



Continuing Education E-Book



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T E X A S
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HUMAN TRAFFICKING COURSE
FOR TEXAS LICENSED HEALTH PROFESSIONALS
1 CE HOUR

***Approved By Texas Department of Licensing & Regulation (TDLR) & Texas
Health and Human Services Commission (HHSC) as of 08/22/2022***



Human Trafficking Course for Texas Licensed Health Professionals 1 CE Hour Continuing Education Class

Class Description & Objective: This online class has been developed to educate Texas Licensed Texas Health Professionals about Human Trafficking. It is designed to meet the CE requirements of one (1) hour for Human Trafficking and it outlines the importance of being aware of Human Trafficking.

COURSE GOALS & OBJECTIVES

Participants should be able to:

1. Know the definition of human trafficking, its different forms, and the mechanisms by which trafficking occurs, as well as vulnerabilities for trafficking.
2. Identify the health impacts of trafficking, including physical, social, and psychological signs & symptoms.
3. Understand the importance of a patient- and trauma-centered approach to trafficking.
4. Have an increased awareness of key indicators of present or previous victimization after candid interviews from victims directly, and the commonalities in their interviews.
5. Describe the clinical settings where trafficking victims are encountered. Determine the challenges and barriers faced by healthcare providers and trafficking victims in human trafficking situations.
6. Deploy screening tools for suspected trafficking.
7. Develop strategies for addressing suspected victims and keeping oneself, staff, and patients safe.
8. Employ strategies and resources for response to suspected trafficking and follow-up.

About the Author



My name is Melissa Wood and I am a Naturopathic Doctor, Massage Therapy Instructor and Licensed Massage Therapist located in Sherman, Texas. I have been studying alternative and natural medicine for over 25 years.

My mission is to enable everyone on this planet to be healthy and to be actively involved in their health and healing. My goal is to offer information that will provide you with new insights that are useful in your path to wellness. I envision a time when everyone will seek out herbs, essential oils, vitamins, minerals, nutritional supplements and whole foods (not processed food!) to help heal themselves, as these are very powerful tools for enhancing your health and well-being.

APPROVED MESSAGE THERAPY INSTRUCTOR

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Disclaimer

I am a Naturopathic Doctor (N.D.), Massage Therapy Instructor (MTI), Licensed Massage Therapist (LMT), and an Approved CE Provider in the State of Texas. I am NOT a Medical Doctor (M.D.). I have been trained in holistic and natural therapies for the body and do not diagnose any medical condition, nor prescribe any medications. Should you need immediate medical or psychiatric assistance, please telephone 911 or seek immediate treatment at a hospital emergency room. Nothing listed within this e-book class should be considered as medical advice for dealing with a given problem. You should consult your health care professional for individual guidance for specific health problems. It is understood that the author is solely responsible for the content of this work and is **NOT** responsible for your usage of said information either personally or professionally with your clients. In addition, you should ALWAYS encourage your clients to see their health care professionals for help with any medical issues they are having.

Human Trafficking Course for Texas Licensed Health Professionals is an educational e-book class designed to be instructive and informative in nature.

I encourage you to make your own health care decisions based upon your research and in partnership with a qualified healthcare professional. The use of this information, suggestions, recommendations, products or services should be based on your own due diligence and you agree I am not liable for your success or failure.

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Introduction

Human trafficking is a global phenomenon involving the forceful and manipulative labor exploitation of victims by individuals or organizations for the purpose of extracting forced labor. Human trafficking also includes commercial sex trafficking. Individuals who are trafficked lose their freedom. In recent years, trafficking has become recognized as a major concern within the United States by federal, state, and local governments and their law enforcement bodies. As healthcare providers, dealing with trafficking victims can be personally stressful for providers and victims alike, potentially risky to all involved in the case, and often frustrating for everyone involved as disclosure and the legal process can be slow and occur in halting phases. However, trafficking is a violation of the human rights to dignity and freedom, and the traumatic and abusive nature of most trafficking rings creates serious consequences for our patients who have suffered trafficking practices. The intense physical and psychological abuse endured by victims can present as several physical injuries, chronic medical conditions, and mental health difficulties when patients present to our clinics.

Given the expanding recognition of trafficking as a relatively widespread phenomenon, we as providers can be essential in intervening in the cycle of trafficking and forming a relationship of trust with trafficked individuals. This course is intended to provide a general overview of trafficking from a legal definitional basis, as well as explain what types of trafficking occur, the mechanisms by which they occur, and who is most at risk for being trafficked for sexual purposes. It will inform providers some basic pointers for navigating the clinical interview and subsequent care for sex trafficking victims, with an eye toward victim-centered and trauma-informed care that seeks to provide safety for the victims and their care team, as well as to avoid re-traumatizing the victim and to establish rapport throughout the care team. Finally, we will provide you with references for further study, as well as resources at the state and national level to contact should you suspect an individual has been trafficked.

As a serious offense against human dignity, trafficking can create immensely fraught situations for healthcare providers. We hope this course will provide a foundation for you as you care for your patients.

Chapter 1: What is Human Trafficking?

Human trafficking is an exploitative labor practice occurring globally, where an individual is exploited through “the use of force, fraud, or coercion to obtain some type of labor or commercial sex act.”¹ Human trafficking is a global issue and involves exploited workers both



within the United States and in foreign countries. It can involve trafficking for involuntary servitude for labor throughout industries such as housekeeping, food service, and health services like massage therapy businesses or beauty services in hair and nail salons. Trafficking can also happen in commercial sexual exploitation, such as in the adult film and exotic dancing industries.¹¹ Traffickers can be anyone - a stranger, family, friends, intimate partners, or extended family.

Trafficking can be differentiated from smuggling, specifically through the movement of people for forced labor in trafficking - smuggling is “the illegal movement of goods into or out of a country,” although this definition has expanded to include the illegal movement of people without the intent to exploit them for labor.^{2,3}

Smuggling, as defined, is a crime committed against a nation, but trafficking is committed against a person. It is important to note that unlike smuggling, trafficking does not necessarily have to involve the movement of exploited individuals across state or national borders - someone can become involved in an exploitative labor arrangement within their home state, never leave that state, and still be considered trafficked. However, traffickers often will move their victims frequently to avoid detection.

Although smuggling often involves bringing an individual into a country illegally, trafficked foreign individuals may not actually enter illegally. In fact, traffickers will often file visa paperwork legally on behalf of their victims, charging increasingly exorbitant fees as different steps or “hiccups” arise in the visa process, real or false, until the victim is trapped under enormous debt by the time they make it to their target country.

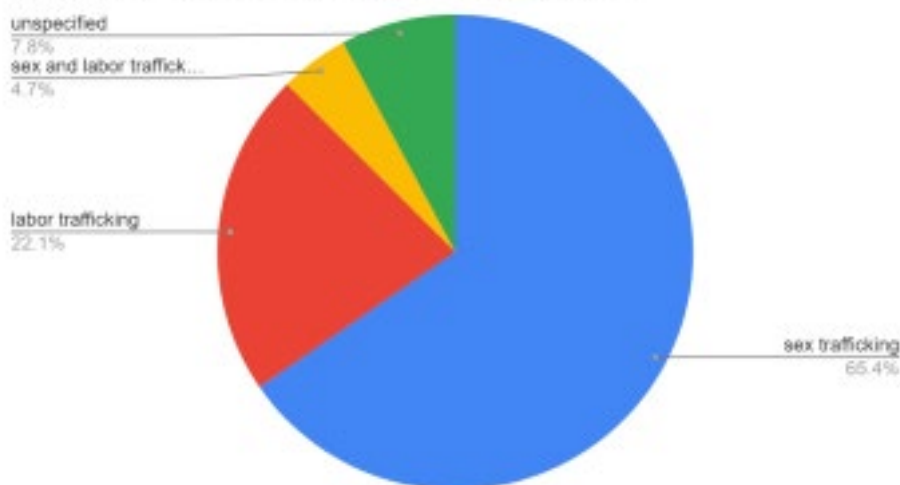
Types of trafficking

While trafficking takes many forms, it is important for healthcare providers to be able to recognize and understand trafficking situations to provide care and assistance to trafficked individuals. The Trafficking Victims Protection Act of 2000 (TVPA) organizes trafficking practices generally as labor and sex exploitation. For TVPA, any commercial sexual exploitation involving a minor is considered trafficking, and, for adults, must involve an element of “force, fraud, or coercion.”⁴ This differentiates sex trafficking from consensual commercial sex, where no force, fraud, or coercion occurs against the individual.

