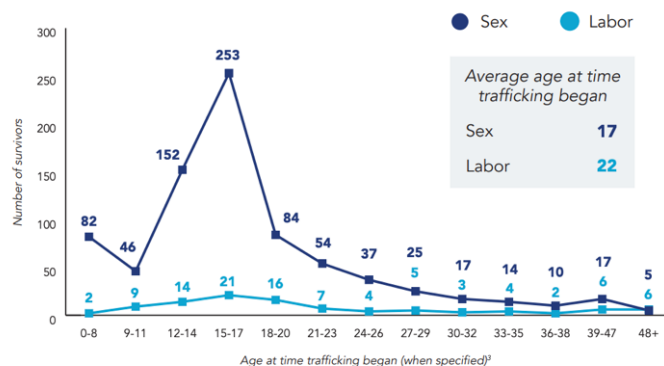


Texas (2019)



These statistics are non-cumulative. Cases may involve multiple victims and include males and females, foreign nationals and U.S. citizens, adults and minors. In some cases, callers do not provide demographic information.

Age at Time Sex or Labor Trafficking Began



¹Exact age at the time the trafficking began is known for only 4% of the trafficking victims and survivors in this data set.

Figure 3. Demographics
Source: Polaris

victim to stay. By using a combination of threats, physical and emotional brutality, and forced substance abuse, captors can disempower their victims and render them dependent on the captors for decisionmaking. Table 1 lists some of the factors (“push and pull factors”) that influence victims of trafficking at various levels.⁹

Table 1. Key determinants for human trafficking

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SOCIAL-ECOLOGICAL LEVEL	PUSH FACTORS	PULL FACTORS
Individual	<ul style="list-style-type: none"> • Young age (limited life experience) • History of abuse • Individual vulnerability • Deprivation (including poverty, hunger, housing instability) • Lack of education, illiteracy • Desire for material comforts • Poverty 	<ul style="list-style-type: none"> • The glamour and anonymity of city life • Hope for future love, fame, success
Interpersonal	<ul style="list-style-type: none"> • Physical and sexual abuse by family members or others during childhood and adolescence • Exposure to or witnessing violence in the home • Obligation/desire to help family • Sold or persuaded by family • Entrusting of children to “trusted” individuals • Peer influences • Desire to please “boyfriend” • Need to belong, desire for kinship • Poverty 	<ul style="list-style-type: none"> • Seduction by boyfriend • Misplaced trust in assurances and promises made by others • Deception, “bait and switch” of job promises
Community	<ul style="list-style-type: none"> • Lack of economic opportunity • Poor employment opportunities • Regional political conflict • Religious persecution • Corruption • Poverty 	<ul style="list-style-type: none"> • Consumer goods just out of reach • Promise of employment at destination
Society	<ul style="list-style-type: none"> • Political and civil unrest • Armed conflict • Gender inequality, especially systematic devaluation of women and children • Ethnic discrimination • Corruption • Lack of opportunity • Natural disasters • Environmental toxins (land and water) • Decreased crop yields • Climate change • Poverty 	<ul style="list-style-type: none"> • Globalization • Demand for labor in destination areas, particularly migrant labor in “3D” sites (dirty, dangerous, difficult) • Demand for commercial or transactional sex • Promise of lucrative career • Influence of TV, radio, internet • Societal expectations of children and women to take care of family

One model of trafficking prevalent in Texas targets Latina and Hispanic women in a cantina or bar setting. A recent study published by Polaris analyzed the trends of sex trafficking of individuals in the U.S. within bars and cantinas. The report pointed to Texas as the state with the highest levels of trafficking activity, detailing the “Houston model” cantina run by organized human trafficking networks in the Houston area. This particularly brutal, yet effective, method of trafficking involves the trafficker becoming emotionally attached to the victim (often in the country of origin) and then coercing the victim into the commercial sex trade upon arrival in the U.S. These victims are more hesitant to report their trafficking situation to the authorities because of the emotional attachment to the trafficker or threats by the trafficker to harm the victim’s family. The victims identified in this examination were almost exclusively female, aged 14-30, and were being trafficked from Mexico or Central America.¹⁰

HOW ARE THE VICTIMS TRAFFICKED?

Data from victim records of the National Human Trafficking Hotline give insight into the systems and tactics traffickers use to conduct their business.

Traffickers frequently prey on an individual's vulnerabilities, and the data spotlight factors that may have placed these victims at risk as well as the variety of tactics used to recruit and trap them in a trafficking situation. In addition, understanding how a victim accesses the outside world helps pinpoint systems where victims could find the support they need to leave their traffickers.

The numbers of victims listed in the below statistics are noncumulative. Callers may reference multiple recruitment tactics; risk factors; or methods of force, fraud, or coercion; or may not provide this information.

Top Five Recruiting Tactics (2019)¹¹

Sex trafficking

1. Intimate partner/Marriage proposition (1,067)
2. Familial (981)
3. Job offer/Advertisement (515)
4. Posing as a benefactor (438)
5. False promises/Fraud (353)

Labor trafficking

1. Job offer/Advertisement (2,557)
2. False promises/Fraud (805)
3. Smuggling-related (221)
4. Familial (168)
5. Posing as a benefactor (132)

III. U.S. and Texas Laws

Human trafficking is a crime according to both federal and state law. The federal Trafficking Victims Protection Act, which has been renewed several times since it originally passed in 2000, not only defines human trafficking but also addresses national issues of smuggling, customs and trade enforcement, exploitation of children, and coercion of individuals to engage in prostitution. It also provides tools to protect victims and assist in prosecuting traffickers. The law allowed for creation of the U.S. State Department's Office to Monitor and Combat Trafficking in Persons.

