

Ethics – Identifying Human Trafficking in Texas: What Physicians Need to Know

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Educational Objectives

By completing this educational activity, the participant should be better able to:

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

Speaker Disclosure

Dr. Lopez disclosed that she has no financial relationships with any ineligible organizations or commercial interests.

{ Human Trafficking in Texas

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Disclosure

I have disclosed that I served on the public health advisory board in 2021 for Afaxys.

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Learning Objectives

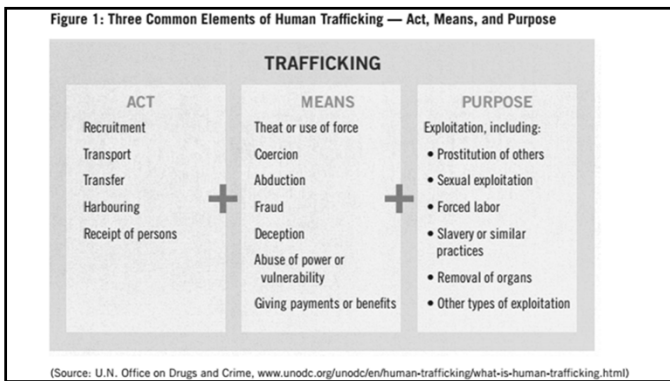
- Recognize the elements of patient history, physical findings and behaviors that suggest potential human trafficking.
- Discuss various ways to screen for human trafficking.
- Take appropriate actions with patients and authorities in cases of suspected human trafficking.

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Human Trafficking:

- The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services
- Through the use of force, fraud, or **coercion (not necessary if the victim is a minor)**
- For the purpose of subjection to involuntary servitude, peonage, debt bondage, slavery or forced commercial sex acts

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Stats

- \$150 billion per year industry
- Affects 40.3 million people per year
- Second largest criminal industry after drug trafficking
- 81% of victims are in forced labor
- 75% of victims are female (majority of sex trafficking victims)
- 25% of victims are children
- 14-50,000 individuals trafficked individuals in the US every year (16,000 victims identified through the HT hotline in 2020)
- Average age of entry into sex trafficking is age 12-16

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Unit Cost	2016 \$\$
Public health expenditures	
Injury from assault	
Minor (a)	4,757
Major	68,859
PTSD	6,609
STIs	
Chlamydia-early treatment	116
Chlamydia-late treatment	1,431
HIV/AIDS	29,303
Pregnancy with abortion	681
Pregnancy with birth (c)	14,866
Chemical dependency	39,810
Criminal justice expenditures (b)	
Homicide investigation	10,730
Adolescents: Arrests	2,356
Adults	
Arrests	2,356
Court hearings	621
Incarcerations	97
Probation supervision	951
Child foster care expenditures (child of victim)	8,551
Forgone income tax revenue	1

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Annual Value of Labor Exploited from Trafficking Victims

High-Risk Labor Trafficking Segments*	Estimated Victims	Estimated Annual Value Wages Lost
Migrant farmworkers	36,970	\$94,314,906
Cleaning services	84,100	\$214,549,192
Construction	35,438	\$90,406,591
Kitchen workers in restaurants	60,925	\$155,426,986
Landscaping and grounds keeping workers	17,024	\$43,430,267
Total		\$598,127,942

* The research team acknowledges the limitations of this narrow definition of human trafficking. Phase 2 benchmarks will incorporate additional segments such as adult sex trafficking, other economic sectors, etc.

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Human trafficking has been reported in **all 50 states in the U.S.** The U.S. is a source, destination, and transit point for trafficking victims.

Human trafficking rates are particularly high in California, Texas, Florida, and New York.

<http://www.unicefusa.org/assets/pdf/End-Child-Trafficking-One-Page.pdf>

- Texas is a major hub for human trafficking, ranking second only to California
- I-10 has been designated as the main route for traffickers by the US Dept of Justice
- 1 out of every 5 US trafficking victims travels through Texas along I-10
- Since 2001, more than 20% of the identified human trafficking cases in the US were located in the state of Texas. 2208 hotline calls were received from Texas in 2016.

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Where We See HT:

LABOR TRAFFICKING

restaurants
bars
hotels
agriculture
construction
traveling
sales crews

SEX TRAFFICKING

brothels
strip clubs
escort and massage services
pimp controlled
prostitution
on the street
on the internet

Labor trafficking occurs in a wide variety of industries. Sex trafficking is facilitated in numerous ways.