Labor trafficking involves the use of force, fraud, or coercion to manipulate an individual into a situation of involuntary servitude or slavery.⁵ Labor trafficking may involve “debt bondage,” where an individual is forced into debt to come into a country and then trapped in an exploitative labor situation.⁶

While these are official definitions codified into law, there are many ways an individual can be trafficked outside of labor or commercial sex exploitation. For example, organ trafficking occurs when people, often in desperate situations, are deliberately exploited with the intent to remove one or more of their internal organs, which is then sold on a black market.⁷ Similar practices may also occur involving egg donors. Additionally, children may be trafficked as child soldiers or individuals may be forced into exploitative situations where they are coerced to commit criminal acts.⁸

Trafficking by type, Polaris Project 2019 data



Industries employing trafficked individuals

Trafficking can occur in almost any industry, but certain economic sectors tend to see more reports of trafficking than others. In the United States, over 70% of all trafficked workers are involved in private employment. Most often, trafficked workers involved in labor trafficking are employed in domestic work, such as housekeeping or childcare.⁹ Perhaps the most famous example of this was the case of the Sabhnani couple from Long Island, New York, who kept at least two trafficked workers in forced servitude, beating and starving them.¹⁰ Other common industries are agriculture, food service, traveling sales, and health and beauty services such as massage and nail and hair care.¹¹

Involuntary servitude

Servitude is a term that one may not be familiar with before this research. It is not the most common term when it comes to the news, and it is reported most common amongst children between ages 5-17. Involuntary Servitude refers to a scheme in which the victim is forced to perform work; it is a condition of slavery, without an option for the victim to come and go as they please. Many times, the child victims are kidnapped at a young age, held against their will, and forced to do several different types of work. There are certain jobs that Involuntary Servitude is the most common amongst in the state of Texas and nationwide. These victims are often invisible because they are kidnapped, work so much, and do not have the amount of education that most students do. Oftentimes, they are forced to perform work, including common fields of work such as magazine sales, CD and DVD sales; all of which they travel regularly and perform door-to-door sales. Additionally, the agriculture industry is notorious for having children work against their will, often in the fields under the hot sun picking nuts and different commodities. Sweatshops are another example, as well as janitorial jobs, restaurants, and the food service industry as a whole. Many Involuntary Servants are forced to beg for money and then hand over their earnings to someone else. They have little control over their lives and live a very different life than children their age are supposed to by law. They often do not attend school due to economic reasons and frequent forced traveling. Many of these victims are sexually assaulted at a young age and trafficked into the sex industry at a young age. The victims are led to believe that if they do not perform the work as instructed, they will be beaten or are threatened with negative consequences if they refuse to perform the work asked of them.

Certain demographics are threatened with deportation or that they will be killed if they do not obey their trafficker. Threats, manipulation, coercion, and violence are used regularly among child victims of servitude. Oftentimes, these victims are forced to perform sex-trade work at a very young age and are kidnapped from their parents and sold into the sex trade, according to the National Human Trafficking Hotline (NHTH) when they did a study in 2009 among those specific groups of child workers.

Regarding commercial sex trafficking, while many may expect trafficked victims to be employed solely in prostitution, the adult film and exotic dancing industries may also see trafficked workers.¹²

Within the state of Texas, trafficking has been recognized as an increasing problem, probably due to both the presence of the nearby national border across which smuggling or trafficking individuals can occur, as well as the concentration of agricultural and tourism industries within the state, where trafficked labor often concentrates. Therefore, along with Washington, Texas became one of the first states in the nation to legislate anti-trafficking protections in 2003. We will review state and federal policies throughout this course.

Human trafficking data collection

Unfortunately, while available data on human trafficking establishes its wide spread across the globe and into many industries, the ability to adequately assess the scope of these practices depends in a major way on the ability of trafficked individuals and their allies to report cases. To put it another way, because of the very nature of trafficking's intense manipulation and exploitation, data collection is naturally limited. There are likely hundreds or thousands of trafficking victims who will never be counted among the trafficked, and therefore available data is partly an estimate of a larger reality. Additionally, national-level data is available only in the aggregate, limiting its utility to specific geographic locations like cities or states.

The role of healthcare providers

Because healthcare providers often deal with multiple issues that might be a consequence of trafficking, they can often become one of the first points of contact for trafficking individuals looking for a way out of a cycle of manipulation. Awareness of the potential red flags

for a victim of trafficking allows the provider to make a critical intervention. Moreover, because of the trust and vulnerability many people place in their providers, healthcare workers are often in a privileged position to receive details that patients may not otherwise share, even with those in their lives with whom they have a close relationship.

Providers also can accurately document unbiased clinical examinations, record statements made by their patients, and potentially provide forensic evidence to law enforcement if a patient consents. Therefore, providers may not only simply establish contact between a patient and other resources, but they may also be able to assist in legal cases and help victims find justice.

Furthermore, healthcare organizations are often well-connected to community resources, such as advocacy groups, and may be able to help trafficked individuals access benefits for the purpose of safeguarding them once they decide to leave a trafficking situation. Healthcare staff such as social workers or case managers may be able to provide shelter, food, and monetary assistance so that a trafficked individual can safely leave a trafficking ring. The remaining sections of this course will help you as a provider as you navigate situations where you may suspect or have already identified a trafficking victim. We will provide perspectives on how to interact with victims, how to establish a relationship and subsequent follow-up, and discuss models of understanding trafficking and the vulnerabilities to trafficking so that you can provide safe, effective care.

Chapter 2: The Mechanisms of Human Trafficking - the AMP Model

The Action-Means-Purpose (AMP) Model is the first attempt by the federal government to illustrate its definitions of the practices employed in maintaining exploitation of trafficked persons.¹³ In order to legally define trafficking, an element of each of the three parts of the model must be present. We will review the different components of this model below.

Action

Action refers to a series of enumerated acts by which the federal government defines trafficking.

- **Recruiting** are the practices by which a trafficker targets vulnerable individuals, and the behaviors that groom those individuals to be trafficked.
- **Harboring** keeps the individual isolated - including physical isolation, confinement, and intense monitoring of their movements.
- **Transporting** includes moving and arranging for the movement of individuals.
- **Providing** is giving to another individual.
- **Obtaining** is taking or exchanging something so the trafficker can control the victim.¹⁴
- In cases of sex trafficking, the government uses two specific Actions - **Soliciting**, or offering something of value to the victim, and **Patronizing**, where the individual receives something of value.¹⁵

Means

The Means of trafficking are the ways in which a trafficker makes sure their Actions are carried out. Force, fraud, and coercion are important legal terms when it comes to defining the means that trap and manipulate victims in cycles of exploitation.

- **Force** is the use of physical strength, such as “restraint, physical harm, sexual assault, and beatings.”
- **Fraud** is the use of “false promises regarding employment, wages, working conditions,

love, marriage, or better life.”

- **Coercion** includes “threats of harm, physical restraint, document confiscation, psychological manipulation, and shame or threats.” Together, these three make up the “means” of trafficking.¹⁶
- Minors exploited in commercial sex trafficking are considered trafficking victims regardless of whether force, fraud, or coercion is present.¹⁷

Purpose

The Purposes of trafficking are the specific types of exploitations a trafficked individual may face.

