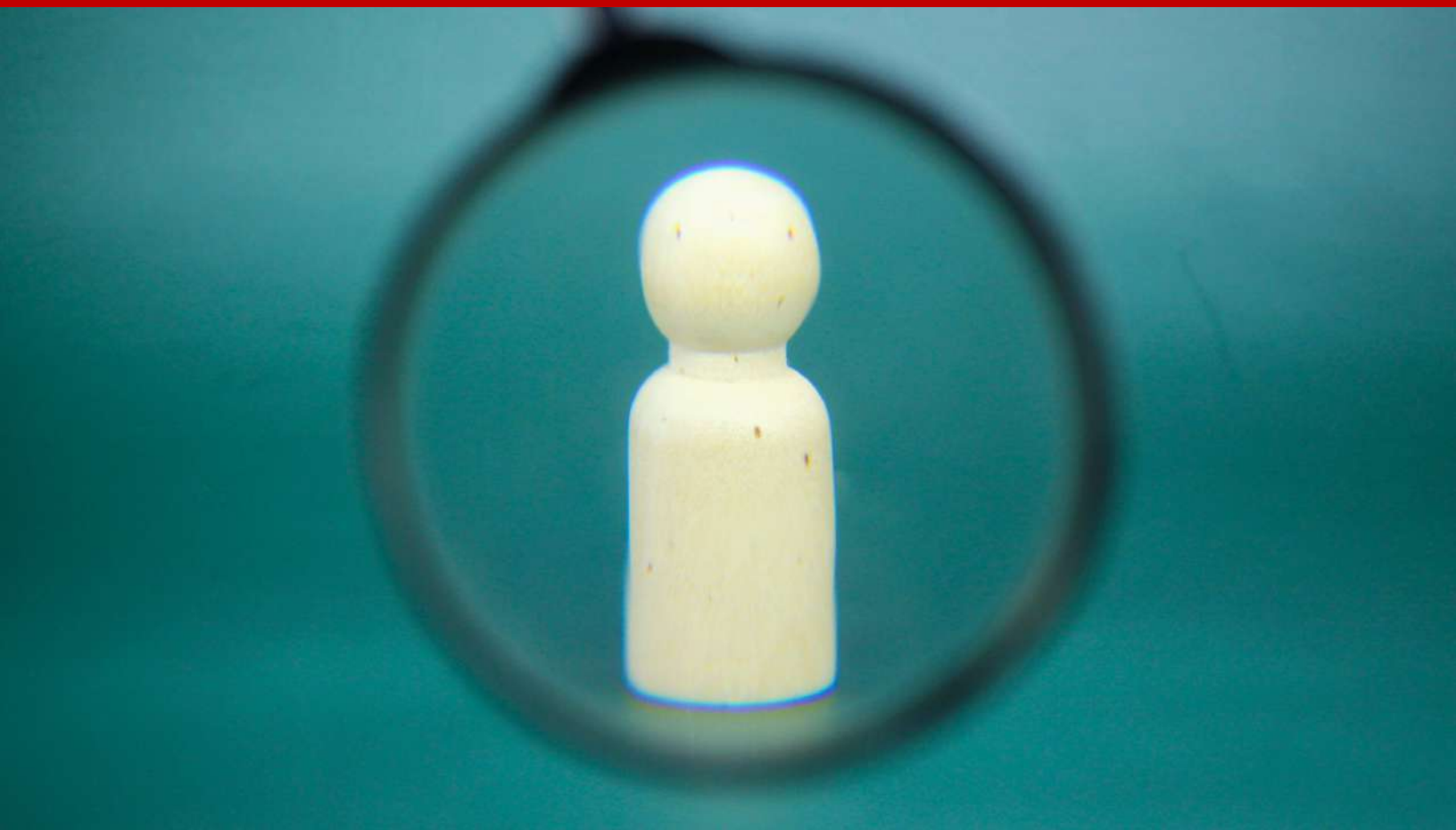
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Texas Human Trafficking Prevention



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Introduction

Evidence provided by the U.S. Department of State suggests that millions of individuals are trafficked each year. The question is, what is human trafficking, and how can health care professionals identify trafficked individuals? This course will answer that very question, while reviewing concepts central to understanding human trafficking. This course will also provide insight into the health impact of human trafficking, and relevant laws. Additionally, this course will highlight reporting requirements, and available resources for both health care professionals and patients in need.

Section 1: Human Trafficking

A 19-year-old patient, named Heather, reports to a health care facility. Heather is escorted to the facility by a large man who claims to be Heather’s fiancé. After checking in, a health care professional attempts to bring Heather to an examination room. However, Heather’s fiancé tells the health care professional that he wants to be with Heather "at all times.” Heather does not respond, or look at her fiancé when he is talking. Instead Heather looks down, and appears to be fearful. After a conversation with a health care professional, Heather's fiancé agrees to “allow'' Heather to be alone with the health care professional.

Upon entering a private room, the health care professional examines Heather. During the exam the health care professional notes a tattoo on Heather's left arm that reads “T’s.” The health care professional also notes several scars on Heather’s lower back. Upon questioning from the health care professional, Heather reports the following symptoms: pain while urinating, stomach pain, and pain during sex. Further questioning from the health care professional reveals that Heather is also experiencing vaginal discharge. After documenting Heather’s symptoms, the health care professional asks Heather if she uses protection during sex. Heather simply says “not always.” Further questioning reveals that Heather routinely has sex with a "few different guys a day." Towards the end of the examination, Heather begins to look at her phone. Heather tells the health care professional that she has to go because her fiancé is calling her.