The State Department publishes the annual Trafficking in Persons Report, a comprehensive assessment of the scope and activities related to trafficking throughout the world. Multiple federal agencies carry out antitrafficking activities. The first national strategic plan was created in 2013, aimed at coordinating federal support for victims of human trafficking.

Texas passed its first human trafficking law in 2003, and the Texas Penal Code defines human trafficking. It divides the crime into sex and labor categories, each for adults and for children. Similar to federal law, to prove trafficking of an adult, whether for sex or labor, there must be either force, fraud, or coercion. This is a second-degree felony. The offense against a child is a first-degree felony. To prove labor trafficking of a child requires the presence of either force, fraud, or coercion. However, to prove child sex trafficking does not require force, fraud, or coercion.

A person commits the crime of child trafficking if that person knowingly traffics a child by any means and causes that child to engage in or become the victim of:

- Continuous sex abuse,
- Aggravated sex assault,
- Indecency with a child,
- Sexual performance by a child,
- Sex assault,
- Prostitution,
- Compelling prostitution,
- Promotion or aggravated promotion of prostitution,
- Possession or promotion of child pornography, or
- Employment harmful to children.

Any person who knowingly benefits from a trafficking venture also is considered guilty of trafficking.

Texas established the Human Trafficking Prevention Task Force in 2009 supported by the Office of the Attorney General. Further efforts by the state have included legislation to improve identifying victims of human trafficking, ensure victim confidentiality and compensation, and direct state support and protection for children suspected of being involved in sex trafficking. The attorney general reports the task force now encompasses more than 50 member organizations, including state agencies, local law-enforcement agencies, district attorney offices, and nongovernmental organizations.¹² The task force serves as a collaborative, multidisciplinary body aimed at coordinating anti-human trafficking efforts across local, state, and federal levels. It is a communication hub, drawing together the state and regional coalitions and providing coordination, consistent messaging, and sharing of best practices. Since its establishment, 76 of the task force's 84 recommendations have become law.¹³

In 2017, House Bill 2552 set out measures to address and deter human trafficking, including the requirement that abortion facilities and emergency rooms display human trafficking signs that provide the phone number for the National Human Trafficking Hotline.

With the passage of Senate Bill 72 during the 86th legislative session (2019), the Office of the Attorney General established a new interagency coordinating body, the Texas Human Trafficking Prevention Coordinating Council, to work towards eradicating human trafficking through the coordination and collaboration of programs, services, and state resources.¹⁴

During the same legislative session, House Bill 2059 created a new continuing education requirement: Physicians who obtain or renew their license on or after Sept. 1, 2020, must complete a one-hour, Texas Health and Human Services Commission-approved human trafficking prevention course as part of their required CME per biennium. As allowed by the bill,¹⁵ the Texas Medical Board has designated the course toward the requirements for medical ethics or professional responsibility training for any physician. The Health and Human Services Commission has developed a web-based [Texas Human Trafficking Resource Center](#) to provide a list of approved courses and other resources for health care professionals.

Additionally, the Texas Family Code mandates that physicians report any suspected abuse or neglect of a child within 48 hours of becoming suspicious. Although the code does not mention human trafficking specifically, such activity clearly falls under the umbrella of abuse or neglect.

IV. Screening Patients for Human Trafficking

RECOGNIZING HUMAN TRAFFICKING IN THE HEALTH CARE SETTING

Human trafficking is considered a medical and public health issue. Numerous national medical societies have published position statements and reports on human trafficking.^{16,17}

Trafficking survivors in multiple studies frequently reported encountering a physician or other health care professional during their period of victimization; estimates range from 28% to 88%.^{18,19,20,21} Among the most common sites where survivors reported receiving treatment was a hospital or an emergency department.

As some of the few professionals who have access to this vulnerable population, physicians can serve as powerful allies and advocates for victims. Professional medical societies now encourage training on human trafficking because of the growing awareness that trafficking affects victims' health, as seen in tables 2 and 3.²²

For physicians to feel more comfortable addressing the issue of human trafficking, an understanding of the health implications of trafficking is important, as well as how to screen for situations of trafficking.

Table 2. Physical, sexual, and psychological abuse and substance misuse, and potential health consequences associated with human trafficking.*

FORMS OF ABUSE AND RISK	POTENTIAL HEALTH CONSEQUENCES†
Physical abuse	
Physical deprivation (i.e., sleep, food, light, and basic necessities)	Fatigue, exhaustion
Physical restraint or confinement	Poor nutrition, malnutrition, starvation
Withholding medical or other essential care	Disability, physical and emotional
Physical assault	Injuries, acute and chronic
Murder	Death
Sexual abuse	
Rape	Sexually transmitted infections
Forced prostitution	Urinary tract infections
Forced unprotected sex	Changes in menstrual cycle
Forced termination of pregnancy (TOP), unsafe TOP	Acute or chronic pain during sex
Sexual humiliation	Vaginal injuries
Coerced misuse of oral contraceptives or other contraceptive methods	Unwanted pregnancy complications from unsafe TOP Irritable bowel syndrome, stress syndromes
Psychological abuse	
Intimidation	Depression, anxiety, and aggression
Lies, deception, blackmail	Suicidal thoughts, self-harm, suicide
Emotional manipulation	Memory loss, dissociation
Unsafe, unpredictable, uncontrollable events and environment	Somatic complaints
Isolation and forced dependency	Immunosuppression Loss of trust in others or self, problems with or changes in identity and self-esteem, guilt, shame, difficulty with intimate relationships
Substance misuse	
Forced and coerced use of drugs and alcohol	Substance addiction and dependence Drug or alcohol overdose Direct health effects and complications of alcohol and drug use

*Adapted from: Zimmerman C. *Trafficking in Women. The Health of Women in Post-Trafficking Services in Europe Who Were Trafficked Into Prostitution or Sexually Abused as Domestic Labourers*. Open-access material. PhD thesis. University of London; 2007.

