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Contact Hours: **3**

Human Trafficking Prevention Training for Texas Healthcare Practitioners

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LEARNING OUTCOME AND OBJECTIVES: Upon completion of this course, you will have the current, evidence-based information and tools necessary to accurately recognize and intervene in suspected instances of human trafficking. Specific learning objectives to address potential knowledge gaps include:

- Define the concepts and elements that constitute human trafficking.
- Recognize the dynamics and vulnerability factors for human trafficking.
- Articulate the scope and impacts of human trafficking.
- Identify the “red flags” that may indicate human trafficking.
- Describe assessment tools and strategies that can be used in clinical settings to identify human trafficking victims.
- Discuss the importance of using a trauma-informed approach when screening victims of human trafficking.
- Explain the role and actions that healthcare professionals can take to respond and follow up with patients who are trafficked.
- List human trafficking resources, including contact information.

WHAT IS HUMAN TRAFFICKING?

Human trafficking is a crime involving the exploitation of someone through the use of force, fraud, or coercion for the purposes of compelled labor or a commercial sex act. Human

trafficking affects individuals across the world, including in Texas. It affects people of all ages, genders, ethnicities, and socioeconomic backgrounds. Human trafficking robs individuals of their basic human rights and can occur across and within state and international borders.

Human trafficking steals freedom for profit. It is a multibillion-dollar criminal industry that victimizes an estimated 29.9 million people around the world. This crime occurs everywhere, and victims may be found in such industries as healthcare, childcare, agriculture, nail salons, trucking, and hotels or motels. All trafficking victims have a common experience: the loss of freedom (Polaris, 2020a).

Since the Thirteenth Amendment to the Constitution was ratified in 1865, involuntary servitude and slavery—such as human trafficking—have been prohibited in the United States (Interactive Constitution, 2020).

The Trafficking Victims Protection Act (TVPA) was first passed in 2000 and has since been amended and reauthorized many times by Congress. The TVPA provides the infrastructure for the federal response to human trafficking. A multi-agency approach is founded on a framework that focuses on the “3 Ps”: prevention, protection, and prosecution.

Federal agencies such as the U.S. Department of Homeland Security and the Federal Bureau of Investigation investigate human trafficking cases. The Justice Department prosecutes federal cases and funds the formation of state and local human trafficking task forces. The Department of Health and Human Services is involved in community education and awareness efforts, prevention, and funding the National Human Trafficking Hotline (Polaris, 2020b).

The U.S. Department of Health and Human Services has identified human trafficking as a public health issue. As such, healthcare professionals are key to responding to the problem. Access to healthcare is often difficult for trafficking survivors due to issues such as lack of identity documents, lack of finances or insurance, shame, and fear. Survivors often contend with health issues such as depression, trauma, sexually transmitted infections, chemical dependency, injuries, and poor nutrition. Survivors require both acute and long-term responses to their healthcare needs.

Because human trafficking is a hidden crime, it is easy to miss identifying a patient as a survivor unless the clinician understands risk factors and develops a rapport that will allow the survivor to disclose their needs. It is essential that healthcare professionals are educated on the recognition of human trafficking, referrals and resources, and the nuances of providing trauma-informed care. They can offer support to patients who disclose maltreatment or abuse, homelessness, and financial need. By listening carefully to the patient, healthcare professionals are in a position to help a patient leave a situation in which they are being exploited (Gardner, 2023).

Types of Human Trafficking

There are different types of human trafficking, also known as *trafficking in persons*. Human trafficking may predominantly involve commercial sex, it may be specific to labor, or it may



include both sex and labor. Human trafficking can be domestic or international and does not require crossing international or state borders.

SEX TRAFFICKING

Sex trafficking encompasses many sex crimes. The victims may be adults or children of any gender and may be domestic or foreign residents.

According to the TVPA, sex trafficking is the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age. Under federal law, any minor under the age of 18 who is involved in commercial sex is considered to be a trafficking victim.

Force, fraud, or coercion are key elements used to identify trafficking, but they do not need to be present if the trafficking victim is under the age of 18. However, the use of force, fraud, or coercion on adults is what distinguishes sex trafficking from consensual commercial sex.

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

The commercial sexual exploitation of children (CSEC) may include sex trafficking of minors. CSEC is defined as the exchange of goods or services that are paid to the individual or a third party in exchange for sex acts involving a minor. Other types of CSEC include child pornography, exotic dancing, and sex tourism.

In Texas, the age of consent is 17 for lawful sexual intercourse with an adult (18 or over). In addition, a minor who is at least 14 may legally participate in sexual activity with a person who is no more than 3 years older under the “Romeo and Juliet” law. Since *minor* is defined as someone under the age of 18 years per the Federal Victims of Violence and Trafficking Prevention Act and the age for consent for lawful intercourse in Texas is 17 or as young as 14 in some cases, only minors under the age of 14 are universally protected from arrest for commercial sex in Texas, and youth ages 14–18 remain vulnerable to arrest in certain circumstances (Binzer, 2021).

LABOR TRAFFICKING

According to U.S. federal law (22 USC § 7102), labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery. As with sex trafficking, force, fraud, or coercion do not need to exist if the labor trafficking victim is under the age of 18.

Labor trafficking victims include adults and children of all genders. Labor trafficking is often achieved through the control mechanism of debt bondage. Traffickers offer persons outside the United States promises of legitimate jobs in exchange for a legal visa and travel expenses to this



country. Once they have arrived, the victims of this scheme may be charged exorbitant fees for food, rent, and material needs and are unable to repay the debt, remaining under the control of the trafficker.

DEFINITIONS

The following definitions can be found in federal laws:

Coercion

Threats of serious harm to or physical restraint against a person; any scheme, plan, or pattern intended to cause a person to believe that a failure to perform an act would result in serious harm to or physical restraint against any person; or the abuse or threatened abuse of the legal process

Commercial sex act

Any sex act on account of which anything of value is given to or received by any person

Debt bondage

The status or condition of a debtor arising from a pledge by the debtor of his or her personal services or of those of a person under his or her control as a security for debt, if the value of those services as reasonably assessed is not applied toward the liquidation of the debt or the length and nature of those services are not respectively limited and defined

Force

Physical restraint or harm, sexual assault, battery, or control by confinement or monitoring

Fraud

False promises and hopes given to the victim; deceptions concerning employment, wages, the type of job that is offered, love, marriage, or a better life

Involuntary servitude

A condition of servitude induced by means of any scheme, plan, or pattern intended to cause a person to believe that, if the person did not enter into or continue in such condition, that person or another person would suffer serious harm or physical restraint; or the abuse or threatened abuse of the legal process

(22 USC § 7102; U.S. DOD, 2021)

The Action-Means-Purpose (AMP) model is one tool that can be used to assess whether a situation meets the federal definition of human trafficking. It asks whether a perpetrator has implemented any of the **actions** and used any of the **means** for the **purposes** of making the victim perform commercial sex acts, services, or labor. The presence of at least one item from each category determines possible human trafficking.



AMP MODEL TO ASSESS FOR TRAFFICKING		
Action	Means	Purpose
<ul style="list-style-type: none"> • Induces • Recruits • Harbors • Transports • Provides or obtains 	<ul style="list-style-type: none"> • Force • Fraud • Coercion 	<ul style="list-style-type: none"> • Commercial sex • Services • Labor
(Polaris, 2020c)		

SMUGGLING

The crime of human smuggling is different from human trafficking, but it is frequently confused with human trafficking, and the two crimes are sometimes related. Unlike trafficking, the definition of smuggling includes transportation across international borders. Smuggling usually involves the consent of a person who is being transported. People who are smuggled generally pay to be transported across a border, but once they have arrived at their destination, they may become victims of trafficking (Polaris, 2021).

Smuggling is addressed in the Immigration and Nationality Act, Title 8, Section 1324 (a)(1), which provides criminal penalties for acts or attempts to bring unauthorized aliens to or into the United States, transport them within the United States, harbor unlawful aliens, encourage entry of illegal aliens, or conspire to commit these violations, knowingly or in reckless disregard of alien's legal status (U.S. CIS, n.d.).

A tragedy that occurred in San Antonio, Texas, illustrates why criminal penalties for smugglers are in place: In July 2017, the bodies of eight deceased persons were found in a tractor trailer that was parked behind a Walmart store. There were 30 additional people in the trailer who suffered from lack of air conditioning and water in heat over 100 °F (Forsyth, 2017).

Human Trafficking Venues

Labor trafficking occurs most often in the agriculture and hospitality industries, landscaping, and traveling sales. The exploiters frequently target immigrants and economically marginalized persons. Some examples of labor trafficking include coercing farmworkers through violence to harvest crops, holding factory workers in inhumane conditions and with little or no pay, and forcing people to work as domestic servants (NHTH, 2023a).

Sex trafficking venues are often related to commercial sex, which may occur in:

- Brothels
- On the street



- Truck stops
- Hotels or casinos
- Escort services
- Massage parlors

Sex trafficking may also occur in venues related to pornography, sex tourism, exotic dancing, stripping, and “mail-order” brides (U.S. DHHS, 2018).