<http://www.unicefusa.org/assets/pdf/End-Child-Trafficking-One-Page.pdf>

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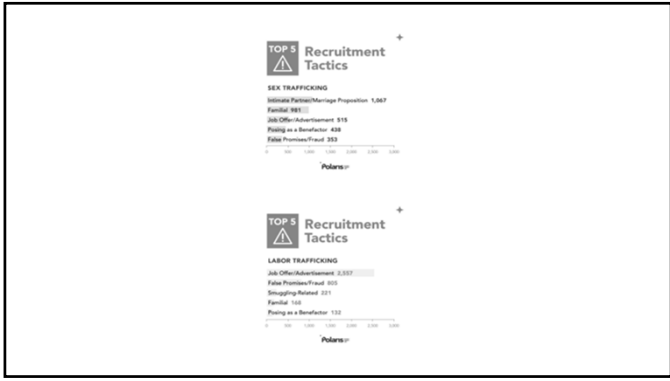
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Polaris Freedom happens now. [DONATE](#) MENU

More Than Drinks for Sale: Sex Trafficking in U.S. Cantinas and Bars

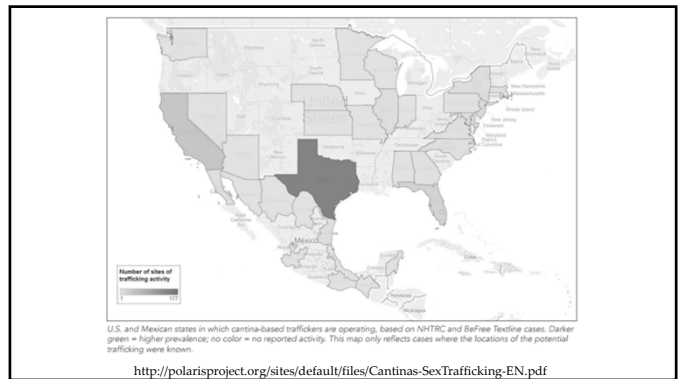
Across the United States, thousands of Latina women are prisoners of the sex trafficking industry in bars and cantinas. These women are victims of an underground sex economy, run by traffickers who go largely untouched.

From December 2007 to March 2016, the National Human Trafficking Resource Center hotline and Befree Textline identified 1,300 potential victims from Latin America in cantina-related cases in 20 U.S. states and Puerto Rico. Deceived and enticed with false promises of good jobs or a better life, victims are lured to the U.S. by some of the most violent trafficking networks operating in the country and are forced to engage in commercial sex.

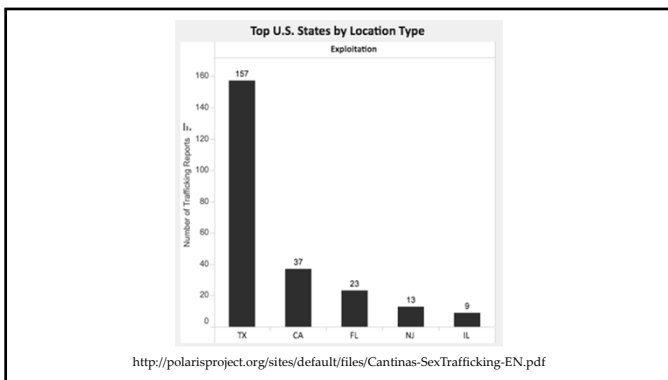
Polaris's new report *More than Drinks for Sale: Exposing Sex Trafficking in Cantinas and Bars in the U.S.* details how these commercial-front brothels continue to operate largely unchecked by posing as traditional bars or nightclubs—and highlights the need to eradicate this crime and support its survivors.

[Read the new report](#)
 Lea el nuevo informe (en español)