†Many of the forms of abuse overlap, as do their consequences. In particular, negative mental health consequences frequently result from each of the different forms of abuse. To avoid repetition, these will be highlighted primarily under “psychological abuse.”

Victims of human trafficking are a heterogeneous population encompassing migrant workers, sex workers, the elderly, minors, and pregnant women, among others. Their medical problems are likewise varied and can range from acute trauma to chronic conditions such as diabetes and hypertension. In general, victims present for care at later stages of their disease as a result of their captivity. They might have underlying malnutrition and psychiatric conditions that further complicate their conditions. Some red flags that could be present during a medical encounter are:^{23,24,25,26}

- History of multiple sexually transmitted infections;
- History of recurrent physical trauma (lacerations, contusions, fractures);
- History of multiple abortions;
- Evidence of malnutrition;
- Mental illness (post-traumatic stress disorder, depression, anxiety, personality disorders, suicidal ideations);
- Presence of another individual who answers questions for the patient and appears to control the patient’s reactions or responses;
- Characteristic tattoos or “branding,” images that imply ownership by another individual;
- Chronic pain complaints (especially headaches, stomach pain, and back pain); and
- Transient living situations.

SCREENING

The red flags listed above should trigger further questioning about the circumstances surrounding the situation or injury. See example questions below from the National Human Trafficking Resource Center. Often the physician can incorporate the questions into typical medical history-taking. These questions should take place while alone with the patient, if possible, and if the patient is amenable. It is helpful to have a policy in place that sets the

Table 3. Additional forms of abuse and risk and potential health consequences associated with human trafficking*

FORMS OF ABUSE AND RISK	POTENTIAL HEALTH CONSEQUENCES†
Social restrictions and marginalization	
Restrictions on movement, time, and activities	Depression and anxiety
Frequent relocation	Deterioration of health and existing health problems associated with lack of treatment or delayed treatment
Denial of or control over access to health and other services	Alienation from available health services
Cultural and social exclusion	Increased physical and psychological dependence on abusers or exploitative employers
Limited access to public services, legal assistance, and health care	Adopting unhealthy coping strategies
Public discrimination and stigmatization	
Reduced income, weak negotiating power	
Economic exploitation	
Indentured servitude	Inability to afford basic necessities and health care
Usurious charges for travel documents, housing, food, clothing, condoms, health care, other basic necessities	Potentially dangerous self-medication or forgoing of medication
Control over and confiscation of earnings	Physical or economic retribution for not earning enough, withholding earnings, or escape attempts
Turning victims over to authorities to prevent them from collecting wages	
Forced or coerced acceptance of long hours, large numbers of clients, and sexual risks to meet financial demands	Heightened vulnerability to sexually transmitted infections, other infections, and work-related injuries
Legal insecurity	
Confiscation of travel documents, passports, tickets, and other vital documents	Exposure to dangerous conditions, dependency on traffickers and employers
Threats to expose to authorities	Poor access to medical services for acute, chronic, and preventive care
Concealment of legal status	Fear of authorities
Poor working and living conditions	
Abusive work hours and practices	Injuries
Dangerous work and living conditions	Vulnerability to infection, parasites, and communicable diseases
Abusive interpersonal relationships, lack of personal safety	Exhaustion, dehydration, poor nutrition, and starvation
Nonconsensual marketing or sale, exploitation	

*Adapted from: Zimmerman C. *Trafficking in Women. The Health of Women in Post-Trafficking Services in Europe Who Were Trafficked Into Prostitution or Sexually Abused as Domestic Labourers*. Open-access material. PhD thesis. University of London; 2007.

†Many of the forms of abuse overlap, as do their consequences.

expectation with every patient that the physician or provider might need to speak with the patient alone at some point during the visit. If the person accompanying the patient refuses to leave the exam room, strategies to separate the person should be nonconfrontational when possible. Asking the patient to walk to the lab or restroom can offer an opportunity to speak to the patient privately.

SAMPLE SCREENING QUESTIONS

Safety

- Is it safe for you to talk to me right now? Are there times you do not feel safe?
- Do you feel like you may be in danger for speaking with me?
- Is there anything that would help you feel safer?

Fraud

- What were you told about the job before you started?
- What promises were you made?
- Have you ever felt you were deceived or lied to about your work or relationship?
- Has anything ever surprised you about your job/relationship?

Coercion

- Have you ever felt pressured to do something you didn't want to do? Or uncomfortable?
- What would happen if you didn't do what you were told?

- Has anyone ever threatened or intimidated you?
- Has anyone taken/kept your legal papers or identification?

Monetary

- Do you have access to money?
- Has anyone ever taken your money?
- Do you owe money to anyone?
- Can you spend your money the way you want to?

Force

- Has someone controlled, supervised, or monitored your work?
- Is your communication restricted?
- Have you ever felt you had no other options?
- Are you able to access medical care?
- Are you allowed to leave the place where you are living/working?

Sex

- Has anyone ever pressured you to engage in sexual acts against your will?
- Have you ever been forced to engage in sex?
- Who decided if you could use a condom?
- Have you ever been required to earn a certain amount of money/meet a quota?
- Have you ever been sexually assaulted or abused by anyone?