- **Commercial sex acts** are those sex acts where something of value is exchanged for sex. Commercial sex acts can be consensual, but in human trafficking situations, commercial sex acts are obtained through exploitation of the victim or trafficked person, by a trafficker. Any commercial sex act with minors is considered trafficking, however.
- **Involuntary servitude** is a “scheme, plan, or pattern” where a person is made to believe that they must enter an exploitative work arrangement to prevent harm or threat of legal action to themselves or another person.¹⁸
- **Debt bondage** involves the exploited person being forced to work for a debtor or the employee of a debtor to pay known or unknown debts, often without defined limits to the service.
- **Peonage** is “involuntary servitude based on real or alleged indebtedness.”¹⁹
- **Slavery** is ownership or control of a person forced to work for the trafficker.²⁰

Chapter 3: Who is Trafficked?

While anyone is theoretically at risk for trafficking, specific circumstances can make an individual more vulnerable to the manipulative practices of traffickers. Traffickers tend to use these vulnerabilities to make sure that a person can be easily trafficked. As we discussed in the first section, people working in certain economic sectors are overrepresented among reported cases of trafficking. Additionally, both societal and personal factors might increase this vulnerability. It is important to remember, however, that anyone could become a trafficking victim, and developing a simple profile to identify those most at risk of trafficking is difficult, if not impossible.

Societal factors

Political instability or policies of forced migration may lead people to desire to leave their home countries in search of greater safety and opportunities for work and security. Sometimes, despite their best intentions, these people end up homeless or in temporary settlements, unemployed, and struggling, making them easy targets for traffickers. Even in situations where the worst does not occur, the simple act of seeking employment in an unfamiliar country can make it easy for a trafficker to insert themselves - for example, the cycle of debt bondage might be initiated by a trafficker or their co-conspirator, trapping a victim in debt for visa applications.²¹

Similarly, poverty and marginalization make some people more vulnerable to trafficking. Traffickers can easily target poor and marginalized communities, promising false opportunities for a better life.²² Often, the limited access to social services, education, employment, and housing that comes with being among society's margins means a person might take great risks in order for the promise of greater security. Racial exploitation and cultural differences can make someone more vulnerable, as well as being a person with disabilities.



Statistically, women are trafficked more often than men. Therefore, gender inequality also plays a role in societal aspects of trafficking. Lower pay and expectations of the subservience of women, as well as the general clustering of trafficking in careers discriminatorily seen as women's work, allowing gender inequality to influence trafficking practices.²³ Similarly, discrimination against the LGBTQIA+ community puts those who identify as LGBTQIA+ at risk.²⁴

Personal factors

Often, personal experiences or attributes may put someone at risk. Those who have already been victimized, such as by domestic violence, substance issues, sexual assault, or mental health issues, are at risk for trafficking. Long cycles of violence or abuse might even normalize the types of manipulative practices employed by traffickers for an individual.²⁵ Children who run away from home or who are homeless are often found amongst the trafficked as well.²⁶ A victim's life background may also make it harder to leave a trafficking situation, especially after they have already been moved by the ring - forced into a foreign country where they do not know the local language or customs, are unaware of their legal rights and do not know where to seek help, for example.

Often, these risk factors overlap, and victims may experience multiple risk factors at once that make them more susceptible to the false promises and traps laid by traffickers. In learning the patient's story and how they came to be in this country, you may help clarify if they were trafficked and how they became vulnerable to the situation.

Chapter 4: Recognizing Trafficking

Identifying victims of trafficking can be extremely difficult. As mentioned in the previous section, victims are often manipulated to believe that their situation is completely normal or their fault, or that harm may come to them or another person if they reveal their exploitation. Furthermore, the common signs and symptoms of trafficking that you might see in a healthcare setting are often not unique to trafficking victims, and each victim will present in a different way. However, knowing the common signs and symptoms can help you further screen suspected trafficking victims.

Physical signs

Signs of physical abuse are common in trafficking victims. Signs of acute injury and abuse may be bruising, bleeding, missing hair, broken or missing teeth, or broken bones. These injuries could be very new and acute and presented in a hospital emergency room. They also can be at different stages of healing as they occur throughout a victim's exploitation, and victims are often not able to receive care every time they are injured due to the social isolation often involved with trafficking.²⁷ Similarly, patients with chronic medical problems may develop significant consequences from these issues if they are not regularly brought for follow-up and treatment or do not have easy access to necessary medications.

Due to the restricted freedom and often poor living conditions associated with trafficking, exploited workers may be malnourished, dehydrated, or suffering from infections due to poor sanitation and ventilation.²⁸ Overwork may lead to complaints such as fatigue, back pain, headache, or dizziness.²⁹ In some cases, victims may be physically marked with a tattoo or brand to indicate ownership.

If a handler arrives with the patient, you might note drastic differences between the two - the handler may be better dressed or groomed than a victim kept in poor conditions and may present more confidently and often be aggressive in answering questions on behalf of the patient.

In sex trafficking, profound consequences to reproductive health can occur, as mentioned above. Sexually transmitted infections, and sometimes the consequences of untreated infections, such as pelvic inflammatory disease, can be seen. Pregnancy or ectopic pregnancy is also not uncommon.

Psychological signs

The psychological indicators of trafficking are similarly broad and common. Signs of mental health issues and abuse are often present. Because of the physical and mental abuse involved in many trafficking situations, victims often exhibit signs of mood disorders such as depression, anxiety, or post-traumatic stress disorder (PTSD). Victims may disengage from their families and communities or stop attending normal activities like prior jobs or school.³⁰ Family and friends might note other sudden changes in behavior or mood. Because of the frequent pressure to remain subservient to the trafficker, victims may appear “fearful, timid, or submissive” in the clinical setting.³¹ Victims may experience frequent dissociation to deal with the trauma they experience, leading to periods of feeling out of their own body or blank spaces in their memory.

There is at least some correlation between the degree of social isolation a victim experiences and the severity of psychological issues that develop. One study found that the most restricted victims were twice as likely to experience PTSD and mood symptoms than those who had more freedom of movement.³² The intense psychological stress of trafficking may sometimes produce physical symptoms or exacerbate existing medical problems - headaches or dizziness with no clear etiology, gastrointestinal issues such as nausea, constipation, or abdominal pain, chronic persistent pain with or without a history of injury, insomnia, memory loss without explanation, or mental foginess, fatigue, and concentration difficulties.

As we discussed, while substance abuse issues sometimes put a person at risk of falling victim to trafficking, abuse issues may also develop because of trafficking. Due to the intense psychological stress experienced by victims, misuse of illicit substances is often a way to escape their situation. Traffickers may also seek to make their victims chemically dependent on substances as a way of keeping them trapped in the trafficking scheme.³³

Social Isolation

The isolation involved in keeping trafficked individuals within the cycle of victimization can have profound effects on victims' social interactions and whom they can interact with. If you communicate with a suspected victim's family or friends, they may note changes to the victim's behavior, such as withdrawal from usual social circles or activities, low mood, or avoidance. However, in many cases, the trafficker or another handler employed by the trafficker may pose as a family member or a friend of the victim. You may find the handler speaking for the patient in these cases or trying to control access to the worker's documents.³⁴ The individual may live in the same place they work or lack a labor contract. The controlling nature of trafficking may mean that they cannot leave work or housing without a handler, and they may have no access to money, documents, or even personal possessions. Poor working and housing conditions may leave victims looking unkempt or even malnourished.

In cases of sex trafficking, individuals may reveal they have a pimp or manager and use common industry terms such as "daddy" or "tricks" to refer to their manager and work. They may wear clothing inappropriate for their claimed job or for young children. As mentioned before, if a child reveals commercial sex work at all, this is considered trafficking.

In such situations, asking the handler to leave the room for portions of the exam may permit the victim more freedom to speak. This can ensure that the healthcare practitioner has a private conversation with the potential victim. If the handler cannot be easily asked to leave, it may be possible to separate them from the patient by ordering a diagnostic imaging study where the patient needs to be alone for the test, such as an X-ray or CT scan, and then canceling the order once the patient is separate and safe from the handler (or, in the event a scan is actually needed, simply interviewing the patient while in the room). You may be able to ask the trafficker to leave the room to assist with paperwork, which they may oblige if they are looking to control the information gathered for medical records. Once again, this is a prime opportunity to have privacy with the patient and encourage them to open up.