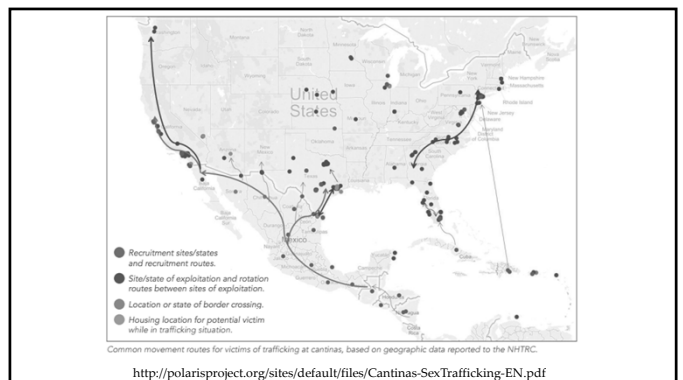
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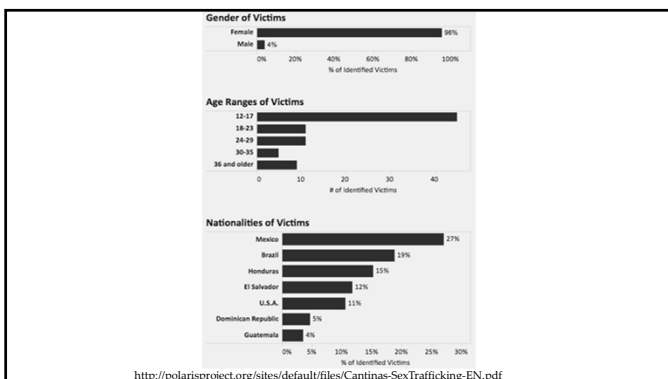
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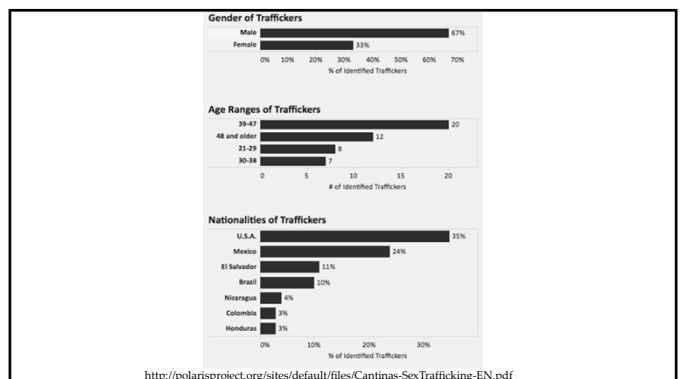
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The Role of the Health Care Provider: Potential Abolitionist

- ↳ Unique opportunity to screen patients and provide resources
- ↳ 50-87% of victims of labor and sex trafficking came into contact with medical professional (63% in the ER, 30% in Planned Parenthood, and 19.4% in women's health clinic)
- ↳ Significant barriers still exist, namely lack of training and lack of awareness of HT

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Top 5 Points of Access for Help



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Risk Factors Cited Here...

- Age (especially 12–16 y, immature prefrontal cortex, puberty)
- Runaway and homeless
- History of sexual or physical abuse or neglect
- Dysfunctional families (substance abuse, criminality, violence)
- Interactions with Child Protective Services of Juvenile Justice System
- Lesbian, gay, bisexual, transgender, queer, or questioning
- Substance abuse, behavioral or mental health issues
- Learning disabilities
- Living in high crime areas, poverty, transient male populations
- Living in countries with political or social unrest or corruption
- Living in societies with gender bias and discrimination or glorification of pimp culture

Data from Greenbaum J, Crawford-Jakubiak JE; Committee on Child Abuse and Neglect. Child sex trafficking and commercial sexual exploitation: health care needs of victims. Pediatrics 2015;135:566–74.

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Red Flags Cited Here...

1. Difficulties seeing patient alone or accompanying individual answering questions
2. Refusal to use interpreters
3. Unexpected material things
4. Overly familiar with sex
5. Tattoo reluctant to discuss
6. Body language indicating fear, anxiety, or distrust (ie, lack of eye contact, shifting posture)
7. Physical injuries (especially in various stages of healing)
8. Examination not matching history
9. Scripted or memorized history
10. Vague or inconsistent answers
11. Unaware of her address or current location, date, or time
12. Lack of identification documents
13. Signs of malnourishment, substance abuse, or poor dentition
14. Multiple sexual partners, unintended pregnancies, or sexually transmitted infections

Data from Alpert EJ, Ahn R, Albright E, Purcell G, Burke TF, Macias-Konstantopoulos WL. Human trafficking: guidebook on identification, assessment, and response in the health care setting. Waltham (MA): Massachusetts Medical Society; 2014.