The National Human Trafficking Resource Center, in its [Comprehensive Human Trafficking Assessment](#), provides a broad set of tips and assessment questions that can be tailored to one's unique practice environment.

When documenting responses to questions or physical findings suspicious for trafficking, it is important to be as objective as possible. Use quotation marks to indicate the patient's own words or use phrases such as "patient states" (do not use "patient *claims*" as this calls into question the patient's reliability). Make sure the patient consents to what is being recorded in the medical record. Do not use definitive statements such as "the patient is a victim of human trafficking." Describe physical findings using objective terms and drawings to specify injuries, or by taking photographs of injuries in a HIPAA-compliant manner with patient approval. Record any referrals made or follow-up plans concerning trafficking suspicion. If the patient reports sexual assault, contact the local sexual assault nurse examiner organization for guidance regarding a physical exam.

2019 HOTLINE CONTACTS PAINT THE PICTURE

TOP 5 risk factors/vulnerabilities for trafficking victimization

SEX TRAFFICKING

1. Substance use concern (510)
2. Runaway homeless youth (473)
3. Recent migration/relocation (416)
4. Unstable housing (366)
5. Mental health concern (334)

LABOR TRAFFICKING

1. Recent migration/relocation (2,364)
2. Unstable housing (91)
3. Criminal record/history (90)
4. Physical health concern (53)
5. Substance use concern (32)

TOP 5 methods of force, fraud, coercion by traffickers

SEX TRAFFICKING

1. Induces/Exploits substance abuse issues (1,898)
2. Physical abuse (1,780)
3. Sexual abuse (1,184)
4. Intimidation – displays/threatens weapons (1,102)
5. Emotional abuse – intimacy-related (1,019)

LABOR TRAFFICKING

1. Withholds pay/earnings (2,279)
2. Excessive working hours (2,043)
3. Threat to report to immigration (1,866)
4. Verbal abuse (1,640)
5. Withholds/Denies needs (1,254)

TOP 3 sex trafficking types

1. Escort services
2. Illicit massage, health, and beauty businesses
3. Pornography

TOP 3 labor trafficking types

1. Domestic work
2. Agriculture and animal husbandry
3. Traveling sales crews

TOP 5 points of access to potential help

1. Friends/Family (1,863)
2. Law enforcement/Criminal justice (1,332)*
3. Health services (917)
4. Mobile apps/Social media (494)
5. Child welfare system (487)

*These interactions include victims being arrested and/or charged for crimes committed while being trafficked, apprehension by immigration.

How Victims and Survivors Reach the Hotline

	Contacts in 2019	Increase compared with 2018
Text	8,412	^62%
Web chat	2,070	^32%
Online report	4,508	^12%
Phone call	30,506	^8%
Email	2,830	^45%

Source: Polaris; data from National Human Trafficking Hotline (2019)

Case Studies

CASE 1: MARIA

Recognizing Red Flags

- Late and/or insufficient medical care
- Transient lifestyle
- Controlling behavior by person accompanying patient

Maria is a 26-year-old, pregnant female who presents to your office for her initial prenatal visit at 35 weeks gestational age. She says she has not been able to seek prenatal care earlier because she has been moving with her “husband” between several states. None of the children from her four prior pregnancies live with her; all are in foster care. A middle-age male accompanies her to the visit and answers several of the questions about medical history and social history for the patient. You isolate the patient from this man and ask her where she lives now, what she does for work, and if she is able to make her decisions independently. You also ask if she would be willing to talk to a social worker about her situation.

CASE 2: CRISTINA

Creating a “Safe” Place

- Trauma-informed care
- Use of a medical interpreter
- Patient empowerment

Cristina is a 32-year-old Spanish-speaking female coming to your office for an annual well-woman exam. She appears anxious and guarded. Through an interpreter, she says she wants to be screened for sexually transmitted diseases but is uncomfortable with a physical exam. She tells you she has not seen a doctor or health care provider for a long time because she is anxious about the questions and the exam, and about finding out results. After you question her about any negative experience she may have had in the past with a physician or provider, she informs you she was prostituted several years ago but is now “getting her life together.” You describe the various components of the exam and the different tests you will order. She declines the labs and exam at this time but agrees to make an appointment in the future after she has had more time to think about it. You reassure her that she has the right to make that decision, and you schedule a 30-minute follow-up visit in two weeks. You also direct her to local resources for survivors of human trafficking.

CASE 3: ALEJANDRO

Taking Action

- Work-related injury
- Labor trafficking
- Physician responsibility

Alejandro, age 40, presents to the emergency department with his employer with a large laceration to his left hand from a chain saw. His employer insists on being in the patient room during the entire patient encounter on the pretense that Alejandro does not speak English. Alejandro is quiet while the employer answers all questions, and he avoids eye contact with both his employer and the physician, and with other health care professionals.

The physician insists that the employer wait in the waiting room and screens Alejandro for human trafficking with the assistance of a professional interpreter. On discovering that Alejandro was trafficked from Guatemala with a promise of employment in the United States, receives no payment for his work, and is not allowed to leave his work compound, the physician obtains Alejandro’s permission to contact the local police as well as a social worker who coordinates care via the National Human Trafficking Hotline.

CASE 4: STACY

Treating a Minor

- Numerous sexual partners plus tattoo
- Patient fear
- Legal responsibility

Stacy is a 16-year-old female who presents for pelvic pain. She admits to numerous sexual partners and unprotected intercourse but is evasive in answering questions. During her exam, the physician notices a tattoo on her lower abdomen with a man’s name and a barcode tattooed on her right hip.