The case study presented above highlights a potentially trafficked individual. The question that remains is, what is human trafficking, and how can health care professionals identify trafficked individuals? This section of the course will begin to answer that very question, while reviewing concepts central to identifying

trafficked individuals. Health care professionals should consider the case study presented above while reviewing this section, and the rest of the course. The information found within this section of the course was derived from materials provided by the U.S. government unless, otherwise, specified (U.S. Department of Justice, 2023; U.S. Department of State, 2023).

What is human trafficking?

Human trafficking may refer to the use of force, fraud, or coercion to obtain some type of labor or commercial sex act (note: the term commercial sex may refer to any sex act that involves an account of anything of value given to or received by any person).

Within the context of human trafficking, what is force, fraud, and coercion?

- Force includes the use of physical restraint, physical harm, sexual assault, and beatings, monitoring, and confinement (note: monitoring and confinement are often used to control victims, especially during early stages of victimization to break down a victim's resistance) (Office on Trafficking in Persons, 2023).
- Fraud includes the use of false promises regarding employment, wages, working conditions, love, marriage, or a better life (note: over time, there may be unexpected changes in work conditions, compensation or debt agreements, or nature of relationship) (Office on Trafficking in Persons, 2023).
- Coercion includes the use of threats of serious harm to or physical restraint against any person, psychological manipulation, document confiscation, and shame and fear-inducing threats to share information or pictures with others or report to authorities (Office on Trafficking in Persons, 2023).

What are the major forms of human trafficking?

- **Sex trafficking** - 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.

- **Labor trafficking** - 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.
- **Involuntary servitude** - involuntary servitude is 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.
- **Peonage** - peonage is a status or condition of involuntary servitude based on real or alleged indebtedness.
- **Debt bondage** - debt bondage is 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.
- **Slavery** - slavery is the state of being under the ownership or control of someone where a person is forced to work for another.

Does human trafficking have to involve the crossing of international or state borders?

U.S. law and international law does not require that a trafficker or trafficked individual move across a border for a human trafficking offense to take place (note: human trafficking is a crime of exploitation and coercion, and not movement).

What are the differences between human trafficking and human smuggling?

Human trafficking and human smuggling are not the same crime under federal law (i.e., human trafficking and human smuggling are two separate crimes under federal law). The differences between human trafficking and human smuggling may be found below. The information found below was derived from materials provided by the Office on Trafficking in Persons (Office on Trafficking in Persons, 2023).

- Human trafficking victims are forced, defrauded, or coerced into trafficking, whereas individuals taking part in human smuggling consent to being smuggled.
- Human trafficking is a crime committed against an individual; human smuggling is a crime committed against a country and its borders.
- Human trafficking does not need to entail the physical movement of a person; human smuggling involves the illegal transport of an individual across a national border.

What is the difference between human trafficking and consensual commercial sex?

- The main difference between human trafficking and consensual commercial sex is consent (note: the term consensual commercial sex may refer to any sex act that involves an account of anything of value given to or received by any person who willingly takes part in the sale of sex and/or a sex act). Human trafficking victims are forced, defrauded, or coerced into trafficking, they do not give consent, whereas individuals engaging in consensual commercial sex give consent.
- Health care professionals should note the following: even if victims initially offer consent, that consent is rendered meaningless by the actions of the traffickers to exploit those individuals for labor, services, or commercial sex; in the case of a child, the consent of a child is never relevant as a child cannot legally consent to commercial sex.

What are the limitations of data on human trafficking?

The quality and quantity of data available on human trafficking are often hampered by the hidden nature of the crime, challenges in identifying individual victims, gaps in data accuracy and completeness, and significant barriers regarding the sharing of victim information among relevant individuals; therefore, data and statistics may not reflect the full nature or scope of the problem (note: when seeking data on human trafficking, health care professionals should obtain data from multiple sources to gain comprehensive insight into the crime).

Who is vulnerable to human trafficking?

- Trafficked individuals can be of any age, race, ethnicity, sex, sexual orientation, nationality, immigration status, cultural background, religion, socio-economic class, and education attainment level.
- Children are especially vulnerable to human trafficking (e.g., children in the child welfare and juvenile justice systems, including foster care; runaway and homeless youth; unaccompanied foreign national children without lawful immigration status; individuals seeking asylum). Children that are trafficked may fall victim to forced child labor (note: forced child labor may refer to forced labor schemes in which traffickers pressure children of varying ages to work).
- Other individuals vulnerable to human trafficking include American Indians and Alaska Natives, particularly women and girls; individuals with substance use issues; racial or ethnic minorities; migrant laborers, including undocumented workers and participants in visa programs for temporary workers; foreign national domestic workers in diplomatic households; persons with limited English proficiency; persons with disabilities; LGBTQI+ individuals; and victims of intimate partner violence or other forms of domestic violence.
- Health care professionals should note that there is not a defining characteristic that all trafficked individuals share, traffickers around the world frequently prey on individuals whose vulnerabilities, including poverty, limited English proficiency, or lack of lawful immigration status, are exacerbated by lack of stable, safe housing, and limited economic and educational opportunities.

Who are the traffickers?