Due to the frequent use of foreign workers in many trafficking situations, victims may not speak the local language and should be spoken to through the use of a certified interpreter.

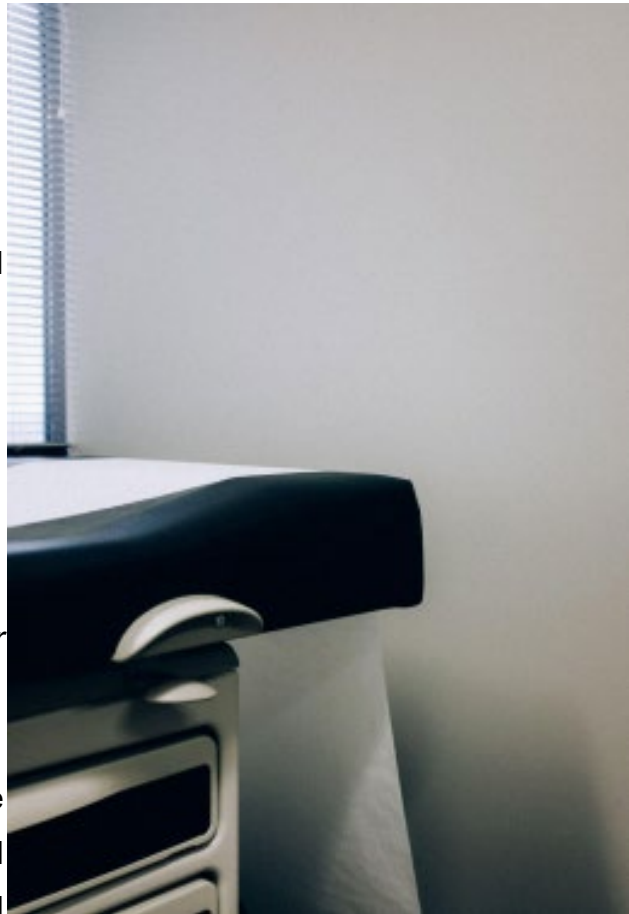
Handlers may try to insist upon interpreting for the patient, providing misleading or inaccurate answers to clinicians' questions.

Clinical settings providers may encounter trafficking victims.

As the health issues that arise because of human trafficking cross disciplines and specialties, victims can be encountered

almost anywhere. However, due to the nature of common issues, there are a few settings where victims are more likely to present.

- The emergency department (ED) and urgent care settings - victims and their handlers may utilize emergency departments and urgent care centers to receive primary care, given the shift-work nature of most EDs and the lower likelihood that a single provider can establish a relationship. They may visit the ED in cases of new and acute injuries, psychological crises, drug abuse/overdose, infections, or the worsening consequences of chronic medical problems.
- Primary care settings and reproductive health clinics - like the above, victims may present to a primary care clinic for routine medical care and sick visits for the above issues. Obstetrics and gynecological clinics should be on the lookout for victims, given the overrepresentation of women among trafficking victims, according to national data. Reproductive clinics may be common sites where victims seek care for sexually transmitted infections or pregnancies that may arise both because of and with no relation to their work.



- Mental health and substance abuse clinics - victims may need the assistance of behavioral health providers to deal with the consequences of their trafficking and may seek substance abuse counseling if substance issues are occurring.

Screening for trafficking

In any clinical setting, any member of the healthcare team can alert the rest of the team to a potential trafficking situation. You do not need highly specialized training to detect red flags.

As we've discussed above, the signs and symptoms of trafficking are varied, and each victim will not present the exact same way. Screening tools and flowcharts have been developed by trafficking advocacy groups to help providers identify red flags, respond appropriately, and direct patients to the appropriate community resources. We will be using the Polaris Project's screening tool for the basis of this review.

● Step 1: Identifying signs of trafficking

- As discussed in the signs and symptoms section, providers can identify concerning trafficking signs based on their clinical assessment of the patient.
- Aspects of the conversation with a victim may also tip the provider off, including inconsistencies with clinical histories or other stories.
- Lack of geographic awareness - if victims are moved often, they may not know what city or state they are in.
- Presence of a handler who speaks for the patient, or the patient exhibits deference, poor eye contact, or outright fear/submission to a handler.
- Patient does not know where important identifying documents are or has a handler who controls the documents.
- **Any minor (under 18 years of age) engaging in commercial sex acts is considered to have been trafficked.**

● Step 2: Stabilize the patient/treat medical issues

- **Step 3: Address trafficking concerns**

- Attempt to separate the patient from any handler and interview the patient with a social worker or medical professional.

Below are sample questions you may ask during this interview:

1. Have you ever been forced to do work or have sex even though you didn't want to?
2. What are your working conditions like?
3. Have you ever been forced to do work or have sex to pay off a debt?
4. Does anyone hold onto your identifying documents for you?
5. Does your employer physically abuse or threaten you?
6. Can you leave your job if you want to?
7. Are you afraid to leave your job due to threats of physical abuse or danger to yourself or your loved ones?
8. Have you been lied to about the type of work you were supposed to do?
9. Were you or a loved one threatened to be deported or sent to jail if you failed to work?
10. Where do you sleep?
11. Do you have to get permission to eat, sleep, use the bathroom, or leave your house?
12. Do you feel safe at home?
13. What is your living situation like?

- **Step 4a: If most of the above questions do not raise any trafficking red flags, the patient can be referred to the appropriate authorities (i.e., social work), if they would like to discuss any situation that may be harming to the victim, but not constitute human trafficking.**

- **Step 4b: If most of the answers to the above questions raise suspicion on the part of the healthcare provider, the National Human Trafficking Hotline (NHTH) can be reached 24/7 at 1-888-373-7888. Interpreters are available, and the Hotline will help you assess the patient, as well as the level of danger you and the patient are in. The healthcare provider can and should evaluate each patient, their current medical status, answers to**

health questions, etc. and refer the patient to a social worker or appropriate provider. **To be clear, the above guiding questions are samples, and even when answering yes or no to most, does not give a definitive account of human trafficking or the lack thereof. The professional practitioner will most likely have an educated idea of the possibility of human trafficking based on the varied answers the potential victim provides.**

- If there is a dangerous situation, such as the trafficker being present, the patient indicating personal danger or threat to a family member or friend, or if the patient is a minor, the NHTH can help you determine how to proceed safely and securely.
- The Hotline may recommend trusted law enforcement contacts. However, if they are not aware of resources local to you, you should use those resources that you know well.
- If there is no suspected imminent danger, the Hotline can help you make referrals and establish care with the patient.

For further details, the full algorithm is available via the NHTH at (<https://humantraffickinghotline.org/sites/default/files/Assessment%20Tool%20-%20Medical%20Professionals.pdf>).³⁵ We will also expand further on some sections of the algorithm in coming sections.

Additional Resources:

[Rescue & Restore Victims of Human Trafficking.](#)

[Human Trafficking Victim Identification and Response within the United States Healthcare System](#)

[PEARR Tool 2020. HEAL Trafficking. Trauma-Informed Approach to Victim Assistance](#)

Challenges & barriers for healthcare providers

Human Trafficking is growing fast and is a global problem. Because of this, there have been a lot of barriers for providers, including lack of knowledge, and ability to identify victims. Labor Sex trafficking also does not affect just one demographic or population, rather the trafficking affects nearly every demographic and personal situation in the state of Texas. Because of this, healthcare providers have experienced many barriers. One issue is that many cases are not reported by victims out of fear. Additionally, the data focuses on the known survivors, which is only a minor part of this major issue because the crime is so vastly hidden that the true numbers may never actually be known. However, this has not stopped the state of Texas from being a pioneer in creating programs for survivor Care Coordination. The state has taken the acts of Human Trafficking very seriously and has developed a statewide response to the widespread problem.

The healthcare provider and team should be properly educated; that's, in fact, what this continuing education course is all about. Sometimes there is the assumption that victims might be foreign nationals, and that simply isn't the case. A provider could have a preconceived notion/stereotype or implicit bias about what a trafficking victim looks like or how they behave. Again, proper education for all healthcare personnel can greatly help so that the provider can recognize a trafficking victim. All providers have an ethical obligation to reduce stereotyping and implicit bias when treating patients.