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Physical and Mental Health Problems Include:

- ↳ STDs
- ↳ Unintended pregnancy
- ↳ Complications after unsafe pregnancy termination
- ↳ Chronic pain syndromes
- ↳ Traumatic injuries
- ↳ Unexplained weight loss
- ↳ Poor dental hygiene
- ↳ Anxiety
- ↳ Depression
- ↳ PTSD
- ↳ Suicidal ideation

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Tattoos/Branding

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What Should We Ask?

- ⊗ Can you leave your work or job situation if you want?
- ⊗ How do you earn money? Are you able to control your own money?
- ⊗ When you are not working, can you come and go as you please?
- ⊗ Have you been threatened by harm if you try to quit?
- ⊗ Has anyone threatened your family?
- ⊗ Where do you sleep and eat? Do you have to take permission to do these things?
- ⊗ Are you locked into a room at any point?

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Issues to Address During the Encounter

- ⊗ Address acute and chronic medical problems
- ⊗ Assess dental health
- ⊗ Refer to sexual assault response team if appropriate
- ⊗ Mandatory reporting for minors and elder
- ⊗ Document injuries
- ⊗ Assess mental health issues
- ⊗ Screen for STDs, pregnancy, and drug use
- ⊗ Offer contraception

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Elements of Trauma-informed Care:

- ⊗ Adapted to individual's needs
- ⊗ Supportive and avoids judgmental statements or actions
- ⊗ Focuses on strengths and resiliency
- ⊗ Integrated and holistic, treating the trafficked person as a “whole person” instead of a list of clinic symptoms
- ⊗ Empowering, ensuring that the patient's right to information, privacy, bodily integrity and participation in decision-making are respected
- ⊗ Supportive of healing and recovery through a patient-centered treatment plan

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PEARR Tool Trauma-Informed Approach to Victim Assistance in Health Care Settings

Dignity Health recommends universal education about various forms of abuse, neglect, and violence to all of its health care settings, participants in settings that offer transitional care and services. For urgent and emergency care settings, a universal education approach may be most appropriate and effective when a patient presents with the above and/or indicators of victimization. The PEARR Tool offers key steps in the process of education to a patient and the structure of a trauma-informed and action-oriented message. A double asterisk ** indicates points at which this conversation may come to an end. Once this conversation ends, refer to the double asterisk** at the bottom of this page for additional steps. Note: The patient's immediate needs (e.g., emergency medical care) should be addressed before use of this tool.

<p>P Provide Privacy</p>	<p>1. Discuss sensitive topics alone and in a safe, private setting (ideally private room with closed doors). If companion refuses to be separated, then this may be an indicator of abuse, neglect, or violence.** Strategies to speak with patient alone: State requirement for private exam or need for patient to be seen alone for radiology, urine test, etc. • Note: Companions are not appropriate interpreters, regardless of communication abilities. If present, indicate preference to use companion interpreter. See your entity's policies for further guidance.**</p>
<p>E Educate</p>	<p>2. Educate patient in manner that is nonjudgmental and normalizes sharing of information. Example: "I educate all of my patients about this in the [blank] because violence is so common in our society, and violence has a big impact on our health, safety, and well-being." Use a brochure or safety card to review information about abuse, neglect, or violence, and after brochurized to patient. (Ideally, this brochurized will include information about resources (e.g., local service providers, national hotlines). Example: "Here are some brochures to take with you in case this is ever all about for you, at anytime you know." If patient declines materials, then request patient's decision.**</p>
<p>A Ask</p>	<p>3. Allow time for discussion with patient. Example: "Is there anything you'd like to share with me? Do you feel free to open to talking your health, safety, or well-being?" If available and when appropriate, use action-oriented tools to review patient for abuse, neglect, or violence. • Note: All women of reproductive age should be intentionally screened for intimate partner violence (IPV) (CDC/17). • Note: All women of reproductive age should be intentionally screened for intimate partner violence (IPV) (CDC/17).</p>
<p>R Respond and Report</p>	<p>4. If there are indicators of victimization, ASK about concerns. Example: "Are there any concerns about your health, safety, and well-being. You don't have to share details with me, but I can connect you with resources. Would you like to talk with Smart Advocate/Service provider? If not, you can let me know anytime." • Note: Ask questions to bring those needed to determine patient's safety, to connect patient with resources (e.g., trauma-informed advocates), and to guide next work (e.g., perform medical exams). USPSTF - US Preventive Services Task Force</p>

5. If patient declines educational or decision assistance, then respect patient's wishes. If you have concerns about patient's safety, offer information about resources that can assist in times of emergency (e.g., local shelter, crisis hotlines)** Otherwise, if patient accepts/ requests assistance with screening services, schedule follow-up appointment to continue building rapport and to monitor patient's well-being.