The physician screens for human trafficking and discovers Stacy is a runaway who was intimidated into prostitution by a “boyfriend” in exchange for housing. She is afraid he will hurt her if she turns him in.

As Stacy is a minor, the physician calls social services, who engages both local police and child protective services despite Stacy’s fears of retribution. In the case of minors who are suspected victims of human trafficking, there is a legal obligation to intervene as there would be with any other child who is a victim of abuse.

TRAUMA-INFORMED CARE

While evidence on human trafficking related to health is limited, we know there are a range of health issues in the post-trafficking period. However, less is known about how to respond appropriately to victims who may present with multiple physical and psychological issues. One review of available evidence identified the need for health care professionals to adopt trauma-informed and culturally sensitive approaches to working with victims, conducting comprehensive assessments and collaborating with a range of agencies.²⁷

Trauma-informed care is health care provided in a way that recognizes the long-lasting impact that abuse in any form can have on a patient. Among attributes of trauma informed care are that it:²⁸

- Is patient-centered;
- Is mindful of confidentiality;
- Avoids retraumatizing the patient through unnecessary question or exams;
- Avoids judging or condemning a patient's attitudes or behaviors;
- Emphasizes patient empowerment through health education and informed decisionmaking;
- Employs resources to meet other needs (legal, social, behavioral health) the patient has, i.e., is "holistic";
- Provides professional interpreters in the patient's language of choice (avoid using family members or friends as interpreters if at all possible); and
- Operates in a safe, clean environment that is respectful of patients' privacy concerns.

While no one approach works for every survivor of human trafficking, a general atmosphere of respect for a patient's preferences and opinions, and the message that no one deserves to be abused are key elements in caring for patients who have experienced trauma in the past. One helpful tool developed by Dignity Health, in partnership with HEAL Trafficking and the Pacific Survivor Center, provides a summary of major principles of trauma-informed care: Provide privacy, Educate, Ask, and Respect, and Respond. The PEARR tool concisely describes the concepts and provides a customizable page to add local resources for assistance.²⁹

It is important to realize that not every victim encountered in the clinical environment is willing to acknowledge his or her trafficking experience and/or prepare for escape. Adult patients should not be pressured into revealing details of their trafficking or submitting to components of a physical exam if they are not comfortable doing so. Physicians of adult victims should not report the trafficking to authorities if the patient does not agree with this plan. In these difficult situations, the emphasis rather should be on informing the patient why the information gathered from the questions, exam, and labs is helpful in meeting the patient's health care needs and how this information will remain confidential. In this way, physicians can help restore a victim's decisionmaking ability, and patients can leave these encounters with a feeling they are in a "safe" place to which they can return in the future.

It is also important to be aware of the risk that physicians and other health care professionals, other patients, or staff members might be exposed to when attempting to help a victim of human trafficking or separate a victim from the trafficker. If there is a sense that any a patient or staff member is in danger while in the health care facility, security personnel and/or law enforcement should be involved. Policies and protocols in response to workplace violence should be in place and reviewed on a regular basis. Some general guidelines for maintaining a safe workplace environment are:

- Do not give out personal contact information to patients,
- Do not transport or house a victim of trafficking,
- Do not work alone,
- Do not reveal identifying information about loved ones to patients, and
- Create policies and procedures regarding workplace violence and perform periodic simulations.

Because physicians and other health care professionals often practice in the context of a team (medical assistants, front-desk staff, social workers, and others), it is important that every team member be educated about human trafficking and be familiar with protocols for responding

to victims identified in the clinical setting. Staff members should be empathetic and have a basic understanding of elements of trauma-informed care. When a patient screens positive to questions about a trafficking situation, appropriate referrals should be offered, with consent, in a way that maintains the patient's confidentiality and allows him or her to obtain additional nonmedical resources as necessary.

It is crucial that health care workers and social workers be aware of local partners to educate the patient about their options and refer appropriately for these services. The 24/7 National Human Trafficking Hotline ([888] 373-7888) can provide information on how to respond to a concern for trafficking and a current list of local resources. While the process for responding to human trafficking in the clinic setting can be lengthy, it can be done effectively and efficiently if all members of the staff are aware of their roles and if local resources are readily accessible.

LEGAL ASSISTANCE

Often, victims of human trafficking might need help with legal issues to escape their situation (and effect real change on the related-health issues). Legal services can help victims obtain visas, navigate Child Protective Services cases, solve housing/eviction issues and identity theft, obtain IDs, access public benefits, and solve problems with credit issues/coerced debt.

The Texas Access to Justice Foundation and the Texas Bar Foundation have created [Legal Help Finder](#), an online resource directory of specific types of legal assistance. Some organizations provide a variety of services regionally to individuals who meet low-income requirements: [Legal Aid of NorthWest Texas](#), [Texas RioGrande Legal Aid](#), and [Lone Star Legal Aid](#) (East Texas). In addition, several organizations provide statewide services:

- [Texas Advocacy Project](#), 800-374-HOPE (4673,) can help with a variety of legal concerns related to domestic violence, sexual assault, and stalking.
- [Texas Legal Services Center Crime Victims](#), (844) 303-SAFE (7233) (or contact it online through this [form](#)), can file protective order applications and assist with safety planning for victims not able to leave a dangerous living situation.
- The [Legal Aid for Survivors of Sexual Assault](#) network provides legal assistance to sexual assault survivors.