TOP VENUES FOR LABOR TRAFFICKING, TEXAS, 2021	
Venue/Industry	Reported Cases
Domestic work	31
Construction	14
Illicit activities	14
Agriculture/farms	9
Traveling sales crews	7
Restaurants/food service	7
(NHTH, 2023b)	

TOP VENUES FOR SEX TRAFFICKING, TEXAS, 2021	
Venue/Industry	Reported Cases
Illicit massage/spa business	69
Hotel-/motel-based	66
Residence-based commercial sex	59
Pornography	44
Online ad/venue unknown	34
(NHTH, 2023b)	

TRUCKERS AGAINST TRAFFICKING

Traffickers often move victims from city to city, forcing them to engage in commercial sexual activities at truck stops on the route. Commercial sex venues that may be disguised as massage businesses are frequently located near truck stops. Truckers Against Trafficking is a national nonprofit organization that acknowledges truckers as valuable in recognizing and reporting such victims. This group has partnered with law enforcement and government agencies, and they provide a website for members of the trucking industry to educate and empower themselves in combatting trafficking. A training video created by Empathize, an organization that focuses on prevention of and education about crimes against children, is available to view on their website (Truckers Against Trafficking, 2020). (See “Resources” at the end of this course.)



Dynamics of Human Trafficking

Once a trafficking victim becomes entrapped by the exploiter, leaving may be difficult because the victim may fear physical abuse or be subjected to false promises. They may be manipulated into thinking that they are indebted to or protected by the exploiter. Victims may become isolated from family and friends, feel ashamed, be controlled by drugs, or develop a type of traumatic bond with the exploiter (CDC, 2022).

The dynamics of the relationship between an exploiter and a trafficking victim share similarities with the dynamics of the relationships associated with domestic violence. In both cases, the victim may have difficulty leaving the relationship emotionally, physically, and financially, or may fear the repercussions of leaving.

It has long been thought that trafficking victims and domestic violence victims exhibit feelings of trust or affection toward their abuser or captor (sometimes referred to as *Stockholm syndrome*) and experience shame, self-blame, and posttraumatic stress, but a better explanation for the behavior is what's referred to as *appeasement*. Appeasement may be explained through a psychobiological model to describe an adaptive survival behavior in which the victim's behavior appears to be affectionate to calm the perpetrator and diminish the victim's sense of being in a life-threatening situation (Bailey et al., 2023). Appeasement is consistent with "fawning," which is one of the four acute stress responses (fight, flight, freeze, and fawn) (Guy-Evans, 2023).

Exploiters can operate as individuals, small businesses, or in large, organized criminal networks. Traffickers and victims frequently share similar backgrounds and ethnicities, which gives exploiters an advantage to manipulate victims whom they somewhat understand. Some exploiters are the same age as the victims and work as peer recruiters.

Traffickers may be owners of brothels or massage businesses or own businesses that employ domestic servants or agricultural workers. Traffickers may be family members, intimate partners, or friends of the victim. They may own factories or corporations, and trafficking may exist within a legitimate business.

Traffickers frequently exploit industries such as advertising or airlines. They may also exploit buses and other forms of travel. Trafficking may be associated with landlords, passport service businesses, labor brokers, and the hotel industry. Although these businesses can be used for criminal trafficking activity, legitimate business owners should be aware of exploiters and report trafficking situations (NHTH, n.d.-a.).

Vulnerability Factors

Factors that are associated with increased risk for victimization may be viewed using a public health approach according to the socioecological model. This model describes individual, relationship, community, and societal factors that may result in vulnerability to human trafficking (Greenbaum, 2020).



Individual vulnerability factors include:

- History of exposure to homelessness
- Running away from home
- Physical, sexual, or other types of abuse
- Involvement with Child Protective Services, the juvenile justice system, or foster care
- Identification as lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+)
- Being marginalized
- Immigration status as an unaccompanied minor

Relationship vulnerability factors include but are not limited to:

- Poverty
- Unemployment
- Family violence
- Loss or abandonment
- Peer or family exploitation

Community vulnerability factors are seen in areas where residents are involved in mass migration, corruption prevails, and exploitation is tolerated. Persons who live in a community that is exposed to violence and natural disasters are also vulnerable to human trafficking.

Societal vulnerability factors are seen in groups that subscribe to cultural beliefs that support marginalization and inequality in matters of race, gender, and the rights of children. Individuals in societies that are without human trafficking laws or do not hold exploiters accountable are also at risk (Greenbaum, 2020).

SURVIVOR VOICE*

“I had just graduated from high school and was accepted to an out-of-state college on a sports scholarship. I was a good student and was really excited to go away to college. Although I had just broken up with someone, I never really had what you would call a serious romantic relationship.

“One evening I was walking outdoors with some friends, and we ran into a group of guys. That is how I met Michael. His cousin introduced us, and we started dating. Michael treated me well. He bought me nice things, took me on trips, and made me feel special. He was charming and so good-looking. I would see him with a whole group of women, and I felt so good because he had picked me.



“At the end of the summer, Michael took me on a trip to Las Vegas. Once we checked in to the hotel, everything changed. He brought a series of buyers into the room and forced me to have sex with them. He became violent when I resisted, and I had no choice but to comply. I didn’t know anything about people like that. No one ever told me.”

** The “Survivor Voice” statements presented in this course were made to the author during personal interviews with survivors of human trafficking.*

IMPACTS OF HUMAN TRAFFICKING

Statistics

The true prevalence of human trafficking in the United States is unknown because of the concealed nature of the crime. The unofficial estimate is hundreds of thousands when cases among adults, minors, sex, and labor trafficking are combined.

It is believed that more women and children are victims of sex trafficking and domestic servitude and that more boys and men are trafficked for other forms of labor, but it is not possible to present dependable statistics. Some researchers use reports of missing children to estimate statistics of trafficked children.

REPORTED CASES

Nationally, in fiscal year 2021, there was a 49% increase in the number of persons who were referred to U.S. attorneys for human trafficking. The number of referrals increased from 1,360 in 2011 to 2,027 in 2021, and the number of prosecutions more than doubled, rising from 729 to 1,672 over the same time period.

The National Human Trafficking Hotline gathers data from calls made to their hotline. Recent statistics for the state of **Texas** are described in the tables below.

REPORTED TRAFFICKING CASES IN TEXAS BY TYPE, 2021	
Type	Number
Sex	661
Labor	131
Sex and labor	51
Not specified	74
Total cases	917
(NHTH, 2023b)	



REPORTED TRAFFICKING CASES IN TEXAS BY GENDER, 2021	
Gender	Number
Female	758
Male	137
Gender minorities	11
(NHTH, 2023b)	

REPORTED TRAFFICKING CASES IN TEXAS BY AGE, 2021	
Age	Number
Adult	616
Minor	240
(NHTH, 2023b)	

BUYERS OF COMMERCIAL SEX

Buyers of commercial sex are what drive the crime of human sex trafficking, because if there were no demand from buyers, there would be no financial benefit for sex traffickers. Researchers have found that 21% of men in the United States reported paying for sex during their lifetimes, and 6% reported paying for sex over the past year.

Although buyers may belong to any socioeconomic group, men who buy sex frequently are more likely to have an annual income of \$100,000 or more. Among men who had not bought sex for at least 6 years, 34.5% reported having first paid for sex while serving in the military. The group of active, high-frequency buyers reported that their first transaction was set up by someone that they knew, and 20% were minors at the time (Raphael & Feifer, 2020).

In 2021, Texas became the first state to pass a law to charge buyers of commercial sex as a felony crime. Lawmakers believe that HB 1540 will discourage buyers and, without the demand for commercial sex, will deter traffickers from exploiting vulnerable victims (Texas Legislature, 2021).

MINORS

It is difficult to quantify the number of minors who fall victim to human trafficking, and many youth who are victims of sex trafficking have been misidentified as criminals rather than victims, possibly contributing to inaccurately low statistical data. There is evidence that minors (defined as under 18 years of age) are frequently recruited when they have run away from home. In 2021, it is likely that an estimated 1 in 6 of the 25,000 U.S. children who were reported to the National Center for Missing and Exploited Children as having run away from home were victims of sex trafficking (NCMEC, 2022).



MALE TRAFFICKING VICTIMS

Although most published statistics portray victims of trafficking as predominantly female, that information is misleading because labor trafficking of males occurs in almost every type of work, from mining and construction to fishing, hospitality, and healthcare. Sex trafficking of men and boys is underreported, and the sex trafficking industry may have nearly equal numbers of male and female victims. Boys who become sexually exploited often have certain vulnerabilities. These include substance dependency, child abuse, poor English-language skills, refugee status, homelessness, and identification as gay/bisexual/transgender.

Male survivors of trafficking face unique barriers. Initially, male survivors may not self-identify as victims. This is because society continues to view males as less vulnerable than females and offers a common portrayal of men as the perpetrators and females as the victims. Often males are fearful that they may be perceived as gay and then judged as “wanting it” because of societal stigma. Exiting a trafficking situation is likely to be more difficult for males than females because there are fewer resources for recovering male trafficking survivors, such as housing, therapy, legal aid, and medical care (Bykerk, 2022).

CASE

Male Sex Trafficking

One summer, Kevin, age 14, met a man called Ray, who took an interest in him. Ray soon asked Kevin if he would like to meet some young friends his own age. Ray gave him a ride and dropped him off to meet the boys in another part of town. Kevin sat outdoors with two new friends and watched a middle-aged man walk past them and into a public restroom. One of the boys followed the man into the restroom and motioned for Kevin to come, too. Kevin watched while his friend orally copulated the man and then was paid \$25.00 cash. Eventually Kevin began to exchange sex acts for money, too.