Perpetrators of human trafficking vary, and can be both males and females; they can be foreign nationals or U.S. citizens, family members, partners, acquaintances, and strangers; traffickers may act alone or as part of an organized criminal enterprise, and they can be pimps, gang members, diplomats, business owners, labor brokers, as well as farm, factory, and company owners.

How do traffickers typically obtain their victims?

Traffickers typically obtain their victims through force, fraud, and coercion. Traffickers may also obtain victims through grooming and soliciting (note: grooming may refer to a process individuals use to establish a relationship and trust with their potential victim so they may exploit the potential victim; soliciting may refer to a process of obtaining a potential victim by offering something of value).

What is the Trafficking Victims Protection Act of 2000 (TVPA)?

The Trafficking Victims Protection Act of 2000 (TVPA) is a comprehensive federal law that addresses trafficking in persons in three specific areas: protection, prevention, and prosecution.

- **Protection** - the TVPA provides increased protection for trafficked individuals in the U. S. by making foreign victims eligible for federally funded or administered health and other benefits and services and by requiring federal agencies to expand the provision of such benefits and services to victims, regardless of their immigration status; by creating immigration protections for foreign national victims of human trafficking, including protection from removal for victims of trafficking and victims of certain crimes; and by allowing certain nonimmigrant status holders the opportunity to adjust to permanent resident status.
- **Prevention** - the TVPA strengthened the U.S. government's prevention efforts by providing for international initiatives to be established and carried out to improve economic opportunity for potential victims as a means of deterring trafficking; creating the Office to Monitor and Combat Trafficking in Persons in the State Department, making that office responsible for publishing an annual Trafficking In Persons (TIP) report that describes and ranks the efforts of countries to combat human trafficking; and by requiring the President to establish an Interagency Task Force to Monitor and Combat Trafficking (PITF), a coordinating task force comprising cabinet-level officers chaired by the Secretary of State, and directed it to carry out activities that included measuring and evaluating the progress of the United States and other countries in preventing human trafficking, protecting its victims, and prosecuting its perpetrators.

- **Prosecution** - the TVPA enhanced the capacity of federal prosecutors to bring human traffickers to justice for their crimes by adding new criminal provisions prohibiting forced labor, trafficking with respect to peonage, slavery, involuntary servitude, or forced labor, and sex trafficking of children or by force, fraud, or coercion; criminalizing attempts to engage in these activities; mandating that traffickers pay restitution to their victims, and providing for forfeiture; and by strengthening penalties for existing trafficking crimes.

What are examples of additional key legislation regarding human trafficking?

- **The Trafficking Victims Protection Reauthorization Act of 2003 (TVPRA 2003)** - TVPRA 2003 refined federal criminal provisions against trafficking, to include adding human trafficking crimes as a Racketeer Influenced and Corrupt Organizations Act (RICO) predicate, and created a civil remedy enabling trafficked individuals to file lawsuits against their traffickers in federal district court. The TVPRA 2003 also established a Senior Policy Operating Group (SPOG) within the executive branch, to coordinate activities of Federal departments and agencies regarding policies (including grants and grant policies) involving the international trafficking in persons and the implementation of the TVPA. The SPOG consists of the senior officials from the agencies that work to address TIP, and is chaired by the Director of the Office to Monitor and Combat Trafficking Persons (TIP Office) of the Department of State (DOS).
- **The Trafficking Victims Protection Reauthorization Act of 2005 (TVPRA 2005)** - the TVPRA 2005 provided extraterritorial jurisdiction over trafficking offenses committed overseas by individuals employed by or accompanying the federal government. The statute established a grant program for states, Indian tribes, local governments, and nongovernmental organizations (NGOs) to develop, expand, and strengthen assistance for trafficking victims and directed the Department of Health and Human Services to establish and implement a pilot program to provide benefits and services for juvenile trafficking victims. The TVPRA 2005 also established a grant program for state and local law enforcement agencies to combat trafficking. In addition, the TVPRA 2005 expanded the reporting requirements of the TVPRA 2003.

- **The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA 2008)** - the TVPRA 2008 featured new measures to prevent and deter trafficking. The TVPRA 2008 further improved the tools available to hold traffickers accountable by creating new crimes that impose appropriately serious penalties on those who obstruct or attempt to obstruct the investigation and prosecution of trafficking crimes; permitting prosecution of sex traffickers who recklessly disregard the fact that force, fraud, or coercion would be used against the victim; eliminating the requirement to prove the defendant knew a sex trafficking victim was a minor in cases where the defendant had a reasonable opportunity to observe the minor; expanding the crime of forced labor by providing that "force" includes the abuse or threatened abuse of legal process; imposing criminal liability on those who, knowingly and with intent to defraud, recruit workers from outside the United States for employment within the United States by making materially false or fraudulent representations; increasing the penalty for conspiring to commit trafficking-related crimes; penalizing those who knowingly benefit financially from participating in a venture that engaged in trafficking crimes.
- **The Trafficking Victims Protection Reauthorization Act of 2013 (TVPRA 2013)** - the TVPRA 2013 focused in part on the elimination of human trafficking from the supply chain of goods. This legislation required the Director of the DOS TIP Office, working with other DOS officials, DOL officials, and other U.S. government officials, to build partnerships between the U.S. government and private entities to ensure that U.S. citizens do not use items, products, or materials produced or extracted with the use and labor of trafficking victims and that those entities do not contribute to trafficking in persons involving sexual exploitation.
- **The Justice for Victims of Trafficking Act of 2015 (JVTA)** - the JVTA gave the U. S. government more tools to address human trafficking, by adding "patronizes" and "solicits" to law to facilitate prosecution of customers of sex trafficking victims. Adding "advertises" to the modes of commission of an offense when there is proof that the defendant knew the victim being advertised was a minor or that force, fraud, or coercion would be used; clarifying that there is no need to prove either that the defendant knew, or that he or she recklessly disregarded, the fact that a sex trafficking victim was a minor if the defendant had a reasonable opportunity to observe the