One relatively new health care delivery model integrates legal assistance as a vital component of patient care. In 2014, the U.S. Department of Health and Human Services approved new policy to allow federally qualified health center funds to be used to pay for legal assistance. In Texas, there are at least 10 medical-legal partnerships, where a medical entity creates a formal relationship with a legal entity to improve health care.³⁰ A survey of medical-legal partnership clinicians reported that such services improved health outcomes for patients (66%) and improved patient compliance with medical treatment (39%).³¹

TOOLS FOR SCREENING AND RESPONDING

- “Identifying Victims of Human Trafficking: What to Look for in a Healthcare Setting” from the National Human Trafficking Hotline gives a brief overview of the role of health care professionals in responding to victims of human trafficking and outlines health effects of human trafficking. See Appendix A.
- Establishing protocol in the health care setting:
 - [Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings](#), 2017. This toolkit from HEAL Trafficking is aimed at all professionals in health care settings and provides guidance on developing protocols to respond to potential victims of human trafficking.
 - Framework for a Human Trafficking Protocol in Healthcare Settings, 2016. This step-by-step guide from the National Human Trafficking Hotline outlines actions to take once a victim of human trafficking has been identified by a health care professional. See Appendix B.

SUMMARY

Human trafficking is a vicious cycle of abuse that leaves victims vulnerable to several medical conditions. Physicians are in a unique position to identify victims and address not only their health care needs but also provide resources to help them escape their trafficking situation. It is important that physicians approach victims and survivors of trafficking in a trauma-informed manner to allow for holistic patient care. Health care team members should collaborate to educate themselves about human trafficking and create a plan for how these patients will be served in the health care setting.

V. Endnotes

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Additional Resources

Websites

[National Human Trafficking Hotline](#) at (888) 373-7888. The national antitrafficking hotline serves victims and survivors of human trafficking. The toll-free hotline is available to answer calls from anywhere in the country, 24/7, in more than 200 languages. The hotline also is accessible online, where it provides a tip reporting form.

[Polaris](#). Polaris operates the National Human Trafficking Hotline and [BeFree Textline](#). The organization responds to victims, reports cases to law enforcement, and assists advocacy groups with drafting antitrafficking legislation.

[HEAL Trafficking](#). The Health, Education, Advocacy, Linkage (HEAL) Trafficking group comprises multidisciplinary health professionals who address human trafficking with a public health approach. The HEAL website provides a toolkit for health care professionals and other education initiatives as well as advocacy opportunities.

The [PEARR Tool](#). The PEARR Tool – a trauma-informed approach to victim assistance in health care settings – was developed by Dignity Health, in partnership with HEAL Trafficking and Pacific Survivor Center, with support from Dignity Health Foundation.

[U.S. Department of Health and Human Services Office on Trafficking in Persons](#). This agency funds the National Human Trafficking Hotline and grants to organizations aimed at preventing and responding to human trafficking. The website contains a variety of resources, including a link to the National Human Trafficking Training and Technical Assistance Center.

[International Labour Organization](#). This United Nations agency brings together governments, employers, and workers to promote internationally recognized human and labor rights. The website has various resources, reports, and news related to global slavery and child labor.

[The Texas Office of the Attorney General – Human Trafficking](#). This website provides the latest information on initiatives combating human trafficking in Texas. It includes a link to Be The One, a training video available for download.

[Texas Human Trafficking Resource Center](#). This website connects Texas Health and Human Services Commission staff, physicians and health care providers, stakeholders, and potential victims of human trafficking to local, state, and national resources to identify and help people affected by human trafficking.

[Texas Medical Association – Human Trafficking](#). This webpage has information, resources, and collected association policy for physicians and medical students.

Reports

[Strategic Plan – Charting an End to Human Trafficking in Texas](#) (May 2020). The Texas Human Trafficking Prevention Coordinating Council released its inaugural report with recommendations for addressing the challenges involved in combating human trafficking and charting an end to human trafficking in Texas.

[Texas Human Trafficking Prevention Task Force Fiscal Year 2019](#) (December 2019). This report prepared by the Office of the Attorney General includes information on collaborations with federal, state, and local partners, a statistical summary of human trafficking activities in the state, and recommendations to enhance efforts to prevent human trafficking.

[2019 Data Report](#). This report provides National Human Trafficking Hotline data highlights for the calendar year.

[U.S. Department of State Trafficking in Persons Report June 2018](#). This is one of the most comprehensive reports of governmental anti-human trafficking efforts.

Guidance

[Guidelines for administering the Trafficking Victim Identification Tool \(TVIT\), 2014](#). Vera Institute of Justice.

[Caring for Trafficked Persons: Guidance for Health Providers, 2009](#). International Organization for Migration [Comprehensive Human Trafficking Assessment, 2011](#).

National Human Trafficking Hotline. This tool provides questions to use in assessing someone for potential signs that he or she has been a victim of human trafficking. Assessment questions should be tailored to a patient's specific needs.

Books (available through Amazon)

- *Girls Like Us: Fighting for a World Where Girls Are Not For Sale: A Memoir*, by Rachel Lloyd
- *Half the Sky: Turning Oppression into Opportunity for Women Worldwide*, by Nicholas D. Kristof and Sheryl WuDunn

Documentaries (available through Amazon and YouTube)

- *Very Young Girls* (2007)
- *Trade* (2007)
- *Girl Rising* (2013)
- *Born Into Brothels: Calcutta's Red Light Kids* (2004)

VI. Appendices | Appendix A



Identifying Victims of Human Trafficking: What to Look for in a Healthcare Setting

Healthcare providers may come into contact with victims of human trafficking and have a unique opportunity to connect them with much needed support and services. Anyone in a healthcare setting may be in a position to recognize human trafficking – from clerical staff to lab technicians, nursing staff, ambulatory care, radiology staff, security personnel, case managers, and physicians.