Health Impacts

Human trafficking impacts the health of its victims. Most epidemiological studies on human trafficking have focused on women and children who have been sexually exploited. These studies have historically concentrated on HIV, sexually transmitted infections (STIs), chronic health problems, and mental health issues. It is known that victims of trafficking are abused physically, psychologically, and sexually.

In healthcare settings, individuals may present with chronic health conditions such as diabetes, chronic pain, chemical dependency, HIV, or depression that have gone untreated because they have been unable to access healthcare. Adolescents may not be up to date on their immunizations or experience from vitamin deficiency, developmental issues, or other malnutrition and toxic stress.



Physical symptoms that are commonly reported include:

- Fatigue
- Memory problems
- Dizziness
- Headaches
- Stomach problems
- Cardiovascular issues
- Hearing problems
- Respiratory issues
- Infectious disease (tuberculosis, HIV)
- Undetected chronic disease (cancer or diabetes)
- Infections or mutilations
- Significant weight loss
- Back pain
- Chronic pain
- Chemical dependency
- Dental problems

Reproductive and sexual health concerns include:

- Sexually transmitted infections
- Abnormal PAP, cervical dysplasia
- Pregnancy
- Pelvic pain

SURVIVOR VOICE

“Some girls got STIs or got pregnant. When they couldn’t meet their quota, they would go without a condom because buyers would pay more for doing it that way. Some traffickers would get girls pregnant to trap them.”

Mental health issues have also been identified and found to persist longer than physical symptoms. These include:

- Depression



- Loss of self-esteem
- Shame
- Anxiety
- Addiction (especially opioid)
- Complex trauma resulting in psychosis
- Self-harm
- Suicide attempts
- Posttraumatic stress disorder (PTSD)
(Stop Violence Against Women, 2020)

IDENTIFICATION AND ASSESSMENT OF HUMAN TRAFFICKING IN CLINICAL SETTINGS

The goals of healthcare providers who wish to intervene and assist victims of human trafficking are in direct conflict with those of exploiters. Exploiters hope for the continued vulnerability of their victims and see their victims as merchandise. Exploiters use concealment and misdirection to confuse anyone who they view as a threat to their profits and manipulation, power, and control to discourage victims from disclosing their circumstances.

In order to develop a capacity to listen to patients who have a history of violence, healthcare workers must be willing to extend themselves into areas of malfeasance and human fallibility. Healthcare professionals' best resource is knowledge. Being aware of warning signs and indicators of human trafficking can alert the clinician to possible victims.

TEXAS HUMAN TRAFFICKING PREVENTION TASK FORCE

The Texas Human Trafficking Prevention Task Force is a multidisciplinary group largely comprised of law enforcement professionals who work to identify victims and prosecute traffickers. This task force is headed by the Texas Office of the Attorney General and since 2008 has recommended multiple legislative changes that have been instrumental in fighting human trafficking. The task force developed a video to educate state employees on how to prevent, recognize, and report human trafficking, called *Be the One* (see "Resources" at the end of this course) (TX HTPTF, 2018).

Setting and Presentation

The media often portrays trafficking victims as women who are in chains or have a sign written on their hands that says, "Help Me." However, this is not what most trafficking victims look like. When victims of human trafficking present in healthcare settings, it is uncommon for them to self-disclose that they are victims. They have significant trust issues, and even when asked



directly, they are not likely to disclose that they are victims. The exploiter may also accompany victims, and as with victims of domestic violence, that presence will discourage victims from making any disclosures to a clinician.

A healthcare professional may encounter victims of sex trafficking in a clinic or emergency department setting who are requesting treatment or testing for pregnancy, abortion, sexually transmitted infections, and contraception. They may request a sexual assault forensic exam or treatment for substance abuse. Victims may experience broken bones or nonaccidental injury at the hands of exploiters or buyers.

Victims of labor trafficking may have physical injuries, pesticide poisoning, or salmonella from unclean water sources. If their illness or injury is severe, these patients may present in outpatient clinics or in the emergency department.

Behavioral health providers may encounter victims of trafficking who are depressed, cannot sleep, have anxiety, or are suicidal. Dentists may see these victims when dental problems become severe.

DOCUMENTATION

When conducting an exam of a patient who may be a victim of human trafficking, documentation should carefully record a written description of any findings, photographs, diagrams, and forensic evidence. It is important that documentation reflect the patient's perspective and not the suppositions or biases of the clinician (HEALTrafficking.org, 2018).

“Red Flags”

Human trafficking may be indicated by numerous possible signs. Clinicians may note one or more of the following “red flags” in a healthcare setting.

PHYSICAL SIGNS

- Signs or a history of deprivation of food, water, sleep, or medical care
- Physical injuries typical of abuse, such as bruises, burns, cuts, scars, prolonged lack of health or dental care, or other signs of physical abuse
- Brands, scars, clothing, jewelry, or tattoos indicating someone else's “ownership”
- Presence of sexually transmitted infections
- Pregnancy
- Possession of cell phones, jewelry, large amounts of cash, or other expensive items that appear inconsistent with the patient's stated situation
- Substance abuse or dependence signs and symptoms



- Clothing that is inappropriate for the weather or emblematic of commercial sex

INDICATORS IN A VICTIM'S APPEARANCE

The patient's appearance may include unusual tattoos that signify "branding," such as "I belong to John," "Team Zodiac," "I cum for \$," or barcodes. The patient may dress incongruently for the weather, such as wearing long sleeves to cover bruises or other marks when it is warm, or in clothing that is sometimes emblematic of commercial sex, such as skimpy skirts and low-cut tops regardless of when the weather is cool. It is important to remember that the victim may also be dressed as a school child, appear to be very well-dressed, or may be male or transgender.

SURVIVOR VOICE

"I was taken to the hospital about 80 times for injuries and sometimes to check for STIs, but I never told the truth about what happened. The nurse always just accepted what I said. For example, one time I said that I fell even though it was obvious I didn't just fall. I had a broken nose so bad that I had to have reconstruction. I came in with sore ribs, and I had teeth knocked out from one side of my jaw. I didn't go back to the same hospital because I was trafficked across several states."

SURVIVOR VOICE

"We always dressed in nice clothes and wore heels. I carried a cell phone and a Louis Vuitton bag. Our nails and our hair were always done, and we only rode in a new SUV. We got food, so I didn't have malnutrition or anything, but I know some girls who did. I had bad scars on my legs from being dragged from a car, but no one ever asked me about them."

PSYCHOLOGICAL/EMOTIONAL SIGNS

- Fear, anxiety, depression, nervousness, hostility, flashbacks, avoidance of eye contact
- Restricted or controlled communication, or use of a third party to translate, with no indicator of inability to understand English
- Inconsistencies in the history of the illness or injury
- Denial of victimization
- Attempted suicide, submissiveness, fearfulness, self-harm, or other signs of psychological abuse
- Appearing to be controlled by a third party (e.g., looking for permission to speak, not being left alone)
- Isolation from family or former friends



- Fear of employer
- Described or implied threats to self or family/friends
- History of running away

SURVIVOR VOICE

“There was a new girl, and I was taking her around. She was really young, and she couldn’t take it. She shot herself.”

ENVIRONMENTAL/SITUATIONAL SIGNS

- Working and living in the same place
- Lacking the freedom to leave their working or living conditions
- Being escorted or kept under surveillance when they are taken somewhere
- Not being in control of their own money
- Having no, or few, personal possessions
- Frequently lacking identifying documents, such as a driver’s license or passport
- Indicators of being a minor in a relationship with a significantly older adult
- Not knowing their own address
- Being in possession of hotel keys

SURVIVOR VOICE

“I couldn’t ever go to the hospital alone. One of the girls always came with me and never left the room. She was there to make sure I didn’t tell the hospital staff the truth. I think one nurse knew, but all she did was give me a phone number. I never could call it because as soon as we left, the girl who came with me took it away. I would have been too afraid to call it anyway because it would have been dangerous to do that. [The trafficker] controlled our phones.”

CASE

Labor Trafficking

Celia entered the United States from the Philippines. Desperate for work to support her three children after her husband experienced a stroke, Celia had been recruited by an organization in Manila that represented itself as an employment agency for catering and hospitality jobs in the



United States. When she first arrived in the United States, she owed the recruiter \$3,000 for an H-2B visa, airfare, and interest for a loan that had been suggested by the recruiter.

Although her contract stated she would work 40 hours per week for \$8.50 per hour, Celia was never paid that much per hour and was never given that number of hours. Her work visa was specific to her contract with a certain hotel, and she was unable to secure additional hours elsewhere to make ends meet. Her rent, which was an inflated amount, and her bus fare were deducted from her paycheck, leaving her about \$50 per week to repay her loan, buy food, and send money home to the Philippines to support her children.

Although Celia's visa status qualified her for Medicaid, she was not aware of this and was reluctant to seek healthcare or establish a professional relationship of trust with a primary care provider or dentist. When she got sick, she relied on home remedies until she became seriously ill, at which point she was forced to visit the local hospital emergency department.

In the emergency department, Celia was diagnosed with bronchitis. As part of a simple screening process, the nurse asked Celia about her living situation and elicited Celia's response about being forced to share a single room with five other hotel coworkers because that is all she could afford. Through the nurse's empathetic response, Celia felt encouraged to share more about how she had been promised a well-paying job but instead made \$50 a week and was unable to repay her debt to the company that brought her to the United States from the Philippines.

Suspecting that Celia was a victim of labor trafficking, the nurse referred her to a local agency that could help free her from her servitude. Celia learned of her rights, received legal assistance, and obtained a T visa (see "U Visa and T Visa" later in this course) for trafficking victims. Today she works as a nanny and earns enough money to send some to her children.