A fear of violating the Health Insurance Portability and Accountability Act (HIPAA) rules could also be an underlying concern of the healthcare provider.

The healthcare provider may not have adequate time to do a proper intake interview/assessment due to an overloaded appointment schedule, therefore missing important clues that the victim might have. Having a list of resources available that the provider could give to the victim will go a long way toward helping the victim find the help they need. Lastly, the healthcare provider may not have access to resources that they could ultimately share with a victim.

Texas taking action

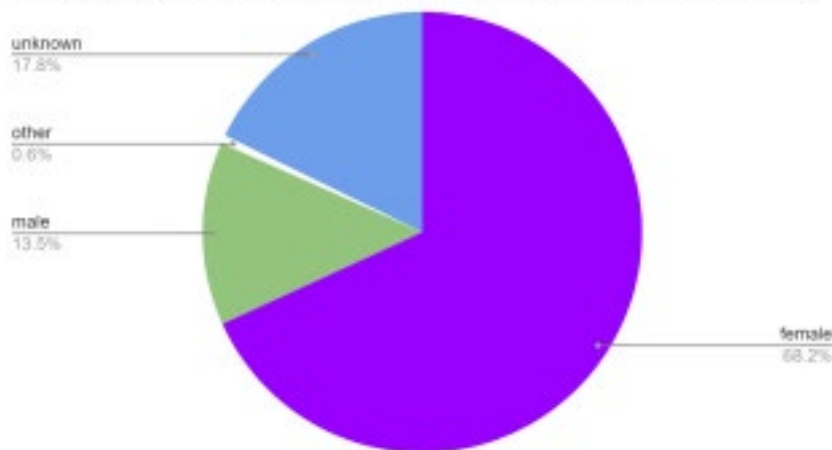
Texas has decided not to sit back and let this problem worsen in their state. Instead, the state has created a five-year strategic plan to tackle the difficulties and barriers surrounding the

human trafficking industry by planning to prevent human trafficking in Texas with a multi-phased approach. This approach includes everything from gathering data, analyzing the current efficacy of programs, making changes, and developing new programs for survivors. Part of this plan includes a specific plan for removing the barriers that once existed and creating a comprehensive program for survivors. This program includes important factors such as data sharing across medical disciplines and domains, and the key is to coordinate care for survivors at every step of their process of healing. From crisis response to long-term services for survivors, experts are creating a plan that will be collaborative between survivors, partners, investigators partners, and victim service providers. Lawmakers are taking a stand, making it known, and it is going to be amazing to see not only the results but the effect that the victims feel and how many states hopefully follow suit!

The first clinical encounter

The first time a provider encounters a suspected trafficked individual, the language used and understanding the barriers to disclosure can be extremely important in building rapport.

Trafficking victims by gender identity, Polaris Project 2019 data



Clinician-patient relationships with trafficked individuals can be very slow to develop, given the multiple layers of psychological trauma, difficulty trusting others, and the isolating practices of traffickers. Each victim should be considered a unique situation, and so the risks and benefits of interviewing the patient should be weighed before starting the

interview. It is best to assume that the victim is at risk of some sort of harm, as a rule. Similarly, it is best to assume that the interview must be conducted with care given to your choice of words and questions to avoid re-traumatizing the victim or otherwise damaging clinical rapport. As a rule, use simple language and avoid clinical jargon.

One key aspect of language we have already addressed is the importance of professional interpreters for victims who do not speak or have difficulty speaking or understanding English. This reduces the risk of the victim or a nonprofessional interpreter misunderstanding or misrepresenting the situation. Ideally, the interpreter should be made aware beforehand that the patient is a potential trafficking victim, and the interview situation may be delicate. This rule applies to all parties entering the interview room/exam room - if you invite another medical professional, the patient should be made aware, and the professional briefed on the situation.

There are several things to make sure that your conversations with trafficking victims emphasize. First is the confidential nature of the conversation - with victims frequently subjected to invasive control over their personal lives by traffickers, frequent reassurance that what is disclosed in a clinical encounter will be confidential and private may be key. Similarly, ensuring privacy in conversations is essential. Obtaining informed consent from the individual is essential - narrating for the individual patient what risks and benefits are available to them may seem unusual for just a clinical interview, but they have often had their autonomy significantly violated.

When asking trafficked individuals to discuss their experiences, it is important to make sure they know they do not have to disclose anything that makes them uncomfortable in the moment of the clinical encounter. Both the psychological manipulation involved in trafficking and the tendency for traffickers to normalize the traumatic experiences trafficked people endure may create significant tension for the trafficked person.

Open-ended questions may also allow a victim to feel that they are not being singled out or targeted for more direct questioning. Instead of, "are you being abused?" it might be worthwhile to ask, "do you feel safe at home?" or "what is your living situation like?" You might ask how the individual arrived in your city, state, or country. This allows the individual to explain their situation on their own terms, without labeling the relationship with their trafficker out of the gate. General questions about work hours or duties, the freedom of movement or any curfew limitations, and aspects of day-to-day life like diet, going to appointments, or using the bathroom, might also be ways to probe the trafficking situation without making the patient immediately uncomfortable. Trauma-informed care, which we will discuss in the following section, should inform your interview.

Voices of survivors interviews

During interviews, 28-50% of survivors indicated that they certainly had contact with the public, including healthcare workers, during their periods of exploitation. The survivors of sex trafficking are at risk of experiencing physical and mental health concerns, which makes their likelihood of seeking medical care increase. During their interviews, many survivors reported that they often sought health care attention through emergency room visits, urgent care visits, family planning facilities, and substance abuse facilities for issues with substance abuse and related diseases and a variety of different ailments connected to their exploitation. Many survivors were seen for different issues of their circumstances such as sexually transmitted diseases, pregnancy, depression, suicidal thinking, and Post Traumatic Stress Disorder. Other survivors reported that they were seen by medical professionals for injuries that they sustained during their exploitation. Even though so many survivors were seen by health care professionals, many were hesitant to interact more than necessary or be open about how they sustained injuries or about their feelings. This tendency made it more difficult for professionals to recognize the situation these individuals were in. Even though they may have been socially withdrawn, and some survivors were in captivity at the time of their exploitation, it seems quite sad why they were not honest about their lives, and afraid to be open about how things happened to them and why; it is still quite shocking and unfair to these victims; that such a large number were seen, yet they were never recognized or identified as victims, and one would imagine it made them feel so hopeless.

Chapter 5: How to Address Trafficking

Once you have established a relationship with a trafficking victim, there are several next steps that should be taken. Keep in mind that mandatory reporting laws for adults vary from state-to-state, so in some situations and/or jurisdictions, you may not be legally mandated to report a trafficking situation. In cases of trafficking of minors, reporting is mandatory. If a patient discloses they have been trafficked and you are not required to report, you can provide the victim with NHTH contact information and empower them to call if they need help or to talk to someone. If the situation appears generally dangerous, you can also offer to call NHTH yourself to access resources to keep yourself, the staff, and the patient secure. Below we will review key principles in addressing trafficking victims once you feel you have identified a case.

Trauma-informed and victim-informed care

One important paradigm in both the initial interview and subsequent discussions with a victim are the concepts of trauma- and victim-informed care. These are two slightly different philosophies when approaching a patient, but both can help providers understand how to deal with clinical encounters.