victim; amending laws to direct any assets forfeited in a human trafficking case to be used to satisfy a victim restitution order. It further allows forfeiture of, for example, any asset that is involved in, or is traceable to the proceeds of, human trafficking; adding the production of child pornography to the definition of "illicit sexual conduct," which prohibits transportation and travel-conduct involving illegal sexual activity with children; creating a mandatory $5,000 special assessment that applies to non-indigent defendants for each count of conviction of certain offenses. The revenue generated from this special assessment shall be used to support programs to provide services to victims of human trafficking and other offenses; and directing the Attorney General to create and maintain a National Strategy to Combat Human Trafficking.

- **The Trafficking Victims Protection Act of 2017** - the Trafficking Victims Protection Act of 2017 provided additional funding and mandates to support victims of trafficking; it also increased transparency of the federal government's anti-trafficking work, including requiring the Attorney General to issue a human trafficking victim screening protocol for use in all federal anti-trafficking law enforcement operations, and, in consultation with the Department of Health and Human Services, to identify and disseminate tools and recommended practices for the screening of trafficked individuals; directing required individuals to submit a report to Congress on the efforts by the National Institute of Justice to develop methodology to assess prevalence of human trafficking in the United States; mandating the U.S. Advisory Council to review federal government policies and programs and file its findings annually in a report to Congress; adding laws, which allows the government to bring a civil injunction to enjoin any applicable act.
- **The Trafficking Victims Protection Reauthorization Act of 2017** - the Trafficking Victims Protection Reauthorization Act of 2017 added provisions focused on increasing the federal government's ability to effectively assess foreign government compliance with TVPA minimum standards; and encouraging increased collaboration between government and private industry in efforts to prevent and combat human trafficking.
- **The Frederick Douglass Trafficking Victims Prevention and Protection Reauthorization Act of 2018** - this act increased the federal government's focus on addressing forced labor, including prevention and prohibition of

labor trafficking in diplomatic households; increasing reporting obligations regarding the prohibition of goods produced through forced labor; requiring the SPOG to establish a working group focused on demand reduction; and amended the Child Soldiers Prevention Act to include "police or other security forces.

Section 1 Summary

Human trafficking may refer to the use of force, fraud, or coercion to obtain some type of labor or commercial sex act. The major forms of human trafficking include both sex trafficking and labor trafficking. Human trafficking victims can be of any age, race, ethnicity, sex, sexual orientation, nationality, immigration status, cultural background, religion, socio-economic class, and education attainment level. Finally, health care professionals should be aware of legislation regarding human trafficking (e.g., TVPA).

Section 1 Key Concepts

- U.S. law and international law does not require that a trafficker or victim move across a border for a human trafficking offense to take place; human trafficking is a crime of exploitation and coercion, and not movement.
- Human trafficking and human smuggling are not the same crime under federal law.
- The main difference between human trafficking and consensual commercial sex is consent.
- Children are especially vulnerable to human trafficking.
- Traffickers typically obtain their victims through force, fraud, and coercion; traffickers may also obtain victims through grooming and soliciting.

Section 1 Key Terms

Human trafficking - the use of force, fraud, or coercion to obtain some type of labor or commercial sex act

Commercial sex - any sex act that involves an account of anything of value given to or received by any person

Sex trafficking - 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

Labor trafficking - 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

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

Peonage - a status or condition of involuntary servitude based on real or alleged indebtedness.

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

Slavery - the state of being under the ownership or control of someone where a person is forced to work for another

Consensual commercial sex - any sex act that involves an account of anything of value given to or received by any person who willingly takes part in the sale of a sex act

Forced child labor - forced labor schemes in which traffickers pressure children of varying ages to work

Grooming - a process individuals use to establish a relationship and trust with their potential victim so they may exploit the potential victim

Soliciting - a process of obtaining a potential victim by offering something of value

Trafficking Victims Protection Act of 2000 (TVPA) - a comprehensive federal law that address trafficking in persons in three specific areas: protection, prevention, and prosecution

Section 1 Personal Reflection Question

How do human traffickers use force, fraud, and coercion?

Section 2: The Health Impact of Human Trafficking

Human trafficking can dramatically impact the health and overall well-being of trafficked individuals. This section of the course will review the impact of human trafficking on health. The information found within this section of the course was derived from materials provided by the U.S. government unless, otherwise, specified (U.S. Department of Health and Human Services, 2023).

What are the acute injuries associated with human trafficking?

Trafficked individuals may suffer from the following acute injuries and/or conditions: fractures, sprains, bruise, burns, pelvic pain, vaginal pain, rectal pain, malnourishment, dehydration, and infection (note: sex-industry victims are often beaten in areas that won't damage their outward appearance [e.g., lower back]).

What are the chronic physical health conditions associated with human trafficking?