RED FLAGS AMONG MINORS

Minor victims may present with the same physical findings as adult victims, but it is important to also take note of a youth's belongings. Trafficked youth generally have a cell phone and may also have in their possession items that seem too costly for their age and occupation, such as expensive jewelry, purses, and large amounts of cash.

A careful social history may elicit that the child is "couch surfing" or "staying with a friend" and not attending school. Trafficked youth may have a chronic illness such as asthma or diabetes that is neglected. They may be accompanied by an older person whom they call "Daddy" or "Uncle" or refer to as their "boyfriend."

It is important to note that 1 in 6 runaways is likely to be trafficked within 48 hours of leaving home and may become sexually exploited in exchange for food, a place to stay, or cash. This is sometimes referred to as "survival sex" and is another form of commercial sexual exploitation. The youth may also disclose a history of involvement in the foster care or juvenile justice system.



Although children who have run away and are on the street are particularly vulnerable to traffickers, youth who live at home with parents or who are in foster care homes or group homes are also vulnerable to exploiters and may become victims of trafficking or CSEC when approached at malls, schools, parks, youth groups, and online.

SURVIVOR VOICE

“I had a friend who had two babies by johns. She was trafficked since she was 13 or 14. She ran away from her trafficker and went renegade to survive. Her only family was her mom, who was on drugs.”

CASE

Sex Trafficking

Haley was 14 years old and wanted to be a dancer or a chef when she grew up. One day she met a young man at the mall who told her she was beautiful. They exchanged phone numbers and began talking on a regular basis. He gave her gifts, and Haley thought she was in love. Haley was being “groomed,” one of the ways that exploiters gain trust and control over victims.

Haley’s new “boyfriend” soon asked her to have sex with other men, something she said she did not want to do but did anyway because she wanted to please him. Haley also had a history of physical, emotional, and sexual abuse in the home, which made her particularly vulnerable to the methods of exploiters because the cycle of abuse was familiar to her. Because Haley had endured years of sexual abuse in her home, she already felt dirty and ashamed in relation to sex.

Haley’s situation progressed to being sold to another exploiter, who beat her if she did not make any money and took all of her money when she was paid. She lived in a locked basement and slept on a mattress on the floor, with only a bucket to use as a toilet. Devoid of job skills, money, and fearing further abuse if she returned to her home, Haley felt trapped and that she had no way out.

Haley’s exploiter took her for frequent STI testing at various free clinics to avoid suspicion. Chandra, a nurse practitioner who volunteered at several of the clinics, began to recognize Haley. At the insistence of her exploiter, Haley always registered as an 18-year-old whenever she requested services, but Chandra suspected that Haley was probably younger. Before asking Haley her true age, Chandra made an effort to gain Haley’s trust, and Haley confided in her that she was only 14. This confirmed Chandra’s suspicions that Haley was probably a minor victim of trafficking, and so she followed the state protocol to report suspected child abuse and phoned the Texas Department of Family and Protective Services.



Haley was taken to an emergency receiving center, and because her parents had never filed a missing person report or made an attempt to find her, she was placed in protective custody by the Department of Family and Protective Services. Later, Haley was placed in a residential recovery facility for trafficking survivors. Haley was given a safe place to live, extensive treatment for her trauma, a high school education, and eventually, culinary training. Haley works as a cook now.

SURVIVOR VOICE

“There was one guy, he was really young. He was gay, and I think his family didn’t accept him being that way, so he ran away and then he got trafficked.”

Screening

Screening should take place in a quiet environment free from interruptions. Food, drink, and tissues should be available during the interview, and the interviewer should be prepared to offer clothing and referrals to medical care and other services as indicated. The screener should be sensitive to the fact that formal dress, suits, and uniforms may be emblematic of immigration or enforcement agencies and are not conducive to open communication.

(See also “Trauma-Informed Care” below.)

USE OF INTERPRETERS

If interpreters are needed, in-person services through accredited agencies are preferred. Interpreters should be screened for any conflict of interest, and they should utilize trauma-informed care practices. Patients should be given the option to request a different interpreter if they are uncomfortable. Some patients may prefer the anonymity of using a translator on the phone instead of in person. Trained interviewers are available in 200 languages through the National Human Trafficking Hotline (see “Resources” at the end of this course) (HEALTrafficking.org, 2020).

STRATEGIES TO INTERVIEW THE PATIENT ALONE

In order to provide an opportunity for the patient to communicate freely, the healthcare professional may need to implement a strategy to create privacy when the patient is accompanied by someone else. Strategies include: requesting that the patient leave the room with a clinician and without any accompanying person to undergo a procedure such as an X-ray, requesting that any accompanying person step out of the room due to hospital privacy policies, or asking an accompanying party to leave the room in order to provide assistance with registering the patient.

If the person who is accompanying the patient refuses to leave or to allow the patient to be separated, it may **not** be in the patient’s best interest for the healthcare professional to insist. If



the trafficker feels threatened, there is a risk that the patient will not be allowed to receive treatment or be harmed after leaving the facility. The same is true for involving law enforcement or security. If the trafficker becomes suspicious, it may jeopardize the ability of the patient to return for needed treatment (HEALTrafficking.org, 2020).

SURVIVOR VOICE

“I knew a girl who went to the hospital with her trafficker. He was in the room, but she slipped the nurse a note by shaking her hand. The note said, “I am not okay, and I need help.” The nurse left the room. When she came back, she told the trafficker that she had to take the girl to get an X-ray. As soon as they were alone, the girl told the nurse that the trafficker had a gun on him, and she asked the nurse to call the police for her.”

SAFETY MEASURES

When working with human trafficking survivors, safety is a primary concern. Although many emergency departments have metal detectors to screen for weapons, it is important that all healthcare institutions have a response protocol in the event of violence. It is equally important that healthcare professionals are aware of how to keep their patients and themselves safe at work.

When working with crime victims and suspects in particular, the healthcare professional should pay attention to the environment and be prepared to act quickly. Because of the criminal nature of human trafficking, security should be alerted when a patient is suspected of being a human trafficking victim. Personnel should also be cognizant of prevention measures such as registering a high-risk patient under an alias, flagging their chart not to give information to the public, or placing the unit under lockdown if a direct threat occurs (Titler & Reynolds, 2020).

OVERCOMING SURVIVOR BARRIERS TO DISCLOSURE

The goal of the healthcare professional should **not** be to elicit a disclosure but to create a safe space where patients feel that they can be treated, learn more about their options, and receive support to make informed decisions (NHTTACenter, 2021). There are many barriers to disclosure by human trafficking survivors to healthcare workers:

- Patients who are trafficked are frequently in the presence of their trafficker or another person who is watching what they say and are not free to discuss their situation.
- They may be unable to communicate due to linguistic issues, illness, or trauma.
- Patients do not have any reason to trust healthcare professionals, are fearful of their trafficker, and are concerned that they will not be believed or might be arrested.

Survivors who have experienced human trafficking are experts on this topic and understand what healthcare providers need to know in order to create a safe space for disclosure. According to survivors, it is important that healthcare workers have a working knowledge or skills in these areas:



- Resources for human trafficking survivors
- Mandatory and nonmandatory reporting of human trafficking
- Trust-building
- Means of separation from the trafficker
- Survivor empowerment, follow up, and monitoring
- “Red flags” for human trafficking
- Skilled collaboration and assessment
- Compassion
- Advocacy
- Respect
- Trust
- Patience
- Gentleness
- Sensitivity
- Safety
- Nonjudgmental attitude

Survivors also recommend that healthcare professionals:

- Obtain informed consent for all treatments
- Share accurate timeframes
- Avoid touching the patient and, when clinically necessary, only do so after asking permission
- Provide opportunities for the patient to be in control when possible
- Listen and respond to the needs that patients verbalize
- Include other survivors in the care team to reduce the possibility of shame (Chisolm-Straker et al., 2020)

SURVIVOR VOICE

“Nurses should look at the behavior of the patient and any person accompanying them. They should talk to the patient one to one. If just one nurse could have taken me somewhere private, I would have told them what was happening and asked them to call the police.”



BARRIERS TO RECOGNIZING MALE VICTIMS

Evidence has shown that even those providers who are trained to identify human trafficking victims often miss identifying male victims when they encounter them. Research identifies multiple contributing factors to the lack of recognition of male commercially sexually exploited children, even though an estimated 31%–71% of youth who are involved in commercial sex may be male:

- Boys are not likely to self-identify as sexually exploited due to feeling shame, stigmatization from their family or community, and in some cases concerns about being gay.
- Boys may not disclose their status due to fear of criminalization for substance use or being undocumented.
- Providers may defer to cultural norms that recognize girls as being vulnerable and needing protection but expecting boys to “tough it out.”
- Providers may accept a social standard that assumes that boys who are involved with forced sex do so willingly in exchange for benefits, thereby believing they are not being trafficked but are willing participants.
- If a girl has new clothes or a manicure from an unexplained source, providers may suspect it is because she has been sexually exploited. If a boy has new shoes, jewelry, etc., he may instead be suspected of theft or gang involvement.
- If a girl is seen with an older man, providers will investigate, but if a boy is involved with an older man, providers might assume he is a willing participant in a same-sex relationship.
- Western culture promotes the image of males as strong and self-reliant persons who actively pursue sex.
- Anti-trafficking organizations offer limited outreach to areas that are known for male prostitution.