Trauma-informed care involves providers being informed of the impacts of trauma on patients and how patients respond to situations, as well as how providers can be affected by their patients. Trauma-informed approaches understand that traumatic experiences can make disclosure more difficult, as well as the ways in which re-traumatization can be avoided. Additionally, a good trauma-informed system will help providers recognize the signs of trauma developing in their care team.³⁶

Understanding how trauma affects how victims see themselves, as well as how victims may have difficulty cooperating, makes the clinical encounter easier and can help ensure better cooperation with law enforcement. It is helpful to see client behaviors like inconsistency, aggression, or distrustfulness through the lens of their trauma and to frequently screen for trauma in the care setting, as well as among the staff.³⁷

A victim-centered approach is like a trauma-centered one, except it focuses even more specifically on “the needs and concerns of a victim” to deliver care in a “non-judgmental manner.”³⁸ Like trauma-centered care, the victim-centered approach looks to reduce re-traumatization, but the focus of this approach is optimizing care in a direction that ensures the victim’s wishes and safety are the highest priority. By respecting the patient’s autonomy, providers accept that patients may choose or not choose to report their case to law enforcement. This often means taking a comprehensive approach to developing a system of care for trafficking victims and establishing strong partnerships with law enforcement and service groups with expertise in trafficking.³⁹

In both approaches, safety and avoidance of re-traumatization are essential. Avoiding activities that might place the victim in a situation of limited autonomy by reducing or forcing choices to be made or otherwise mimicking the behaviors of the trafficker should be avoided. Similarly, do not engage in actions that might accuse or ostracize a victim or otherwise place them at risk of exposure to their trafficker.

Challenges in disclosure

Part of a trauma-informed approach involves recognizing how difficult trauma and the cycle of dehumanization in trafficking make the disclosure. We have reviewed the provider’s role in ensuring a safe space is provided for trafficking victims to disclose their experiences; this section will examine some reasons that a victim may have difficulty disclosing or communicating with healthcare providers.

- Control by the trafficker: As we have mentioned before, traffickers very often accompany victims to their appointments or emergency visits, often filling out required paperwork or answering questions on behalf of the trafficked individual. Even if a trafficker is not present, however, the psychological control exerted by traffickers can still pervade an encounter.
- Normalization of trauma: Trafficked individuals may label their experiences as non-negative - that is, they may perceive events as neutral or normal that other people would perceive as negative. Therefore, they may not realize the full extent of information and experiences they can disclose.

- Fear of retaliation: Trafficked individuals are often subject to threats of physical, verbal, or financial harm. They may be working under threat of deportation or incarceration. Fearing for their safety, victims may not desire to disclose information to other people.
- Discomfort with authority figures/law enforcement/healthcare providers: Given the dominant nature of the relationship between trafficker and victim, victims may feel naturally unwilling to speak up in situations with other authority figures involved. They may also naturally adopt submissive or distrustful postures toward respected authority figures. Similarly, they may have had past traumatic experiences with law enforcement or healthcare providers that preclude them from being comfortable in those settings.
- Effects of trauma: The repercussions of repeated abuse and attacks on an individual's personhood can similarly make disclosure extremely difficult. Victims may be actively suffering from post-traumatic stress, depression, anxiety, or dissociation, or other disorders. The normal stress of a clinical interview may prove too much for these situations, and reliving traumatic events may make interviews very difficult. Substance use may make disclosure difficult or may cloud the accuracy of disclosures.
- Language barriers: Both the actual native language and the complexity of medical jargon may make disclosure difficult. Providers should seek to use interpreters if a patient has difficulty with speaking or understanding English. They should avoid clinical or legal jargon wherever possible.

Everyone is a unique consideration in the clinical encounter; they may have some, none, or completely different concerns and barriers from what are outlined above. However, with patience, care, and clear lines of communication, providers can help navigate trafficking cases.

Documentation

Ensuring the accuracy and completeness of all documentation is instrumental in creating the best possible outcome for many trafficking victims. In the event of potential legal action, the medical record can become evidence in court proceedings, and therefore accurate and unbiased records are paramount. Moreover, an accurate record can help you maintain understanding of the victim's health over time as you continue to care for them.

To ensure successful legal cases, documentation should include direct quotes from the victim wherever possible, as well as clearly documented “suspected human trafficking” or similar wording. If a patient consents, a forensic examiner could document appropriate photographic evidence of injuries, and in cases of sexual assault, can assist with collecting forensic evidence of assault and ensuring post-assault care.³⁹

The role of law enforcement

Accessing the legal system can be difficult for trafficked persons - even the legal definitions of trafficking can be confusing. They may find law enforcement and the court system intimidating or traumatizing, and may have been trafficked under the pretense of deportation or jail. Providers should therefore expect, as with other aspects of trafficking care, the process of getting a trafficked individual into the legal system requires significant patience and may not be in line with a victim’s goals. This section will outline the role of law enforcement and the importance of strong, expert partnerships if a survivor decides to pursue legal action.

Given that mandatory reporting is not uniformly established across all states, contacting law enforcement should be done with consideration to the delicacy and discretion needed during the clinical encounter. If your state includes mandatory reporting, the trafficked



individual should know this, and you should explain your legal and ethical obligation to report suspected trafficking to them. If not, disclosure to law enforcement should be handled with the trafficked individual’s consent. Trust between provider and patient is paramount in trafficking situations, and so calling law enforcement too early or without disclosure can seriously damage or even break the relationship between you and the victim.

In cases where the client is a foreign national and fears deportation, victims are protected by the Trafficking Victims Protection Act (TVPA), passed in 2000. As part of its provisions, the Act established the T Visa, which permits trafficking victims from other countries to become temporary U.S. residents with eligibility to become permanent residents after 3 years.⁴⁰ TVPA similarly codified a three-pronged approach to combating trafficking, including prevention through awareness and training, protection through establishing services such as the T Visa, financial and healthcare assistance, reintegration aid, prosecution through new legal definitions, sentencing terms, and witness protection.⁴¹

If your town, city, or state has a human trafficking unit or task force, their expertise would likely benefit you and your patients. Regardless of an expert task force, law enforcement should be involved in the multidisciplinary team and clear lines of communication and protocols need to be established to ensure trust between all parties is upheld.

Utilizing your resources

Law enforcement is only one of many community resources available to you as you navigate a trafficking situation alongside your patient. Within the healthcare setting, social services like social workers and case managers can help coordinate access to services, benefits, and other groups. They may also be instrumental in helping navigate the clinical encounter in a sensitive way. Psychological support services can also aid the victim and potentially provide support for staff as they hear and cope with the patient's trauma.

Similarly, there are several local, state, and national resources that can be utilized to help assist in these situations. Appendix B at the end of this course provides links and phone numbers to several of these, as well as an overview of their initiatives or programs. Often, social services may be well connected with local advocacy groups that can assist you and the survivor. If additional help is needed, the National Human Trafficking Hotline (NHTH) is available to provide referrals if they have established relationships in your community setting. In unsafe situations, they can also provide you the appropriate channels to stay secure.

All healthcare institutions or medical centers can benefit from institutional and system-wide resources related to trafficking. Many federal and state organizations provide training for healthcare providers on various aspects of care, such as trauma-informed, survivor-informed,

and victim-centered approaches, and how to set up institutional protocols for caring for trafficked individuals. Your institution may already have protocols outlined for trafficking disclosures and unsafe situations. These protocols should consider the principles of victim-centered and trauma-informed care. Additionally, if a trafficker or handler becomes aggressive or dangerous, the institution should have a protocol for dealing with dangerous situations.

For individuals seeking to leave a trafficking situation, shelter may be a concern. Sensitive locations may be available through local and state resources, which can coordinate access to the safest places for trafficking victims. Shelter is essential to make sure a victim feels safe enough to successfully leave a trafficking situation. Any option should be discussed with the multidisciplinary team to ensure maximum safety for all involved. Keep in mind that many shelter options, such as domestic violence shelters and youth day programs, are intended only to be used for a short duration and may not provide a permanent solution. Additionally, they may not be an effective place for a trafficked individual to establish strong relationships with trusted confidants. However, they can often be effective stopgap measures as you and the team try to find permanent safe shelter.

Similarly, if you feel you are frequently dealing with trafficking victims or wish to secure better outcomes for those whom you encounter, a strong local network of organizations and resources is paramount. National organizations such as the NHTH may have local contacts for you to reach out to. Your own hospital or clinic's social services team may already know several contacts as well, and survivors in your area may have established relationships with organizations they trust. Specialized federal, state, or local task forces may be able to provide trauma-centered law enforcement involvement that better serves the needs of trafficking victims. Once a clear care team and list of trusted resources are established, clear lines of communication and systematized protocols can help ensure the effective transmission of information from one organization to the next for individual cases.