** Report safety concerns re appropriate departments (e.g., nurse supervisor, security). Also, **REPORT** risk factor/distribution as required or permitted by investigation, and critical behavioral-related health services. Behavioral practices, schedule follow-up appointment to continue building rapport and to monitor patient's well-being.

Available at Dignity Health: <https://www.dignityhealth.org/~/media/Documents/PEARRTool7ash71a-wm6dshab48A385f9f9d427252DD18A459666868B340EA>

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1. Discuss sensitive topics **alone** and in a **safe, private setting** (ideally private room with closed doors). If companion refuses to be separated, then this may be an indicator of abuse, neglect, or violence.** Strategies to speak with patient alone: State requirement for private exam or need for patient to be seen alone for radiology, urine test, etc.

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2. Educate patient in manner that is **nonjudgmental** and **normalizes** sharing of information. Example: "I educate all of my patients about [fill in the blank] because violence is so common in our society, and violence has a big impact on our health, safety, and well-being." Use a **brochure or safety card** to review information about abuse, neglect, or violence, and

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NHTRC NATIONAL HUMAN TRAFFICKING RESOURCE CENTER
1-888-373-7888

**Get help. Report a tip. Request Services.
Anonymous. Available 24/7.**

Human traffickers use violence, threats, lies, and debt bondage to force people to work or sell sex against their will. We have helped thousands of people find safety and services.

Contact the National Human Trafficking Resource Center at 1-888-373-7888.

Victim Outreach Card

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IS YOUR RELATIONSHIP AFFECTING YOUR HEALTH?

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A
Ask

3. Allow time for discussion with patient. Example: "Is there anything you'd like to share with me? Do you feel like anyone is hurting your health, safety, or well-being?"** If available and when appropriate, use **evidence-based tools** to screen patient for abuse, neglect, or violence.**

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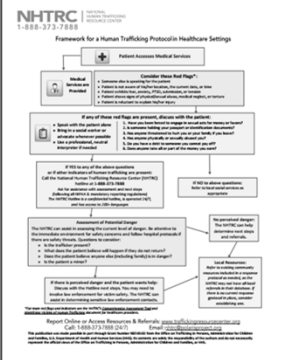
RR
Respect and Respond

5. If patient denies victimization or declines assistance, then **respect patient's wishes**. If you have **concerns about patient's safety**, offer hotline card or other information about resources that can assist in event of emergency (e.g., local shelter, crisis hotline).** Otherwise, if patient accepts/requests assistance with accessing services, then **provide personal introduction**

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NHTRC NATIONAL HUMAN TRAFFICKING RESOURCE CENTER
1-888-373-7888

Framework for a Human Trafficking Protocol in Healthcare Settings



Report Child or Adult Abuse, Neglect, or Self-Harm
Report Child or Adult Abuse, Neglect, or Self-Harm to the appropriate authority. For more information, visit www.childabusehelpline.com or www.adultabusehelpline.com.
Call 1-800-373-7888 (24/7) or Email info@nhtrc.org

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HEALTH. EDUCATION. ADVOCACY. LINKAGE
BECAUSE HUMAN TRAFFICKING IS A HEALTH ISSUE

HOME • WHO WE ARE • AREAS OF WORK • RESOURCES • CONTACT • JOIN HEAL • DONATE

Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings

Baldevin SB, Barrows J, Skokosa M. Protocol Toolkit for Developing a Response to Victims of Human Trafficking. HEAL Trafficking and Hope for Justice. 2017.

Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings - HEAL Trafficking: Health, Education, Advocacy, Linkage

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- ↳ https://storage.googleapis.com/vera-web-assets/downloads/Publications/out-of-the-shadows-identification-of-victims-of-human-trafficking/legacy_downloads/human-trafficking-identification-tool-and-user-guidelines.pdf
- ↳ Toolkit from HEAL
- ↳ www.futureswithoutviolence.org

Screening Tool

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- ↳ Raise awareness of issue in the workplace and community
- ↳ Train all members of staff in trauma-informed care and protocol for screening and responding to identified victims of HT
- ↳ Be familiar with local advocacy and aid groups, work to provider inter-disciplinary care

How Should We Respond?