(French Nafekh et al., 2023)

Assessment Tools

Several assessment tools have been developed to assist professionals in identifying victims of trafficking. These tools require training and are available online at no cost.

In Texas, youth are screened using the **Commercial Sexual Exploitation Identification Tool (CSE-IT)**. The CSE-IT was developed by West Coast Children’s Clinic for social workers to screen at-risk youth who are 10 years of age and up for commercial sexual exploitation. The evidence-based and validated CSE-IT tool uses a weighted scoring system to evaluate observations made by the professional rather than answers given on a questionnaire to the youth. A free, 3-hour training on how to use the tool is offered monthly by Texas Network of Youth



Services and aims to ensure that all youth services providers have the tools they need to identify, prevent, and respond to commercial sexual exploitation of youth (TNOYS, 2021).

The Vera Institute of Justice’s (2014) **Trafficking Victim Identification Tool (TVIT)** is validated and continues to be used by health professionals, law enforcement officers, and other service providers to screen adult victims of trafficking. This tool consists of a 30-topic questionnaire and was developed over two years with a grant from the National Institute of Justice. The tool is available in both English and Spanish and comes in a full or abbreviated version. This tool requires about an hour to administer, and the results are evaluated by a human trafficking expert. The topics that are covered include background and demographics, migration into the United States, and working and living conditions. The total responses are evaluated, and needs such as safety, housing, social service, and employment are assessed. This tool works best with reliable referral networks so that victims can receive the services that they need from community partners (TX DHHS, 2023).

New York State’s Covenant House developed the **Human Trafficking Interview and Assessment Measure (HTIAM-14)** to assess youth for trafficking. It is similar to the other screening tools, with the child welfare professional scoring responses to quantify risk; it is brief to administer; and it does not require expertise in trafficking (TNOYS, 2023).

TRAUMA-INFORMED CARE

Trauma is an intense response to a stressful situation that can result in lasting negative effects on an individual that are aversive to their health and well-being. Trauma impacts an individual’s worldview, identity, and relationships. These beliefs impact how the individual will respond to available services and the criminal justice system.

Therefore, whenever a clinician is interacting with a potential victim of human trafficking, trauma-informed care and interviewing techniques are important so that the individual is not inadvertently retraumatized. Providers should incorporate the “Four Rs” into their trauma-informed practice:

1. **Realize** the prevalence of trauma
2. **Recognize** that trauma affects how an individual responds to interactions with the organization or system
3. **Respond** by putting knowledge into practice
4. **Resist** retraumatization of individuals

Any service provider who interfaces with an individual who has a history of trauma—from the receptionist to the physician—should be educated about trauma-informed care and strive to create an environment in which the patient feels safe, believed, and empowered. Nobody should be made to feel like a witness to a crime for which they are the victim (OVC, 2023).



Principles of a Trauma-Informed Approach

Promising practices for a trauma-informed approach to screening rely on caring for each individual as if they have experienced a trauma and being mindful to avoid retraumatizing the patient. There is a focus on physical, psychological, and emotional safety and an emphasis on helping the patient achieve a sense of control, empowerment, and agency.

The six principles of a trauma-informed approach include:

1. **Safety.** The provider ensures safety for the patient, both physical and emotional, and maximizes the patient's control. The provider aims to meet the basic needs of the patient, including necessary medications.
2. **Trustworthiness and transparency.** The provider spells out the limits of confidentiality and ensures that the patient is heard and understood.
3. **Peer support.** The provider encourages the patient who has survived trauma to implement self-help.
4. **Collaboration and mutuality.** The provider acknowledges the individual roles of the patient and staff and attempts to even out power discrepancies.
5. **Empowerment, voice, and choice.** The provider supports the individual's sense of agency and helps the survivor become empowered.
6. **Cultural, historical, and gender issues:** The provider recognizes that there may be sources of trauma from cultural, racial, ethnicity, gender, and historical issues, including adverse childhood experiences (ACEs).
(Human Trafficking Collaborative, UOM, n.d.)

Asking Difficult Questions

Sometimes it is difficult to frame questions in a way that will feel nonjudgmental to a victim. The ability to ask questions in a way that does not cast blame will provide the health professional with better information and is unlikely to cause harm to the patient.

- An opening statement such as “I would like you to tell me everything that you are comfortable sharing” can be very helpful.
- If immigration status might be an issue, it is best to not ask about this initially.
- Asking, “What were you wearing?” could be interpreted by the patient as blaming them for the occurrence based on their dress. Instead, one might ask, “What are you able to remember about what you were wearing?”
- It is important to avoid asking victims of human trafficking “why” questions about any of their actions or responses. Asking “why” may cause the victim to feel or believe that they did something wrong and is likely to negatively impact the interview.



Forensic Experiential Trauma Interview

Principles from the Forensic Experiential Trauma Interview (FETI), developed by Russell Strand, can be utilized by healthcare professionals who work with victims of trauma. The FETI is based on the neurobiology of trauma that entails a shutting down of the prefrontal cortex during the traumatic or stressful event. The prefrontal cortex, when operating efficiently, is the cognitive part of the brain that normally records the memory of an event (who, what, why, where, when, and how). During a traumatic event, less-advanced portions of the brain record the event. Stress and trauma interrupt how memories are stored and may lead to the victim expressing inconsistent or incorrect statements.

- Interviewers make a sincere effort to establish safety, trust, and comfort for the victim. They acknowledge the victim’s trauma and ask nonleading questions such as, “What are you able to tell me about your experience?” or “I would like you to share with me everything that you are comfortable sharing.” Statements such as “Help me understand about the car ride” replace the use of “Why did you get in the car with him?”
- Interviewers do not interrupt, and they pause to allow victims time to think through the question. They may ask, “What were you feeling?” or “What was your thought process during this experience?” instead of “Why did you do that?”
- Interviewers express empathy and understanding and allow the victim to say they “don’t remember” rather than asking the victim to guess.
- Interviewers acknowledge that the victim may remember more after some time has passed.
(Lonsway & Archambault, 2021)

Forensic interviews of **children and adolescents** utilize a multidisciplinary team approach and generally take place in a child advocacy center. A certified interviewer conducts the interview while law enforcement, social services, behavioral health, and medical representatives observe from another room. These interviews are generally recorded using an audio-visual system, and observers document their observations according to each discipline’s requirements (Childsafe, 2020).

CASE

Trauma-Informed Screening

A young woman, Teresa, presents to the emergency department with a chief complaint of abdominal pain. She is monolingual Spanish-speaking. She is accompanied by a young man who answers every question for her; he offers to pay in cash because she has no insurance.

As part of the exam, Teresa will require an ultrasound. The nurse, Patty, explains to the man accompanying Teresa that she will take Teresa to the X-ray department and asks him to wait in the waiting room. He reluctantly agrees and says something harsh to Teresa as she leaves the exam room that makes her cringe. While in the X-ray area, an interpreter is called, and



Patty learns that Teresa has no “papers” because she came on a “caravan” into the United States. She says that the man who brought her to the hospital is a distant cousin and that he promised her a job, but now he is angry that she is “weak” and won’t be able to work.

Patty’s first action when practicing trauma-informed care is to provide physical, emotional, and psychological safety for Teresa. While they wait for the X-ray, Patty sits beside the patient and asks her about her abdominal pain. Teresa says that she had an ulcer before but couldn’t afford the medicine. Now the pain has returned. Patty states that stress can contribute to ulcers. Patty knows that she cannot offer Teresa food or water to drink until the doctor says that can be allowed. For now, she offers a tiny amount of tepid water in a small cup for oral rinsing and mouth care swabs, and she covers the patient with a warm blanket.

Patty and the interpreter continue to converse with Teresa. After providing Teresa with privacy from her cousin, Patty practices transparency and discusses confidentiality with Teresa before asking additional assessment questions. Patty looks at Teresa directly and speaks to her, then waits for the interpreter to translate her words and Teresa’s response.

Concerned for her patient’s safety, Patty states that she noticed the cousin had said something harsh as he left and asks if Teresa is comfortable talking about that. Teresa says that she has just met the cousin, and he immediately warned her that if she were too weak to work in the fields, then she would owe him a lot of money for the caravan trip and would have to pay him back another way.

Remaining nonjudgmental and being mindful of power dynamics, Patty informs Teresa that she does not have to owe her cousin for this hospital visit and that other arrangements can be made for her bill. Patty then tells her that she will bring in an advocate who can talk to her about her situation and her options, encouraging peer support and self-help. Patty also reassures Teresa that she will receive treatment for her abdominal pain no matter what she chooses to do about the work situation with her cousin.

RESPONSE AND FOLLOW UP

Healthcare Professionals’ Role in Intervention and Response

Healthcare professionals are on the frontlines of providing direct patient care to human trafficking survivors and are uniquely positioned to recognize and respond. It is incumbent upon the provider to be aware of indicators of human trafficking, implement trauma-informed care for all patients, and refer individuals to other resources as needed. According to one study, 67% of survivors who were actively being exploited encountered healthcare professionals but their situation was not recognized (U.S. DHHS, 2023).



Survivor-Centered, Multidisciplinary Referrals

Every institution should develop a survivor-centered approach to victims of human trafficking. Providers should be prepared to make an immediate referral of patients to multidisciplinary community partners using a “warm hand-off”(transfer of care between providers in the presence of the patient) and a personal approach when a patient requests assistance. The patient may need an immediate referral for housing, legal assistance, a T visa application, advocacy, or a report to law enforcement. It is essential that the facility provide education and training to providers so that they are well-acquainted with local and state resources.