Trafficked individuals may suffer from the following chronic physical health conditions: sexually transmitted infections (e.g., gonorrhea, chlamydia, and HIV/AIDS), chronic pain, undetected or untreated diseases, such as diabetes or cancer, as well as hearing, cardiovascular, respiratory, gastrointestinal, and dental problems.

What are the mental health conditions associated with human trafficking?

Trafficked individuals may suffer from the following mental health conditions: depression, anxiety, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), schizophrenia, and substance use disorder.

What are the reproductive and sexual health concerns associated with human trafficking?

Trafficked individuals may have the following reproductive and sexual health concerns: pregnancy resulting from rape or prostitution, infertility from chronic

untreated sexually transmitted infections or botched or unsafe abortions, and sexual dysfunction.

What other concerns are associated with human trafficking?

Other concerns associated with human trafficking include: trauma, sexual trauma, stress, grief, delirium, sleep deprivation, traumatic brain injury (TBI), cognitive impairment, abuse, and suicidal ideation. Specific information on the aforementioned concerns may be found below.

- **Trauma** - trauma may refer to an emotional response to an event and/or a traumatic event (note: the term traumatic event may refer to an event, or series of events, that cause a moderate to severe stress reaction). The signs/symptoms of trauma include the following: mood swings, flashbacks, and social isolation.
- **Sexual trauma** - sexual trauma may refer to sexual assault, sexual harassment, and/or sexual abuse experienced by an individual. Examples of sexual trauma include the following: being pressured or coerced into sexual activities; being pressured or coerced into posing for nude pictures; sexual contact or activities without consent; being overpowered or physically forced to have sex; being touched or grabbed in a sexual way; comments about sexual threatening activities; unwanted threatening sexual advances (U.S. Department of Veterans Affairs, 2023).
- **Stress** - stress may refer to a factor that causes emotional, physical, or psychological tension. The signs/symptoms of stress include the following: disbelief and shock; tension and irritability; fear and anxiety about the future; difficulty making decisions; feeling numb; sadness and other symptoms of depression; loss of interest in normal activities; loss of appetite; nightmares and recurring thoughts about an event; anger; increased use of alcohol and drugs; feeling powerless; crying; sleep problems; headaches; back pain; stomach problems; trouble concentrating (Centers for Disease Control and Prevention [CDC], 2023).
- **Grief** - grief may refer to deep sorrow and/or distress that is caused by a traumatic event. The signs/symptoms of grief include: feeling angry; being unable to concentrate or focus; nightmares or intrusive thoughts; feeling deep loneliness; feeling distrustful of others; feeling unable to maintain

regular activities or fulfill responsibilities; feeling bitterness about life (CDC, 2022).

- **Delirium** - delirium may refer to a rapid change in cognition (note: alcohol and drug abuse may lead to delirium). The signs/symptoms of delirium include: changes in cognition, poor memory, trouble writing, trouble speaking, rambling speech, and not knowing where one is.
- **Sleep deprivation** - sleep deprivation may refer to a lack of sufficient sleep (i.e., an individual does not get enough sleep). The signs/symptoms of sleep deprivation include: daytime tiredness, daytime fatigue, decreased energy, trouble concentrating, trouble focusing, and mood swings.
- **Traumatic brain injury (TBI)** - the term traumatic brain injury (TBI) may refer to damage to the brain that is typically caused by sudden trauma (CDC, 2022). Signs/symptoms of a TBI include: dizziness, balance problems, headaches, nausea, vomiting, vision problems, sensitivity to light, sensitivity to noise, fatigue, drowsiness, problems with attention, problems with concentration, feeling foggy, feeling groggy, problems with short- or long-term memory, trouble thinking clearly, anxiety, nervousness, irritability, easily angered, heightened emotional reactions, feelings of depression, trouble falling asleep, sleeping less than usual, and sleeping more than usual (CDC, 2022).
- **Cognitive impairment** - cognitive impairment may refer to impairment characterized by poor memory, and problems with learning and making decisions. The signs of cognitive impairment include: memory loss, frequently asking the same question, changes in mood or behavior, and trouble exercising judgment.
- **Abuse** - abuse may refer to any act that intentionally harms or injures another individual. Types of abuse include: physical abuse, verbal/ emotional abuse, psychological abuse, sexual abuse, and financial exploitation/abuse (CDC, 2021).
- **Suicidal ideation** - suicidal ideation may refer to thoughts of suicide and/or thoughts of planning suicide. Suicidal ideation may lead to a suicide attempt and/or suicide. A suicide attempt may refer to a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior (note: a suicide attempt may or may not result in injury). Suicide may refer to a death caused by injuring oneself with the intent to

die. Signs an individual may be considering suicide include: talking about wanting to die; talking about wanting to kill oneself; looking for a way to kill oneself; talking about feeling hopeless or having no reason to live; talking about feeling trapped or in unbearable pain; talking about being a burden to others; increasing the use of alcohol or drugs; acting anxious or agitated; behaving recklessly; sleeping too little or too much; withdrawing from others; feeling isolated; showing rage; talking about seeking revenge; displaying extreme mood swings; displaying signs of depression (Substance Abuse and Mental Health Services Administration, 2023).

What is the impact of human trafficking on the quality of life, autonomy, and independence of those trafficked?