Safety concerns

Considerations for your safety, that of your staff, and that of the patient are paramount at all points in the encounter with trafficking victims. As mentioned before, the healthcare institution with which you are employed already has protocols for dealing with aggressive or dangerous individuals. Being aware of these protocols and how/who to call for help in dangerous situations

is critical. However, with care given to ensuring safe situations early, some of these situations might be prevented. A key element of establishing a safe setting is physically separating the trafficker and victim wherever possible but also ensuring you do not compromise safety if the trafficker refuses to leave the immediate area. Care should be taken to clearly establish intentions to keep the information confidential. Carefully reviewing risks and benefits with the patient before an extended screening can help create a safe space that respects the patient's autonomy. Local and national resources can help establish safety for the patient after they leave the clinical setting, such as coordinating shelter, food, and water if needed.

The concept of safety also includes patient dealings with law enforcement and the provider. The establishment of trust and rapport is a process that requires patience and a non-judgmental attitude. Patients should be asked if they prefer or feel comfortable disclosing personal information to a male or female provider. Similarly, any contact with authorities should be done with the patient's consent if possible, and the patient's knowledge at the minimum. In the event of an imminent threat to the patient's life, law enforcement contact may be unavoidable, but this should be done with the patient's knowledge.

The importance of protocols

To ensure the safety of you, your staff, and your patients, organizations should institute protocols for secure sharing of information. There are a few important aspects to developing a trafficking protocol, including multidisciplinary input from members of the care team and law enforcement, as well as a guide to your town or city's accessible resources for shelter, transportation, food, legal assistance, employment or job training, and childcare to maximize the health system's ability to meet your patients' needs.

Safety protocols should also be established in the event a trafficker, or their criminal network, threatens anyone involved in the care of trafficked individuals or the victim themselves. Clear relationships with law enforcement can help facilitate this. Panic buzzers or emergency alert systems can be instrumental in getting staff assistance should a situation turn dangerous. Emergency drills, reviews of safe exit plans, and security audits can keep staff up to date on how to stay safe in dangerous situations and identify shortcomings in the security response. Safeguards such as adequate lighting, security cameras, and electronic locks or deadbolts, especially in places where information may be shared or stored, can help keep everyone involved safe.

Finally, making sure all aspects of confidentiality are maintained to the highest degree will go a long way to keeping you and your patients safe. Establishing strong electronic safeguards such as passwords and badge swipes for computer access or physically locking computers or paper charts, and carefully monitoring access to records can avoid inadvertent exposure of information. Similarly, keeping staff aware of privacy concerns, such as avoiding discussing case information in public spaces, even without personal identifiers like names, will ensure safety.

Establishing follow-up

While establishing rapport is important from the first encounter, the relationship between you and a trafficking victim may be a long one, as disclosure can be a difficult, confusing, and stressful process. Therefore, creating the context for trust and strong lines of communication are important. While you, as a provider, may not be the sole point of contact for a trafficked individual, a strong multidisciplinary team can help ensure that all participants in the encounter are informed regardless of their ability to attend individual visits. Scheduling routine follow-ups, calls, or other ways of making contact, as well as helping the victim navigate the healthcare and legal system by tracking and helping set up appointments, can assist the best interests of the victim and any legal cases that might ensue.

Follow-up and attending appointments are not a guarantee, however. Trauma-informed approaches remind us that sometimes traumatic experiences can lead people to act against their own best interests. The mental health struggles that result from the trauma of trafficking can also lead victims to have difficulty remembering appointments and may make basic tasks like sleeping or getting out of bed difficult. Providers or law enforcement officials may remind the victim of their traffickers or other abusers. Therefore, a non-judgmental approach is necessary across the board, including in those instances when a patient may let you down and not attend a scheduled meeting, call, or appointment with other parties to their case, like law enforcement or lawyers. Often, even if appointments are kept, victims may not always answer questions in the way you expect - they may be withdrawn, provide little information or dodge questions.

One important principle of subsequent encounters with trafficking victims is to avoid setting expectations for when a victim is “ready” to disclose. The victim determines the point at which they are ready. Providers may have worked with a survivor for many weeks or months and feel frustrated with the slow pace of disclosure and storytelling. However, those feelings of frustration should be measured against an understanding of the intense psychological manipulation and potential physical harm many victims face.

Another aspect of trauma-informed care that might be helpful is letting patients choose their own timing for follow-up and preference for providers or law enforcement officials, such as a preference for female providers or a specific person with a strong relationship in the clinic.³⁶ This allows the patient to make empowered decisions and may help promote better follow-up.

Chapter 6: Who Are the Traffickers?

While this course has focused mainly on identifying and assisting potential trafficking victims, basic knowledge of the demographics and backgrounds of traffickers is also important. No different than trafficked individuals, the background profiles of traffickers are varied, but we will review demographic data collected by national organizations, as well as the roles of traffickers within their organizations. However, if data is limited on the profiles and vulnerabilities of trafficking victims, it is likely even more limited on traffickers.

Demographic data

Data on the demographics of traffickers varies from country to country. In a survey of German suspected traffickers, 78.1% were male.⁴² However, surveys across Southeast Asian nations show a more equal split, with 54% male and 46% female.⁴² Cultural factors may have some influence: the UN Global Initiative to Fight Human Trafficking mentions that in Italy, for example, women traffickers manage the trafficking of other women, but in other countries, women are more commonly organized under a male leader.^{43,44}

Similarly, age varies widely, and national studies show a wide range of ages, mostly falling between 19-50 years of age.⁴⁶ Nationality is also varied, and in some countries, traffickers are nationals of the country in which trafficking occurs. However, a study in Germany showed that



a slight majority of traffickers were born in other countries but had German citizenship.⁴⁷

In some cases, trafficking victims may play a role in the trafficking organization. They may become upper-level managers of other trafficked people or even play the role of recruiter. Similarly, victims' family members are not uncommonly involved - in an Indian study, 20% of traffickers admitted to trafficking their own relatives, mostly their daughters, sisters, or cousins.⁴⁶

The roles of traffickers

Trafficking hierarchies may use multiple individuals across several roles. Organizations may use a **master trafficker** who oversees the operations of an entire organization, with their operations managed by a few different types of trafficking roles. According to the United States High Commissioner for Human Rights Recommended Principles and Guidelines on Human Rights and Human Trafficking, the basic definitions of trafficking roles are “recruiters, transporters, those who exercise control over trafficked persons, those who transfer or maintain trafficked persons in exploitative situations, those involved in related crimes, those who profit directly or indirectly from trafficking.”⁴⁹

Human trafficking recruiters

Recruiters in the human trafficking business are those individuals involved in the grooming and recruiting of trafficking victims. Almost half of the recruitments are done by an acquaintance of the victim, with 6% by a close relative.⁴⁷ Recruiters may also have similar backgrounds in terms of gender, socioeconomic status, and age of their victims.⁵¹ They typically attract victims with promises of work, vacation or study-abroad, marriage, or modeling careers.



Transporters have varied responsibilities within their role. They may be involved in the movement of a trafficked individual within their own country but sometimes also move the victim through or to other countries. Because transnational transport almost guarantees encounters with customs and border authorities, transporters may use bribes or border/immigration officials with relationships to the transporter to ease border crossings. Victims sometimes cross national borders legally but then overstay their visa, or use falsified documents. Trafficked individuals may be initially smuggled as a migrant, and then brought into a trafficking ring. Often, obtaining a legal visa or falsifying one is the first step in establishing a cycle of debt.

Exploiters

The other half of those who exercise control over a victim for profit are known as exploiters. These are the traffickers in the latter half of the United Nations High Commissioner's definition but can be simplified to anyone who exercises exploitative control over a victim or exploits them for profit. This may include the "end" of the trafficking ring, the person who receives the majority of the money from a person's exploited labor but can also include people who maintain manipulative living conditions or engage in psychological or physical abuse of the victim.