If the patient does not request immediate help, the treatment plan should still include referrals to comprehensive care services that are unique to the patient’s needs and sensitive to the patient’s circumstances. The goal of the provider is to treat the patient and offer information and support (HEALTrafficking.org, 2018).

SURVIVOR VOICE

“My trafficker started to trust me with his laptop, so I applied to a local college, but I never heard back. I don’t think he would have told me if they sent me an email. But one day I got a call on my phone, and the college told me I was accepted and asked me if I was going to come. I said yes and I tried to run away that night, but he tracked me with my phone and beat me up pretty bad. He made me go out with a customer like that. So I went. When the customer was finished, I asked him to drive me to the police station, and he did. When I went in the station, an officer saw me there crying, and he ran up to me and said, ‘Oh, mija’ [Oh, my daughter].”

Removing victims from exploitation is only the first step, and recidivism among trafficked individuals is common without multifaceted treatment for recovery and reintegration. Reintegration and recovery require economic and social inclusion, safe housing, a reasonable standard of living, and physical and mental well-being. Survivors also require opportunities to grow personally, socially, and economically and access to justice, education, and training. To succeed, survivors must have an environment that provides access to strong emotional and social support. Unfortunately, many survivors are not identified and, as a result, do not receive assistance. Others may be criminalized, and some decline assistance. The recovery trajectories for survivors are often complex and nonlinear (Surtees, 2021).

Reporting Trafficking in Texas

TRAFFICKING IN MINORS AND VULNERABLE ADULTS

Trafficking in minors (under the age of 18), including child sex or labor trafficking, is a form of child abuse and maltreatment. Suspicion of such crimes **must be reported within 48 hours** to the Department of Family and Protective Services (DFPS). In Texas, any citizen who suspects child abuse must make a report. Reporters who feel that a child is in imminent danger should call emergency services (911) first.



The same is true with suspicion of **trafficking among vulnerable adults**, such as those who are unable to provide for their own care or protection due to disability or aging. Texas law states that suspected abuse, neglect, or exploitation of a person who is 65 years or older or an adult with disabilities **must be reported immediately** to DFPS.

- Texas Abuse Hotline: 800-252-5400
- Website: txabusehotline.org
- Texas Relay Service: 7-1-1 or 800-735-2989 (voice or TTY)

Professionals must make a verbal report or online report of suspected abuse but do not need to follow with a written report. The reporter does not need to be certain of abuse and should report if they have a reasonable suspicion (TX DFPS, 2020).

Professional Mandated Reporters

Professional mandated reporters in Texas are defined as persons who are licensed or certified by the state, work for an agency or facility licensed or certified by the state, and have contact with children within the scope of their normal work. The law states that such professionals are required to make a report of abuse or neglect involving a child or a vulnerable adult themselves and may not delegate the duty to another person such as a coworker or family member.

Professional reporters include, but are not limited to:

- Teachers
- Nurses
- Doctors
- Daycare employees
- Employees of a clinic or healthcare facility that provides reproductive services
- Juvenile probation, detention, or correctional officers

Making a Report

It is recommended that the reporting party gather the following information before making the report:

- Names of the involved persons
- Dates of birth
- Social Security numbers
- Home address
- School or daycare



- Employer
- Primary language
- Disability or special needs

Confidentiality and Liability

DFPS is required to keep the reporter's identity confidential. A person who knowingly files a false report may be subject to civil or criminal liability. If the DFPS determines that there is no abuse or neglect and the report was filed in good faith, the reporting party is protected from liability. In addition, an employer may not suspend, terminate, or discriminate against a professional who makes a suspected child abuse report in good faith (TX DFPS, 2020).

TRAFFICKING IN COMPETENT ADULTS

There are no specific reporting statutes for trafficking that might be applied to competent adult victims due to the assumption that competent adults have the right to privacy and agency. Therefore, the professional **must obtain permission from the victim** before making a report.

Professional reporters of child and vulnerable adult abuse in Texas are **not** obligated to report competent adult trafficking victims to law enforcement unless they are treating them for a gunshot wound or an overdose of a controlled substance, per the state's health and safety codes 161.041 and 161.042 (Texas Statutes, 2020a, 2020b).

Instead, healthcare providers should use a trauma-informed approach to provide adult victims with information, resources, and options. Victim referrals should include direct service providers such as legal assistance, housing, advocacy, law enforcement, and the local or state hotline for human trafficking victims. Professional reporters may also make a confidential report to the National Human Trafficking Hotline (see below).

WHEN TO REPORT SUSPECTED HUMAN TRAFFICKING IN TEXAS	
If patient is ...	Then ...
Minor (under age 18)	Report within 48 hours to law enforcement or the Dept. of Family and Protective Services
Competent adult	Report only with patient consent (but anonymous report to national hotline allowed)
Age 65 or over	Report immediately to law enforcement or the Dept. of Family and Protective Services
Vulnerable/disabled/dependent adult	Report immediately to law enforcement or the Dept. of Family and Protective Services
Being treated for a gunshot wound	Report immediately to law enforcement
Being treated for overdose of controlled substance	Report immediately to the Department of State Health Services (DSHS)



Implications of Law Enforcement Involvement

Involving law enforcement is mandatory in Texas if the human trafficking survivor is a minor or a vulnerable adult, but the arrest and criminalization of trafficked youth for commercial sexual activity typically compounds their trauma. Placement in the juvenile justice system also exposes trafficking victims to other youth detained for criminal acts.

In 2000, the federal Victims of Violence and Trafficking Prevention Act redefined the commercial sexual activity of minors as victimization as opposed to criminal behavior regardless of whether the child's activity appeared to be voluntary. This law does not protect all minors from arrest under the age of 18 in Texas, however, because the age of consent is 17 according to the state law, and there are other laws that allow for children who are as young as 14 to consent to sexual activity as long as the other party is no more than 3 years older (Human Trafficking Search, 2020).

If the survivor is a competent adult, the healthcare professional must abide by the wishes of the survivor and also consider HIPAA privacy restrictions. Once police are involved, they are limited in their actions by the protections that are available to the survivor. Programs through Trafficking Victims Protection Act, Violence Against Women Act, and Deferred Action for Childhood Arrivals may apply, as may local safe harbor provisions (HEALTrafficking.org, 2018).

Immigrants may be assisted by the U visa or T visa program, but they also run the risk of being deported by Immigration and Customs Enforcement (ICE). If the patient has been charged with a previous crime, the law enforcement officer may be required to arrest the patient based on state or local law (HEALTrafficking.org, 2020).

If law enforcement is called to the clinical setting because of violence or suspicious activity, there is a risk that the patient's trafficker will not allow the patient to return for care or that the patient may be harmed after leaving. It is important that the care provider and/or institution think carefully before involving law enforcement or security (HEALTrafficking.org, 2020).

U VISA and T VISA

The U visa is a unique visa for undocumented victims of crimes who have experienced substantial mental or physical abuse and are willing to assist law enforcement in the investigation or prosecution of the criminal case. It was developed with the intent to strengthen the ability of law enforcement to investigate and prosecute certain types of cases. Victims who are granted a U visa are given temporary legal status and work eligibility in the United States for up to four years. This program helps law enforcement agencies assist many victims of crimes who would otherwise not be served (U.S. DHS, 2019). The number of petitioners for the U visa from 2009 to 2020 was 30,900, and USCIS approved 20,400 applications in that same time period (U.S. CIS, 2020b).

The T visa is similar and addresses victims of trafficking. These victims, along with approved family members, may reside in the United States for approximately four years if they comply



with criminal justice system requests (U.S. CIS, 2020a). The number of petitioners for the U visa from 2009 to 2020 was 30,900, and USCIS approved 20,400 applications in that same time period (U.S. CIS, 2020b).

Three barriers have been identified that prevent victims from obtaining a T visa:

- The process is not consolidated, and as a result, victims must tell multiple people and agencies what happened to them and relive the trauma each time.
- Many victims do not speak English as a first language (if they speak it at all), but the visa application to be completed is in English.
- The time to process the T visa is lengthy, ranging from 18 months to two and a half years. but the applicant is unable to legally work in the United States during that time. (Human Trafficking Search, 2021)

Community, Local, and State Resources in Texas

The state of Texas is actively addressing the issue of human trafficking. Several organizations offer a variety of services.

- The **Texas Human Trafficking Resource Center** is an excellent resource for healthcare providers, Health and Human Services staff, community partners, and victims of human trafficking. The website provides links to local, state, and national resources that assist with human trafficking. It includes the 52-minute video *Be the One*, which focuses on prevention, recognition, and reporting of human trafficking.
- **Polaris**, the National Human Trafficking Hotline, provides a link to content specific to Texas and downloadable materials in several languages to print and distribute. Texas information includes statistics, events, and resources for the state.
- The **Coalition to Combat Human Trafficking (CCHT)** is a nonprofit organization whose focus is to educate, bring awareness, and provide direct assistance to victims of sex and labor trafficking. The organization partners with law enforcement, refugee services, faith-based programs, shelters, and advocacy groups (CCHT, 2022).
- **Traffick911** is an organization in Northern Texas that provides direct services including crisis response, advocacy, case management, and mentorship to commercially sexually exploited children. They partner with first responders and are available to offer crisis services to children 24 hours a day.

(See “Resources” at the end of this course for website links/contact information.)