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If Suspicious

Contact social worker OR ask for consent to contact:

Department of Homeland Security:
1-888-347-2423

National Human Trafficking Hotline:
1-888-373-7888

IF in central Texas--Refugee Services of Texas:
512-367-3232

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- ↳ If patient is adult and has capacity for health care decisions, patient must consent before referring them to law enforcement or other agencies
- ↳ **Texas law** says anyone who thinks a child (<18 yrs old), or person 65 years or older, or an adult with disabilities is being abused, neglected, or exploited must **report** it to DFPS

Texas Law

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Case 1: Maria

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 are living with her; all are in foster care. A middle-aged male accompanies her to the visit and answers several of the questions about medical history and social history for the patient.

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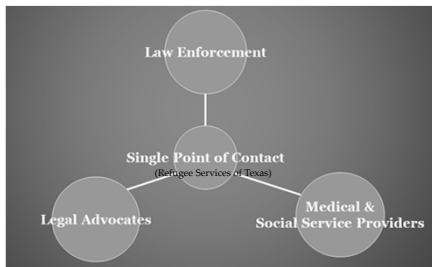
Case 1: Maria, Cont. Polling Question 1

What is an important next step?

1. Ask the man accompanying her where she works
2. Ask the man to leave the room and continue speaking with Maria
3. Carry out the exam as quickly as possible
4. Share the information about the HT hotline with Maria and the man

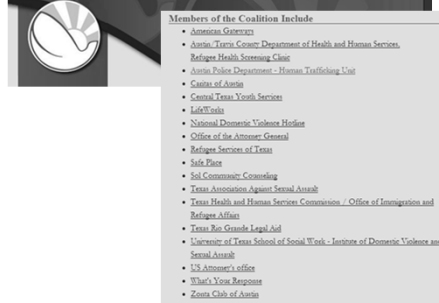
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Referral Process in Central Texas



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CENTRAL TEXAS COALITION AGAINST HUMAN TRAFFICKING



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Victim Services and Benefits

<p>■ Emergency Services</p> <ul style="list-style-type: none"> □ Emergency shelter/ transitional housing <ul style="list-style-type: none"> □ Interpretation □ Medical Attention □ Basic Needs
<p>■ Long Term Services</p> <ul style="list-style-type: none"> □ Long-term housing □ Interpretation □ Legal Referrals □ Advocacy □ Liaison to various service agencies □ Extensive Case Management

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Aftercare: Medical Needs

Ongoing mental, emotional, and physical issues related to trafficking

Distrust/shame are major barriers to health care access

All care should be "trauma informed;" "recognizing the impact of traumatic experiences on an individual's life and behavior and on their perceptions of themselves and their bodies"

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Case 2: Christina

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."

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Case 2: Christina, Cont. Polling Question 2

An example of trauma-informed care would be:

1. You tell the patient that she is at high risk of having a sexually transmitted infection due to her lifestyle
2. You call DFPS to report the history of trafficking prior to asking Maria
3. You explain to the patient the elements of the exam and labs you recommend and ask if she is okay with this
4. You ask the MA to have the patient undress before you begin to talk with her

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Examples of TIC (trauma informed care)

General approach
Do no harm.
Remember that the goal is not rescue, but improving health and safety.
Prioritize the safety of trafficked persons, yourself, and other staff.
Provide respectful, equitable, non-discriminatory care.
Approach interactions with the victim or survivor with respect and kindness.
Be empathetic, but not sympathetic, or appearing to pity.
Recognize that the victim is a human being that has been abused, exploited, and traumatized far beyond what most people can imagine.
Be aware of nonverbal communication: do not show shock or disgust.
Be nonjudgmental.
Know the basics of the patient's cultural and religious background in order to understand his/ her worldview and to avoid potential offenses.
Use same-sex staff when possible.
Provide a private, warm, quiet, and comfortable place for the interview and exam.

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History-taking
Interview the patient alone.
Adequately select and prepare interpreters and co-workers.
Sit, don't stand or hover. Take your time, don't multitask; avoid writing while the patient is talking.
Avoid asking the same question more than once, which may cause frustration or distrust on the part of the patient.
Communicate effectively with other members of the care team to avoid repeated interviews with the victim, which may result in retraumatization.
Listen to and respect each patient's assessment of their situation and risks to their safety.

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Physical exam
Allow the patient to lead or set the pace of the exam.
Provide assurance that he/she is in control of the exam.
Ask permission each time you touch the patient.
Explain exactly what you are going to do.
If it is going to hurt, say it is going to hurt.
Be gentle, but don't "sugar coat."