The following is a list potential red flags and indicators that medical providers may see in a patient who may be a victim of human trafficking. Please note that this list is not exhaustive. Each indicator taken individually may not imply a trafficking situation and not all victims of human trafficking will exhibit these signs. However, the recognition of several indicators may point to the need for referrals and further assessment.

Red Flags and Indicators

General Indicators of Human Trafficking	
<ul style="list-style-type: none"> <input type="checkbox"/> Shares a scripted or inconsistent history <input type="checkbox"/> Is unwilling or hesitant to answer questions about the injury or illness <input type="checkbox"/> Is accompanied by an individual who does not let the patient speak for themselves, refuses to let the patient have privacy, or who interprets for them <input type="checkbox"/> Evidence of controlling or dominating relationships (excessive concerns about pleasing a family member, romantic partner, or employer) <input type="checkbox"/> Demonstrates fearful or nervous behavior or avoids eye contact <input type="checkbox"/> Is resistant to assistance or demonstrates hostile behavior <input type="checkbox"/> Is unable to provide his/her address <input type="checkbox"/> Is not aware of his/her location, the current date, or time <input type="checkbox"/> Is not in possession of his/her identification documents <input type="checkbox"/> Is not in control of his or her own money <input type="checkbox"/> Is not being paid or wages are withheld 	
Labor Trafficking Indicators	Sex Trafficking Indicators
<ul style="list-style-type: none"> <input type="checkbox"/> Has been abused at work or threatened with harm by an employer or supervisor <input type="checkbox"/> Is not allowed to take adequate breaks, food, or water while at work <input type="checkbox"/> Is not provided with adequate personal protective equipment for hazardous work <input type="checkbox"/> Was recruited for different work than he/she is currently doing <input type="checkbox"/> Is required to live in housing provided by employer <input type="checkbox"/> Has a debt to employer or recruiter that he/she cannot pay off 	<ul style="list-style-type: none"> <input type="checkbox"/> Patient is under the age of 18 and is involved in the commercial sex industry <input type="checkbox"/> Has tattoos or other forms of branding, such as tattoos that say, "Daddy," "Property of...," "For sale," etc. <input type="checkbox"/> Reports an unusually high numbers of sexual partners <input type="checkbox"/> Does not have appropriate clothing for the weather or venue <input type="checkbox"/> Uses language common in the commercial sex industry

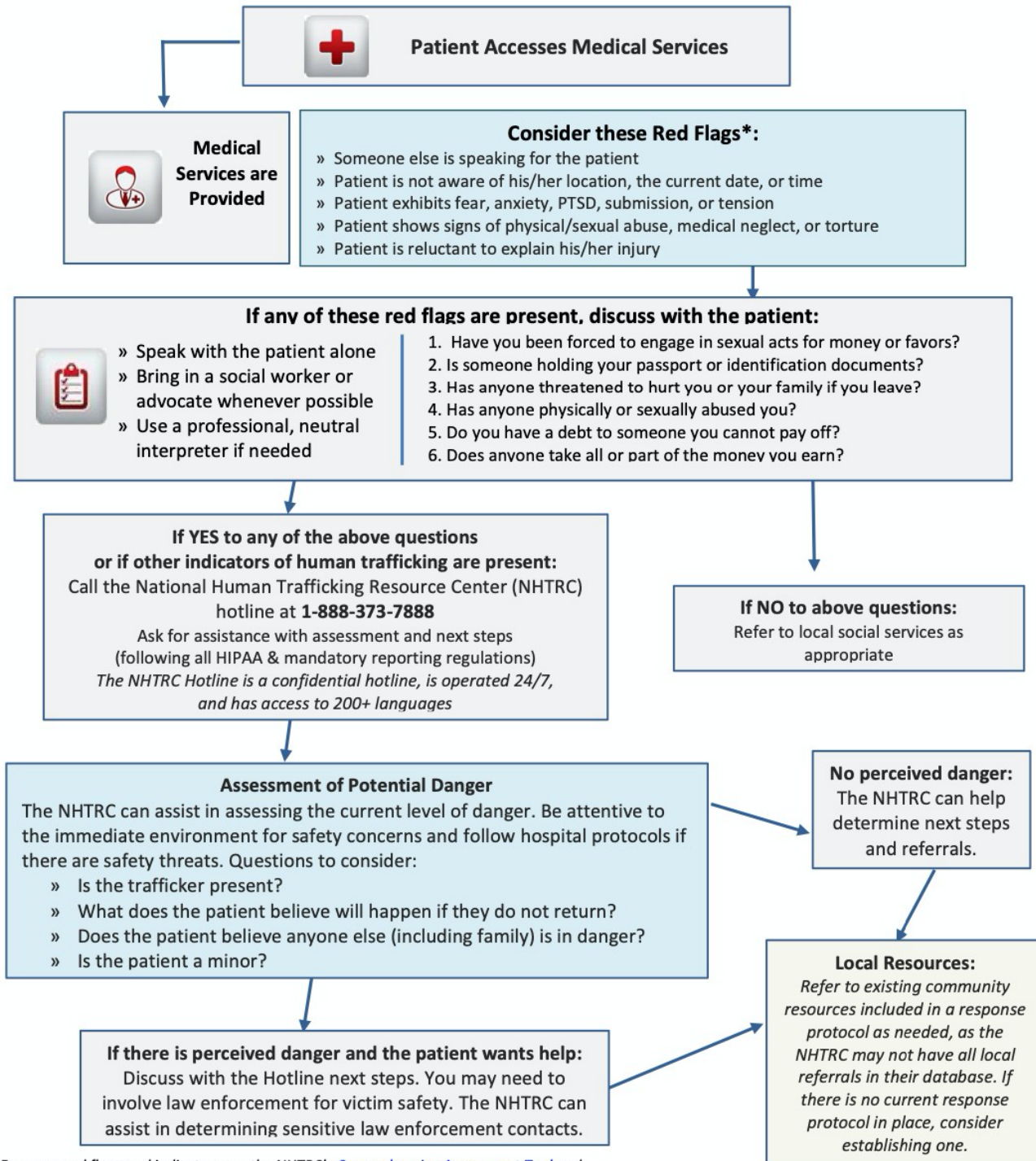
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Appendix B