Organizational Protocols

Healthcare institutions are well-situated to address the public health issue of human trafficking. A task force of the Hospitals Against Violence (HAV) urged the Centers for Disease Control and



Prevention to create an ICD-10-CM code that classifies human trafficking as a form of abuse, which was implemented in 2019.

Hospitals can establish identification and response protocols within their institutional settings and provide staff education to ensure that victims will be identified. Nurses and other healthcare professionals can work locally with law enforcement to insure a multidisciplinary collaborative response. At the state and national level, nurses can bring public awareness to the issue and lobby legislators to improve programs that assist victims. It is essential that healthcare professionals develop relationships with community partners and local resources as well (Zangerle, 2018).

In order to serve patients who are being exploited or vulnerable, a comprehensive, multidisciplinary approach is necessary. The goal of such a protocol is not to identify victims of labor or sex trafficking and elicit a disclosure. Instead, the purpose of the protocol is to promote the creation of procedures and an environment where victims may be safely treated as well as be supported to seek assistance and become educated about their options.

The **protocol toolkit** from HEAL Trafficking promotes a trauma-informed approach and defines human trafficking as a public health issue. Protocol aims include:

- Clarifying roles and procedures regarding identification and reporting
- Providing staff education to ensure a survivor-centered approach
- Improving staff ability to refer patients to housing, support, and other needs
- Maximizing safety by utilizing safety planning proactively
- Collaborating with other community partners such as social services, the district attorney, direct service providers, and law enforcement
- Collecting de-identified data for analysis with community partners and state authorities (HEALTrafficking.org, 2018).

National Human Trafficking Hotline

- Hotline number: 888-373-7888

This organization is not an investigative agency or affiliated with law enforcement. When a report is made to the National Human Trafficking Hotline, consent and safety are the most important elements that are considered. When a call is received, the following actions will occur:

- A skilled advocate will assess the circumstances for potential labor or sex trafficking of a person of any age, nationality, race, or gender. Whenever possible, the hotline personnel will speak directly with victims in order to discuss reporting and referral options and receive consent to act on that person's behalf.
- If the victim is a child, the hotline advocate will immediately inform the appropriate authorities.



- When the hotline advocate determines that the call concerns a potential case of human trafficking, a supervisor is immediately alerted to begin coordinating a response. Action steps frequently include:
 - A follow-up call to the caller (with their consent) for additional information
 - A report to the designated law enforcement agency
 - Coordination with service providers for emergency assistance or transfer to a service provider

Tips of suspected human trafficking may also be provided anonymously (NHTH, n.d.-b).

(See also “Resources” at the end of this course.)

HEAL TRAFFICKING

HEAL (Health, Education, Advocacy, Linkage) Trafficking is an organization comprised of multidisciplinary professionals who support human trafficking survivors from a public health perspective. The organization provides an array of resources that are available on their website, including the Human Trafficking Protocol Toolkit, literature and publications, a speaker’s bureau, and links to a network of nonprofit groups and academic and government centers pertaining to human trafficking. The website also offers patient resources, information on child labor, COVID-19, and protocol consultancy. (See “Resources” at the end of this course.)

CONCLUSION

The crime of human trafficking creates a ripple effect when the trauma of victims expands steadily in circles that encompass families, communities, and professionals who assist them. It is a crime associated with serious adverse mental and physical consequences and increased mortality in a cohort of individuals who may not define themselves as victims.

Change can only occur with a coordinated, multidisciplinary response and must include the efforts of professionals to learn to recognize the signs of human trafficking, take action in a trauma-informed manner when working with victims, and comply with mandated reporting laws.

In order to eradicate this form of human exploitation, legislators must continue to redefine our laws to protect the vulnerable; peace officers must enforce these laws; other members of society, such as healthcare practitioners, other mandated reporters, and citizens, must empathize with survivors; and prosecutors must hold offenders accountable.





RESOURCES

Be the One (video) (Texas School Safety Center)
<https://txssc.txstate.edu/videos/be-the-one/>

Coalition to Combat Human Trafficking
<https://www.cchttx.com>

Commercial Sexual Exploitation—Identification Tool (CSE-IT)
<https://www.westcoastcc.org/cse-it/>

Family Violence Program Resources (TX Health and Human Services)
<https://www.hhs.texas.gov/services/safety/family-violence-program/family-violence-program-resources>

HEAL Trafficking
<https://healtrafficking.org>

National Human Trafficking Hotline—Texas
<https://humantraffickinghotline.org/en/statistics/texas>
TTY: 711
888-373-7888
Text “BeFree” to 233733

Polaris Project
<https://www.polarisproject.org>

Protective Response Model
https://sharedhope.org/wp-content/uploads/2014/04/JRC_ResponseModel_Spreads_web.pdf

Texas Abuse Hotline (Texas DFPS)
<https://www.txabusehotline.org/Login/Default.aspx>
800-252-5400
711 or 800-735-2989 (TTY)

Texas Human Trafficking Resource Center
<https://hhs.texas.gov/services/safety/texas-human-trafficking-resource-center>

Traffick911
<https://www.traffick911.com>

Victim Assistance Program (U.S. Immigration and Customs Enforcement)
<https://www.ice.gov/features/vap>

REFERENCES



Bailey R, Dugard J, Smith SF, & Porges SW. (2023). Appeasement: Replacing Stockholm syndrome as a definition of a survival strategy. *Eur J Psychotraumatol*, 14(1), 2161038. <https://doi.org/10.1080/20008066.2022.2161038>

Binzer L. (2021). Opinion: Texas must pass a safe harbor law for underage sex trafficking victims. *Houston Chronicle*, January 14. <https://www.houstonchronicle.com/opinion/outlook/article/Opinion-Texas-leaders-must-pass-a-safe-harbor-15867747.php>

Bykerk E. (2022). *The silenced minority: Sex trafficking of males*. <https://traffickinginstitute.org/the-silenced-minority/>

Centers for Disease Control and Prevention (CDC). (2022). *Understanding sex trafficking*. <https://www.cdc.gov/violenceprevention/sexualviolence/trafficking.html>

Childsafe. (2020). *The forensic interview*. <https://www.childsafe-sa.org/services/forensic-interview/>

Chisolm-Straker M, Miller CL, Duke G, & Stoklosa H. (2020). A framework for the development of healthcare provider education programs on human trafficking, part two: Survivors. *Journal of Human Trafficking*, 6(4), 410–24. <https://doi.org/10.1080/23322705.2019.1635333>

Coalition to Combat Human Trafficking (CCHT). (2022). *Breaking the chains of human slavery*. <https://cchttx.com>

Forsyth J. (2017). Eight found dead inside an 18-wheeler that “ruthless human smugglers” parked behind a Texas Walmart. *Business Insider*. <http://www.businessinsider.com/r-eight-found-dead-in-texas-truck-in-suspected-human-trafficking-2017-7>

French Nafekh E, Ackerman-Brimberg M, Walker Brown K, Masciangelo J, Earl N, & Dickeson L. (2023). *Understanding the commercial sexual exploitation of boys & young men: How service providers can break down biases & barriers to help boys & men thrive*. National Center for Youth Law. https://youthlaw.org/sites/default/files/attachments/2023-06/NCYL_Issue%20Briefs_Boys%20and%20Young%20Men%20CSE_v5.pdf

Gardner A. (2023). *Human trafficking is a public health issue*. United Way. <https://www.unitedway.org/blog/human-trafficking-is-a-public-health-issue#>

Greenbaum J. (2020). The public health approach to human trafficking prevention. *Georgia State University Law Review*, 6(4), 1059–74. <https://readingroom.law.gsu.edu/gsulr/vol36/iss4/7>

Guy-Evans O. (2023). *Fight, flight, freeze, or fawn: How we respond to threats*. Simply Psychology. <https://www.simplypsychology.org/fight-flight-freeze-fawn.html>

HEALTrafficking.org. (2020). *Health education advocacy linkage*. <https://healtrafficking.org>

HEALTrafficking.org. (2018). *Introductory training on human trafficking for U.S. health care professionals*. <https://healtrafficking.org/wp-content/uploads/2018/04/Essential-Components-for-a-Health-Professional-Trafficking-Training.pdf>

Human Trafficking Collaborative, University of Michigan. (n.d.). *Trauma-informed care*. <https://humantrafficking.umich.edu/education/trauma-informed-care>

Human Trafficking Search. (2021). T visas: Intent and reality—immigration attorneys share challenges to “humanitarian” approach. <https://humantraffickingsearch.org/t-visas-intent-and-reality-immigration-attorneys-share-challenges-to-humanitarian-approach/>



Interactive Constitution. (2020). *The abolition of slavery*. <https://constitutioncenter.org/interactive-constitution/amendment/amendment-xiii>

Lonsway KA & Archambault J. (2021). *Effective victim interviewing: Helping victims retrieve and disclose memories of sexual assault*. End Violence Against Women International. https://evawintl.org/wp-content/uploads/Module-5_Victim-Interview.pdf

National Center for Missing and Exploited Children. (2022). *Child sex trafficking overview*. <https://www.missingkids.org/content/dam/missingkids/pdfs/CST%20Identification%20Resource.pdf>

National Human Trafficking and Training Assistance Center (NHTTAC). (2021). *Core competencies for human trafficking response in healthcare and behavioral health systems*. <https://nhttac.acf.hhs.gov/sites/default/files/2021-02/Core%20Competencies%20Report.pdf>

National Human Trafficking Hotline (NHTH). (2023a). *Labor trafficking*. <https://humantraffickinghotline.org/en/human-trafficking/labor-trafficking>