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Response
Collaborate with multidisciplinary health care team to formulate plan; include patient advocate and social worker where possible.
Provide information in a way that is understood.
Obtain informed consent before sharing information about patients or beginning procedures to diagnose, treat, or make referrals.
Be prepared with referral information and contact details for trusted individuals and organizations that can provide support.
Never promise more than you can deliver.
Ensure the confidentiality and privacy of trafficked persons and their families.
Respect the rights, choices, and dignity of each person by encouraging independent decision making.
Include the patient in conversations about him/her when present.

Exploring the Nature and Scope of Clinicians' Obligations to Respond to Human Trafficking, *AMA Journal of Ethics*, Jan 2017.

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Case 3: Alejandro

Alejandro 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 avoids eye contact with both his employer and the physician and other health care professionals.

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Case 3: Alejandro, Cont. Polling Question 3

What are important ways to respond to this situation:

1. Treat the laceration
2. Screen for human trafficking
3. Ask Alejandro if you can report a suspicion of human trafficking to the authorities
4. All of the above

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Opened in Austin, August 2013:



with Community Care

Collaboration between UT School of Social Work, UTSW in Austin
Dept of OBGYN, Refugee Services of Texas, and Community Care

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Current Commentary

Creating an Interdisciplinary Medical Home for Survivors of Human Trafficking

Melinda McNeil, MD, MPH, Theodore Held, MD, MPH, and Noel Busch-Armendariz, PhD, LMSW, MPH

Health care providers play an important role in identifying victims of human trafficking and addressing their unique medical needs. In response to a recently published call to action in *Obstetrics & Gynecology*, an interdisciplinary medical home has been created in central Texas to serve as a model for delivery of care to survivors of human trafficking that is sensitive to their history of trauma, or "trauma-informed." An overview of the topic is provided along with a description of the stakeholders involved and the steps that were taken to create the clinic. This information is presented with the intention of educating health care providers on the long-term medical needs of survivors and on how they can establish a similar clinic in other parts of the country.

(Obstet Gynecol 2014;124:611-5)
DOI: 10.1097/AOG.0000000000000419

Human trafficking, or modern-day slavery, is a global human rights violation of staggering proportions. It is estimated that 21-27 million individuals are trafficked at any given time worldwide with up to 17,200

In May 2012, Drs. Erin Tracy and Wendy Konstantopoulos published "A Call for Heightened Awareness and Advocacy by Obstetrician-Gynecologists" in *Obstetrics & Gynecology* highlighting the need for women's health care providers to be aware of the issue of human trafficking and its health implications. Addressing the medical needs of survivors of human trafficking is challenging. Trafficking is a brutal cycle of exploitation that involves psychological, physical, and sexual abuse. It leaves the victims vulnerable to a variety of medical conditions including chronic pain, malnutrition, sexually transmitted diseases, unintended pregnancy, physical and traumatic injuries, dental disease, posttraumatic stress disorder, depression, and anxiety.¹⁻⁶ In addition, patients are often fearful and distrusting of medical providers as a result of their history of abuse and may be resistant to attempts to evaluate them.⁷

Guidelines for working with victims of trafficking emphasize the importance of maintaining confidentiality and safety and avoiding retraumatizing the

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Mission of clinic: To provide comprehensive medical care, social services, and health education to survivors of human trafficking in central Texas in a patient-centered manner, guided by an awareness of the impact of prior traumatic experiences.

Clinic model: interdisciplinary, bi-monthly evening clinics staffed by OBGYN and family medicine providers as well as social workers and health educators. Health education topics will be presented including parenting skills, nutrition and cooking, sex ed, self-defense, and stress management. All services provided in Spanish and/or English.

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Ways to Get Involved:

- ✎ Sign up for HEAL (health, education, advocacy, linkage) <https://healthtrafficking.org/>
- ✎ Request educational resources to place in clinic/hospital for patients and staff
- ✎ Complete CME on the topic
- ✎ Visit www.polarisproject.org to learn about the most recent national trafficking statistics and research
- ✎ Raise awareness in your clinic/office and plan to provide appropriate screening and response
- ✎ Advocate for funding and legislation of human trafficking victim services and awareness (local advocacy group, Allies Against Slavery)

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Remember SELF CARE

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"Trafficking can only exist in an atmosphere of public, professional, and academic indifference."

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