Individuals victimized by human trafficking typically have little to no autonomy or independence. Also, victims of human trafficking typically experience inhumane living conditions, poor sanitation, inadequate nutrition, poor personal hygiene, beatings, psychological abuse, dangerous workplace conditions, occupational hazards, and a general lack of quality health care, which can lead to a poor quality of life, as well as the aforementioned conditions and concerns.

Section 2 Summary

Human trafficking can impact the health and well-being of those trafficked. Health care professionals should be aware of the acute injuries/conditions, chronic physical health conditions, mental health conditions, and reproductive and sexual health concerns associated with human trafficking. Health care professionals should safely and effectively treat and manage the conditions and concerns related to human trafficking.

Section 2 Key Concepts

- Trafficked individuals may suffer from acute injuries/conditions, chronic physical health conditions, mental health conditions, and reproductive and sexual health concerns.
- Trafficked individuals may suffer from trauma, sexual trauma, stress, grief, delirium, sleep deprivation, traumatic brain injury (TBI), cognitive impairment, abuse, and suicidal ideation.
- Individuals victimized by human trafficking typically have little to no autonomy or independence.

Section 2 Key Terms

Trauma - an emotional response to an event and/or a traumatic event

Traumatic event - an event, or series of events, that causes a moderate to severe stress reaction

Sexual trauma - sexual assault, sexual harassment, and/or sexual abuse experienced by an individual

Stress - a factor that causes emotional, physical, or psychological tension

Grief - deep sorrow and/or distress that is caused by a traumatic event

Delirium - a rapid change in cognition

Sleep deprivation - a lack of sufficient sleep

Traumatic brain injury (TBI) - damage to the brain that is typically caused by sudden trauma

Cognitive impairment - impairment characterized by poor memory, and problems with learning and making decisions

Abuse - any act that intentionally harms or injures another individual

Suicidal ideation - thoughts of suicide and/or thoughts of planning suicide

Suicide attempt - a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior

Suicide - a death caused by injuring oneself with the intent to die

Section 2 Personal Reflection Question

How can health care professionals identify the conditions and concerns associated with human trafficking?

Section 3: Identification and Assessment

This section of the course will review concepts central to the identification and assessment of trafficked individuals. The information found within this section of the course was derived from materials provided by the U.S. government unless,

otherwise, specified (National Human Trafficking Training and Technical Assistance Center, 2023).

What are the clinical settings in which trafficked individuals may be encountered?

Trafficked individuals may be encountered in emergency departments, reproductive health clinics, medical specialty facilities, mental health facilities, substance use disorder treatment facilities, and in primary care settings (note: trafficked individuals are most often encountered in emergency departments).

What are the potential indicators of trafficking in persons?

Indicators of human trafficking may be found below. The information found below was derived from materials provided by the United Nations Office on Drugs and Crimes (United Nations Office on Drugs and Crimes, 2023).

- The individual believes that he or she must work against his or her will
- The individual is unable to leave his or her work environment
- The individual cannot leave his or her "situation"
- Signs movement is being controlled (e.g., marks from restraints)
- Fear
- Anxiety
- Reports of violence or threats of violence against themselves or against their family members and loved ones
- Injuries that appear to be the result of an assault
- Distrustful of health care professionals and/or authorities
- The individual is afraid of revealing their immigration status
- The individual is not in possession of a passport or other travel or identity documents
- The possession of false identity or travel documents
- The individual is found in or connected to a type of location likely to be used for exploiting people

- The individual does not know his or her home or work address
- Allows others to speak for him or her
- Acts as if instructed by someone else
- Forced to work under certain conditions
- Discipline through punishment
- Unable to negotiate working conditions
- Receives little or no payment
- Works excessively long hours over long periods
- The individual does not typically have access to health care
- Social isolation
- Unable to communicate freely with others
- Acted on the basis of false promises
- Tattoos or other marks indicating “ownership” by another individual
- The individual sleeps where he or she works
- The individual's clothes are those typically associated with sex work
- The individual uses language associated with sex work
- There is evidence that the suspected trafficked individual had unprotected and/or violent sex
- There is evidence that the suspected trafficked individual cannot refuse unprotected and/or violent sex
- There is evidence that the individual was bought and sold

What are individual barriers to identification and disclosure?

A trafficked individual may present barriers to the identification and disclosure of human trafficking. Such barriers may be found below.

- Shame
- Guilt

- Hopelessness
- Helplessness
- The individual lacks awareness that what he or she is experiencing is human trafficking
- Lacks the understanding of victim and legal rights
- Lacks identification and other records
- Fears law enforcement
- Fears deportation
- Fears that reporting could lead to being returned to an abusive home, jail, or foster care placement
- Feels complicit in an illegal act
- Fears that traffickers will cause harm to themselves, family, or loved ones
- Experienced trauma bonding with the trafficker or other victims (note: the term trauma bonding may refer to the process of creating a deep emotional attachment with an individual that causes harm, or with other individuals involved in a situation that causes harm)
- Distrusts the health care professional or those in authority
- The individual has limited literacy and education that hinders the ability to communicate (i.e., communication)
- A language barrier

What is the role of communication?

Communication may refer to the process of transmitting information and messages from one individual or party to another individual or party in order to obtain meaning and a common understanding. Effective communication can help health care professionals overcome any related barriers, and, ultimately, help health care professionals identify and assist trafficked individuals (note: effective communication occurs when information and messages are adequately transmitted, received, and understood). Health care professionals can work towards effective communication by utilizing the methods and recommendations found below. The information found below was derived from materials provided

by the Centers for Disease Control and Prevention (CDC) (Centers for Disease Control and Prevention [CDC], 2023).