National Human Trafficking Hotline (NHTH). (2023b). *Hotline statistics: Texas*. <https://humantraffickinghotline.org/en/statistics/texas>

National Human Trafficking Hotline (NHTH). (n.d.-a). *The traffickers*. <https://humantraffickinghotline.org/what-human-trafficking/human-trafficking/traffickers>

National Human Trafficking Hotline (NHTH). (n.d.-b). *Hotline FAQs*. <https://humantraffickinghotline.org/faqs/hotline-faqs>

Office for Victims of Crime (OVC), Training and Technical Assistance Center. (2023). *Using a trauma-informed approach*. <https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/41-using-a-trauma-informed-approach/>

Polaris Project. (2021). *Trafficking vs. smuggling: Understanding the difference*. <https://polarisproject.org/blog/2021/05/trafficking-vs-smuggling-understanding-the-difference/>

Polaris Project. (2020a). *Human trafficking*. <https://polarisproject.org/human-trafficking/>

Polaris Project. (2020b). *Trafficking victims protection act*. <https://polarisproject.org/policy-and-legislation/>

Polaris Project. (2020c). *The AMP model*. <https://polarisproject.org/how-human-trafficking-happens/the-amp-model/>

Raphael J & Feifer K. (2020). *Get the facts: What we know about sex trafficking, sexual exploitation and prostitution in the United States*. https://uploads-ssl.webflow.com/5b7ed53e01bf9702b9df675b/5e1cd98f61c439d812b34ed3_Get_the_Facts_January_2020.pdf

Stop Violence Against Women. (2020). *Health consequences of human trafficking*. https://www.stopvaw.org/health_consequences_of_trafficking

Surtees R & Johnson L. (2021). *Recovery and reintegration of trafficking victims: A practitioner guide*. Regional Support Office of the Bali Process (RSO) and NEXUS Institute. <https://nexusinstitute.net/wp-content/uploads/2021/05/Recovery-and-Reintegration-of-Trafficking-Victims.-A-Practitioner-Guide-NEXUS-and-RSO-2021-1.pdf>



- Texas Department of Family and Protective Services (TX DFPS). (2020). *When and how to report child abuse*. https://www.dfps.state.tx.us/Child_Protection/Child_Safety/report_abuse.asp#law
- Texas Department of Health and Human Services (TX DHHS). (2023). *Texas human trafficking resource center*. <https://www.hhs.texas.gov/services/safety/texas-human-trafficking-resource-center>
- Texas Human Trafficking Prevention Task Force (TX HTPTF). (2018). *Report 2018*. <https://www.texasattorneygeneral.gov/sites/default/files/files/divisions/criminal-justice/HumanTraffickingReport-2018.pdf>
- Texas Legislature. (2021). *Texas House Bill 1540*. <https://legiscan.com/TX/text/HB1540/2021>
- Texas Network of Youth Services (TNOYS). (2023). *TNOYS' CSEY resource center for preventing and responding to commercial sexual exploitation of youth: Prevention*. <https://tnoys.org/tnoys-csey-resource-center/#screening-tools>
- Texas Network of Youth Services (TNOYS). (2021). *What is CSE-IT? And why should my organization get certified to use it?* <https://tnoys.org/what-is-cse-it-and-why-should-my-organization-get-certified-to-use-it/>
- Texas Statutes. (2020a). *Mandatory reporting of gunshot wounds*. https://texas.public.law/statutes/tex._health_and_safety_code_section_161.041
- Texas Statutes. (2020b). *Mandatory reporting of controlled substance overdoses*. https://texas.public.law/statutes/tex._health_and_safety_code_section_161.042
- Titler J & Reynolds S. (2020). Human trafficking in the emergency department: Improving our response to a vulnerable population. *Western Journal of Emergency Medicine*, 21(3). <https://westjem.com/articles/human-trafficking-in-the-emergency-department-improving-our-response-to-a-vulnerable-population.html>
- Truckers Against Trafficking. (2020). Homepage. <http://truckersagainsttrafficking.org>
- U.S. Citizenship and Immigration Services (U.S. CIS). (n.d.) *Unlawful employment of aliens*. <https://www.uscis.gov/ilink/docView/SLB/HTML/SLB/0-0-0-1/0-0-0-29/0-0-0-8501.html>
- U.S. Citizenship and Immigration Services (U.S. CIS). (2022). *Characteristics of T nonimmigrant status (T visa) applicants fact sheet*. https://www.uscis.gov/sites/default/files/document/fact-sheets/Characteristics_of_T_Nonimmigrant_Status_TVisa_Applicants_FactSheet_FY08_FY22.pdf
- U.S. Citizenship and Immigration Services (U.S. CIS). (2020a). *Questions and answers: Victims of human trafficking, T nonimmigrant status*. <https://www.uscis.gov/humanitarian/victims-of-human-trafficking-and-other-crimes/victims-of-human-trafficking-t-nonimmigrant-status/questions-and-answers-victims-of-human-trafficking-t-nonimmigrant-status>
- U.S. Citizenship and Immigration Services (U.S. CIS). (2020b). *Number of form I-918, petition for U nonimmigrant status by fiscal year, quarter, and case status, fiscal years 2009–2020*. https://www.uscis.gov/sites/default/files/document/reports/I918u_visastatistics_fy2020_qtr3.pdf
- U.S. Department of Defense (U.S. DOD). (2022). *Key terms and definitions. Standard curriculum toolkit, required elements*. https://ctip.defense.gov/Portals/12/1%2022_Key_Terms_and_Definitions_FY%2021_Final_v2.pdf
- U.S. Department of Health and Human Services (U.S. DHHS). (2023). *National human trafficking prevention month*. <https://www.hhs.gov/blog/2023/01/17/national-human-trafficking-prevention-month.html>



U.S. Department of Health and Human Services (U.S. DHHS). (2018). *Fact sheet: Sex trafficking*.
<https://www.acf.hhs.gov/archive/otip/resource/fact-sheet-sex-trafficking-english>

U.S. Department of Homeland Security (U.S. DHS). (2019). *U visa law enforcement guide*.
https://www.dhs.gov/sites/default/files/publications/20_1228_uscis_u-visa-law-enforcement-resource-guide.pdf

Vera Institute for Justice. (2014). *Out of the shadows, a tool for the identification of victims of human trafficking*.
<https://www.vera.org/publications/out-of-the-shadows-identification-of-victims-of-human-trafficking>

Zangerle C. (2018). Nurse leaders play key role in battling human trafficking. *Voice of nursing leadership*,
September, 16–19. https://healtrafficking.org/wp-content/uploads/2018/12/Nurse-Leaders-Play-a-Key-Role-in-Battling-Human-Trafficking-by-Claire-Zangerle_Sept-2018.pdf





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TEST

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1. Which statement is **accurate** regarding the difference between trafficking of minors and trafficking of adults?
 - a. The elements of force, fraud, and coercion do not need to exist if the victim is a minor under the age of 18.
 - b. Actual physical harm must be present for an adult victim but only threatened physical harm for a minor victim.
 - c. There are more serious penalties for trafficking of adults than of minors.
 - d. Laws governing trafficking apply to minors but not to adults who are subject to deportation.

2. Under which vulnerability factor for human trafficking would a history of running away from home be categorized?
 - a. Individual
 - b. Relationship
 - c. Community
 - d. Societal

3. Which statement is **true** regarding the impacts of human trafficking?
 - a. The true prevalence is unknown, since trafficking is often concealed.
 - b. It is believed that women are more frequently trafficked for agricultural labor than men.
 - c. Over two thirds of sex trafficking cases involve victims under 18 years of age.
 - d. Recovery from trafficking is easier for male victims.

4. Which health issue in victims of human trafficking is likely to persist the **longest**?
 - a. Fatigue
 - b. Nutrition imbalance
 - c. Headaches
 - d. Depression

5. Which finding might suggest a trafficked person who is a minor?
 - a. Works in a coffee shop
 - b. Carries a designer purse
 - c. Lives with a parent and two siblings
 - d. Attends school until 3 pm every day



6. Which assessment tool is recommended for youth services workers in Texas to screen for open cases of suspected human trafficking?
 - a. TVIT
 - b. CSE-IT
 - c. HTIAM-14
 - d. QYIT

7. Which interviewer question demonstrates the principles of a Forensic Experiential Trauma Interview?
 - a. “What do you remember feeling?”
 - b. “What were you wearing?”
 - c. “Why did you do that?”
 - d. “Are you here legally?”

8. Which action is performed first when providing trauma-informed care with a patient?
 - a. Assure physical, emotional, and psychological safety for the patient.
 - b. Find out what happened by asking the patient questions from an assessment form.
 - c. Inform the individual of their patients’ rights.
 - d. Give the patient food and drink if they are hungry.

9. Which statement describes Texas’s law for mandated reporters who suspect sex trafficking of a minor or a vulnerable adult?
 - a. The reporter may delegate the act of reporting to a coworker or a family member.
 - b. The reporter must make a verbal or online report of abuse.
 - c. The reporter should have proof of sex trafficking before initiating the reporting process.
 - d. The reporter is not required to report if the victim is 17 years old.

10. Which statement is **not** an aim within the protocol toolkit from HEAL Trafficking?
 - a. Clarify organizational roles and procedures to identify and report human trafficking
 - b. Maximize safety for staff and patients
 - c. Elicit disclosures of trafficking from reluctant persons
 - d. Educate staff in a survivor-centered approach