Organization of trafficking rings

While trafficking rings are organized in a variety of ways, within the U.S., the UNODC finds that "supermarket style" rings are most common.⁴⁹ That is, traffickers move a large supply of victims to where work is in high demand but charge low sums for each individual. Because these rings are often engaged in the movement of many people, abusive settings with poor living conditions are common.⁵⁴ While the profit off each individual victim is small, the collective profits can be massive, but the small monetary "value" of each individual also means that traffickers more easily see them as chattel, and so abuse and fatalities are not uncommon.⁵⁵

The hierarchical organization of these groups is as varied as individual traffickers themselves. While rigid hierarchies with a single master trafficker are not uncommon, many distributed models are also seen. For example, traffickers may organize loose regional hierarchies that have some autonomy over their operations, or they may form criminal networks involving a variety of different associations. Organizations may be multiple criminal groups

governed by a single body or utilize more horizontal organizations. In some cases, a core inner circle of bosses may loosely oversee the activities of their underlings, but those activities are only lightly monitored.

Trafficking organizations and individual traffickers therefore present a similarly varied profile as trafficking victims themselves. However, some understanding of the basics of the roles involved in trafficking and the demographics of traffickers can help you identify a potentially dangerous individual when you are assisting a victim, and help safeguard your patient, your staff, and yourself.

Chapter 7: How To Report Trafficking

When you have a case of suspected trafficking, there are several institutions that should be contacted. As a healthcare practitioner, it is important to engage the suspected trafficking victim in conversation about possibly reporting the trafficking abuse. You'll want to ensure they are comfortable sharing their information and find out how they feel about contacting law enforcement. If possible, it is important to obtain the victim's consent regarding involving law enforcement. You can review the [Adult Human Trafficking Screening Tool & Guide for more information](#). If the patient consents, you can reach out to local law enforcement or the Texas Department of Public Safety (www.iWatchTX.org). Adult reporting is not mandatory, unlike reporting for child abuse/trafficking cases. However, if you suspect imminent and serious harm to a patient or someone close to the patient, you are obligated to contact law enforcement.

National Human Trafficking Hotline (NHTH):

Phone number: 1-888-373-7888

Website: <https://humantraffickinghotline.org/> Text: 233733 - text "HELP" or "INFO"

The NHTH hotline can also be shared with your patients if they wish to report themselves or if they need support from allies or survivors working within NHTH.

Mandatory reporting of child trafficking to Texas Department of Family Protective Services (DFPS)

Phone number: 1-800-252-5400

Website: <https://www.txabusehotline.org/>

Mandatory reporting of anyone age 65 or older or disabled people. [Human Resources Code 48.051](#) specifies that reporting is required "immediately" for abuse to an elderly person or a person with a disability. [Family Code 261.101](#) states that if a healthcare professional has a reasonable cause to believe that a child has been abused or neglected or is a victim of human trafficking, they shall report within 48 hours.

Conclusion

Human trafficking is a widespread global phenomenon and a human rights violation. The intense physical abuse and psychological manipulation that victims undergo can dramatically impact their physical health, mental well-being, autonomy, and overall quality of life. As a healthcare provider, you may find yourself in situations where something seems off - a patient's friend seems a little too controlling, or the patient looks a bit too afraid of someone they call their family member - and suspect there might be something more going on.

As you have learned, through careful interviewing of suspected patients and thorough documentation of clinical findings during your interview and exam, you may be able to significantly assist trafficked individuals in breaking the cycle of violence that keeps them trapped in labor or sex trafficking. Furthermore, you should have an understanding of how to provide safe, non-judgmental care for trafficked individuals, recognizing the often-intense effects of their traumatic experiences on their decision-making through victim-centered and trauma-informed approaches to care.

In the appendices following this section, you will find links to the references that informed this course if you wish to expand your knowledge further, as well as links to federal, state, and national non-profit resources for both trafficking in general and child trafficking specifically. Some of these resources are mentioned in the text, such as the NHTH, but several other state and federal organizations operate trainings on human trafficking or specific aspects like trauma-informed care that may be helpful to your team.

We hope that you have found this course educational and feel more prepared to deal with the complex situations that can arise when you encounter trafficked individuals in the clinical setting. To finalize the class, please take your Assessment. The link for the Assessment can be found on your Student Dashboard. Once the Assessment has been passed, your Certificate of Completion will be available for download.

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Appendix B – Resources

If you suspect a person is in imminent danger, call 911.

State organizations

Texas Health and Human Services Commission:

<https://www.hhs.texas.gov/services/safety/texas-human-trafficking-resource-center>

The Texas Health and Human Services Commission helps connect healthcare providers, victims, and other stakeholders to local, state, and national resources to assist trafficking victims. They also coordinate with other government bodies to improve care delivery and provide trainings for healthcare workers.

Texas Attorney General:

<https://www.texasattorneygeneral.gov/initiatives/human-trafficking>

The Office of the Attorney General of Texas spearheads initiatives combating trafficking, including the Human Trafficking and Transnational/Organized Crime Section (HTTOC) and Human Trafficking Prevention Coordinating Council. Its website compiles frequently asked questions, common resources, and training videos on trafficking.

Texas Department of Family Protective Services - Texas Abuse Hotline:

<https://txabusehotline.org>

1-800-252-5400

For mandatory reporting of abuse or suspected trafficking of protected populations (children, elderly, disabled adults). The Abuse Hotline operates 24/7 and is toll-free.

Federal organizations

US Department of Health & Human Services:

<https://www.hhs.gov/> DHHS has established several initiatives for combating trafficking, including the Anti Trafficking in Persons Program (ATIP), aiding survivors in accessing benefits and raising public awareness about trafficking. The Stop, Observe, Ask, and Respond to Health and Wellness Training Program (SOAR to Health and Wellness) provides training in victim-centered and trauma-informed care to healthcare providers.

US Department of Homeland Security:

<https://www.dhs.gov>

Reporting hotline 1-866-347-2423

DHS's Blue Campaign is a joint effort with law enforcement, governments, non-governmental organizations, and private companies to assist trafficked persons. It provides data and information on trafficking and trains professionals in a number of fields to recognize and assist victims.

US Department of Justice:

<https://www.justice.gov>

The Department of Justice has a number of units and task forces dedicated to assisting trafficking survivors, including training for law enforcement and lawyers, prosecution, and assistance with obtaining legal representation.

Nonprofit organizations

National Human Trafficking Hotline (NHTH):

<https://humantraffickinghotline.org/state/texas>, 1-800-373-7888

This is a national hotline both for victims and providers. For victims disclosing trafficking or otherwise seeking aid, the hotline features a quick exit button in case they fear detection. They can direct providers or victims to community resources or how to establish safety.

Polaris Project

<https://polarisproject.org>

<https://humantraffickinghotline.org/sites/default/files/AMP%20Model.pdf>

&

Polaris Project, a leader in the movement to end modern slavery, is dedicated to breaking up human trafficking networks and collects vital data on human trafficking practices to assist providers and victims.

Polaris also maintains a helpful referral directory for local resources to assist with food, shelter, legal assistance, and many other needs for survivors:

<https://ursaminor.polarisproject.org/serviceproviders>

The National Survivor Network

<http://nationalsurvivornetwork.org>

24-hour hotline at 1-888-539-2373

The National Survivor Network is a community of trafficking survivors that advocates and empowers all survivors, regardless of age, gender, or nationality.

Resources for children

Local/state child protective services are essential for trafficked children. Additionally, there are national-level resources that can help you coordinate.

The National Center for Missing & Exploited Children

<http://www.missingkids.com>

1-800-THE-LOST

The National Center for Missing and Exploited Children aids children who have been abducted or sexually exploited

The Childhelp National Child Abuse Hotline

<https://childhelp.org/hotline>

1-800-4-A-CHILD or 1-800-422-4453

This hotline offers local resources for reporting child physical or sexual abuse.

The National Human Trafficking Hotline (NHTH)

relisted here for reference <http://www.traffickingresourcecenter.org>

1-888-373-7888