- **Use plain, non-medical language** - health care professionals should use common words that they would use to explain medical information to their friends or family (e.g., stomach or belly instead of abdomen).
- **Use the patient's words** - health care professionals should take note of what words the patient uses to describe his or her condition or current situation, and use them in their conversation.
- **Slow down** - health care professionals should speak clearly and at a moderate pace.
- **Limit and repeat messages** - prioritize what needs to be discussed, and limit information to three to five key points and repeat them.
- **Be specific and concrete** - do not use vague and subjective terms that can be interpreted in different ways.
- **Show graphics** - consider drawing pictures, using illustrations, or demonstrating with 3-D models; all pictures and models should be simple, designed to demonstrate only the important concepts, without detailed anatomy.
- **Demonstrate how it's done** - whether doing exercises or taking medicine, a demonstration of how to do something may be clearer than a verbal explanation.

Health care professionals can also overcome the barrier of communication by possessing insight into different communication styles. Possessing insight into how communication styles tend to vary across cultures can help health care professionals avoid misunderstandings. Examples of communication styles and how they may differ across cultures may be found below.

- **Tone, volume, and speed of speech** - culture can influence how loudly it is appropriate to talk, the tone and level of expressiveness in the voice, and the speed of speech. Loud, fast, and expressive speech is common in some cultures but could be considered rude or aggressive in others (e.g., some American Indian cultures, Alaskan native, and Latin American indigenous cultures favor softer tones of voice and less expressive speech).

- **Eye contact** - culture can influence whether it is considered polite or rude to make eye contact when addressing someone, and whether eye contact is necessary to indicate that one is listening (e.g., direct eye contact is considered rude in some Asian cultures).
- **Use of pauses and silence** - culture can influence whether pauses and silence are comfortable or uncomfortable (e.g., pauses and silence are uncomfortable for many people who identify with dominant U.S. cultural norms; some American Indian cultures value silences and pauses as they provide time to process information and gather thoughts).
- **Facial expressiveness** - culture can influence whether low facial expressiveness is considered normal or interpreted as a lack of understanding, a lack of interest, or even resistance (e.g., Latin American and the Caribbean cultures may value high facial expressiveness).
- **Emotional expressiveness** - culture can influence how open people are in talking about their feelings. It is important to note that people from cultures that tend to be more emotionally expressive may still think that it is inappropriate to discuss emotions (particularly negative emotions) with people who are not close friends or family (e.g., East Asian cultures may consider it inappropriate to express strong emotions).
- **Self-disclosure** - culture can influence whether talking to others about difficult personal situations is accepted or considered inappropriate. Individuals from cultures where self-disclosure is generally viewed negatively may disclose little about themselves and feel uncomfortable when asked to open up about personal problems (e.g., East Asian cultures may not feel comfortable with self-disclosure).
- **Formality** - culture can influence whether personal warmth or respect and formality are more valued (e.g., East Asian cultures may embrace formality).
- **Directness** - culture can influence whether verbal directness is valued or considered rude (e.g., the dominant cultural norm in the U.S. is to be relatively direct compared to many other cultures).
- **Context** - culture can influence whether communication is high or low context. In low context cultures, words convey most of the meaning. In high context cultures, meaning is conveyed by more subtle verbal and non-

verbal cues (e.g., the dominant culture in the U.S. is mostly low context, whereas many other cultural groups are higher context).

- **Orientation to self or others** - some cultures are much more oriented to the self, while others are more oriented to others. This shows in communication styles through the use of mostly "I" statements versus the use of primarily third person and plural pronouns (e.g., the dominant cultural norm in the U.S. is individualistic; many other cultural groups are more collectivistic).

What are examples of appropriate language to assist with the identification of a trafficked individual?

When communicating with a potentially trafficked individual, health care professionals should consider using appropriate language to assist with the identification. Specific information and recommendations on appropriate language may be found below. The information found below was derived from materials provided by the CDC (CDC, 2022).

- Health care professionals should avoid crime specific language (e.g., using the term human trafficking).
- Health care professionals should use language that is accessible and meaningful to their audience of focus; tailor interventions and communications based on the unique circumstances of different populations; emphasize positive actions to be taken and ensure that community strengths and solutions are highlighted and drive local public health efforts; recognize that some members of the intended audience of focus may not be able to follow public health recommendations due to their cultural norms, beliefs, or practices; analyze structural barriers (present and historical) that need to be addressed to best serve different populations at different levels and within different contexts.
- Avoid the following terms: illegals, illegal immigrants, illegal aliens, illegal migrants, foreigners, the foreign-born. Instead health care professionals should use the following: immigrant, migrant, asylum seeker, people who are seeking asylum, refugee or refugee populations, non-U.S.-born persons/ foreign-born persons.
- Health care professionals should use accurate and clearly defined terms when referring to foreign-born persons (e.g., do not use "refugee" when

meaning “immigrant”); the term “alien” (person who is not a citizen of the United States) may be stigmatizing in some contexts and should only be used in technical documents and when referring to or using immigration law terminology; “refugee” and “migrant” are often used interchangeably; confusion in the use and understanding of these terms can impact the lives and safety of refugees and asylum-seekers; refugees who leave their homes may be entitled to a range of legal protections and aid to which migrants are not entitled; non-U.S.-born or foreign-born persons may also be used to refer to individuals born in a country other than the U.S., similar to the international migrant concept; the term “migrant farm worker” or “migrant agricultural worker” is often used to refer to persons who travel from their home base to another location within the same country, or from one country to another, to perform agricultural work; if combining subpopulations in writing, ensure American Indians and Alaska Natives from tribes located in what is now called the United States are not included in the “immigrant” category.