NHTRC
1-888-373-7888

NATIONAL
HUMAN TRAFFICKING
RESOURCE CENTER

Framework for a Human Trafficking Protocol in Healthcare Settings



*For more red flags and indicators see the NHTRC's [Comprehensive Assessment Tool](#) and [Identifying Victims of Human Trafficking](#) document for healthcare providers.

Report Online or Access Resources & Referrals: www.humantraffickinghotline.org

Call: 1-888-373-7888 (24/7)

Email: help@humantraffickinghotline.org

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Appendix C

Texas Law

Texas law says anyone who thinks a child, or a person 65 years or older, or an adult with disabilities is being abused, neglected, or exploited must report it to Texas Department of Family and Protective Services (DFPS). A person who reports abuse in good faith is immune from civil or criminal liability. Anyone who does not report suspected abuse can be held liable for a misdemeanor or felony.

Report Abuse

Call the Texas Abuse Hotline toll-free 24/7, nationwide, or report with the secure website and get a response within 24 hours.

- By phone: (800) 252-5400
- Online: www.txabusehotline.org

Learn more about [reporting abuse, neglect, or exploitation to DFPS](#) on its website.

Legal References

Texas Family Code (Section [261.101](#)), describes when a person and a professional is required to report.

Sec. 261.101. PERSONS REQUIRED TO REPORT; TIME TO REPORT. (a) A person having cause to believe that a child's physical or mental health or welfare has been adversely affected by abuse or neglect by any person shall immediately make a report as provided by this subchapter.

(b) If a professional has cause to believe that a child has been abused or neglected or may be abused or neglected, or that a child is a victim of an offense under Section 21.11, Penal Code, and the professional has cause to believe that the child has been abused as defined by Section 261.001, the professional shall make a report not later than the 48th hour after the hour the professional first suspects that the child has been or may be abused or neglected or is a victim of an offense under Section 21.11, Penal Code. A professional may not delegate to or rely on another person to make the report. In this subsection, "professional" means an individual who is licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state and who, in the normal course of official duties or duties for which a license or certification is required, has direct contact with children. The term includes teachers, nurses, doctors, day-care employees, employees of a clinic or health care facility that provides reproductive services, juvenile probation officers, and juvenile detention or correctional officers.

(b-1) In addition to the duty to make a report under Subsection (a) or (b), a person or professional shall make a report in the manner required by Subsection (a) or (b), as applicable, if the person or professional has cause to believe that an adult was a victim of abuse or neglect as a child and the person or professional determines in good faith that disclosure of the information is necessary to protect the health and safety of:

- (1) another child; or
- (2) an elderly person or person with a disability as defined by Section 48.002, Human Resources Code.

- (c) The requirement to report under this section applies without exception to an individual whose personal communications may otherwise be privileged, including an attorney, a member of the clergy, a medical practitioner, a social worker, a mental health professional, an employee or member of a board that licenses or certifies a professional, and an employee of a clinic or health care facility that provides reproductive services.
- (d) Unless waived in writing by the person making the report, the identity of an individual making a report under this chapter is confidential and may be disclosed only:
 - (1) as provided by Section 261.201; or
 - (2) to a law enforcement officer for the purposes of conducting a criminal investigation of the report.

Texas Health and Safety Code describes signage that is required in licensed hospitals (Section [241.001](#)) and abortion facilities (Section [245.025](#)) in Texas.

Sec. 241.011. HUMAN TRAFFICKING SIGNS REQUIRED. An emergency department of a hospital shall display separate signs, in English and Spanish, that comply with Section 245.025 as if the hospital is an abortion facility.

Sec. 245.025. HUMAN TRAFFICKING SIGNS REQUIRED. (a) An abortion facility shall display separate signs, in English, Spanish, and any additional language as required by Subsection (b), side by side in accordance with this section in each restroom and patient consulting room. The signs must include the following information:

- (1) no person, including an individual's parents, may force any individual to have an abortion;
 - (2) it is illegal for a person to force an individual to engage in sexual acts;
 - (3) a woman who needs help may call or text a state or national organization that assists victims of human trafficking and forced abortions; and
 - (4) the toll-free number of an organization described by Subdivision (3).
- (b) Signs required under this section must be in English and Spanish. If an abortion facility is located in a political subdivision required to provide election materials in a language other than English or Spanish under Section 272.011, Election Code, the facility shall display a separate sign in that language.
 - (c) Signs required under this section must be at least 8-1/2 by 11 inches in size and displayed in a conspicuous manner clearly visible to the public and employees of an abortion facility. The notice must cover at least four-fifths of the sign.
 - (d) The executive commissioner shall adopt rules as necessary to implement and enforce this section.