- Health care professionals should use the following terms/phrases: American Indian or Alaska Native persons/communities/populations, Asian persons, Black or African American persons, Black persons, Native Hawaiian persons, Pacific Islander persons, White persons, Hispanic or Latino persons, people who identify with more than one race, people of more than one race, and persons of multiple races.
- American Indian and Alaska Natives are the only federally recognized political minority in the United States; tribes hold a unique government to government relationship with the United States; “American Indian or Alaska Native” should only be used to describe persons with different tribal affiliations or when the tribal affiliations are not known or not known to be the same; other terms, “tribal communities/populations” or “indigenous communities/populations,” could also be used to refer to groups with multiple tribal affiliations; identify persons or groups by their specific tribal affiliation; the term “Indian Country” describes reservations, lands held within tribal jurisdictions, and areas with American Indian populations; the term “Indian Country” is generally used in context and is rarely used as a stand-alone - it typically is used in writing only after “American Indian or Alaska Native” (AI/AN) has already been used, and the writer wants to

avoid continuing to repeat AI/AN or “tribes” and refer more broadly to the general wide community of AI/AN peoples and tribes.

Why are professional interpreters important?

Professional interpreters are important because they can help health care professionals overcome language barriers. Health care professionals may use the methods and recommendations found below to work effectively with an interpreter. The information found below was derived from materials provided by the U. S. Department of Health and Human Services Office of Minority Health unless, otherwise, specified (U. S. Department of Health and Human Services Office of Minority Health, 2021).

- Use a trained interpreter (note: interpreters should be trained and certified in medical interpreting, especially when working in a patient setting)
- Treat the interpreter as a respected health care professional
- Allow extra time for a visit
- Ensure that there are no (or minimal) distractions, such as noises that may interrupt patient engagement
- Give the interpreter a brief summary of the individual, goals, and/or procedures for the session
- Document the name of the interpreter
- Health care professionals should introduce themselves and have others in the room introduce themselves directly to the patient upon entering the room, allowing the interpreter to interpret the greeting (note: health care professionals should not address their introductions to the interpreter; introductions help set the tone and establish the health care professional as the one directing the interaction)
- Use the first person, and ask the interpreter to do the same
- Face and speak directly to the patient (note: even if the patient maintains eye contact with the interpreter, health care professionals should maintain eye contact with the patient, not the interpreter)
- Observe and monitor all nonverbal communication
- Speak clearly

- Avoid shouting
- Use simple language and avoid medical or health care jargon
- Use sentence-by-sentence interpretation (note: multiple sentences may lead to information being left out)
- Allow the interpreter to ask open-ended questions, if needed, to clarify what a patient says
- Observe what is going on before interrupting the interpreter (note: interruption may be warranted, for example, if the interpreter is taking a long time to interpret a simple sentence, or if the interpreter is having a conversation with the patient outside of his or her role)
- Ask interpreters if they are filling in details for the patient (note: the interpreter may have interpreted for the patient before and may be familiar with the patient's history, or the interpreter may be filling in based on assumptions; it is important that the interpreter maintains professionalism, and that health care professionals obtain an accurate and current history each time the patient is seen)
- Allow time for the patient to ask questions and seek clarifications
- If patients decline language assistance services, ask them to sign a form that says they understand that language assistance is available and choose to decline these services
- Remember that some individuals who require an interpreter may understand English well; comments health care professionals make to others might be understood by the patient

What are provider challenges to identification and response?

Provider challenges to the identification of and response to trafficked individuals may be found below.

- The health care professional lacks knowledge about human trafficking
- Preconceived notions of how an individual who experienced trafficking will behave or what he or she will look like
- The health care professional “checks off boxes” without seeing the full situation

- Inadequate understanding of federal, state, and tribal human trafficking laws
- Fears violating the Health Insurance Portability and Accountability Act (HIPAA) rules
- Lacks trauma-informed care training
- The health care professional doesn't believe it is his or her role to get involved
- Lacks access to neutral, professional interpreters
- Thinks that asking will be time-consuming or too complex
- The health care professional believes the potential victim is unresponsive, hostile to questioning, and/or tells a rehearsed story
- A lack of information regarding good referral options
- The health care professional misidentifies the case
- The presence of bias or victim-blaming attitudes
- Attributes behavior(s) to harmful cultural stereotypes

What is trust-building and why is it important?

Trust-building, within the context of health care, may refer to the process of establishing trust with patients in order to optimize patient care. Trust-building is important because it can help health care professionals overcome barriers to identifying a trafficked individual (note: the more a patient trusts a health care professional, the more likely the patient is to disclose information related to human trafficking). Trust-building is also important because it can potentially improve patient engagement, treatment adherence, and health care outcomes. Specific information regarding trust-building may be found below.

- Health care professionals can build trust with patients by being confident, competent, and by maintaining patient confidentiality.
- Health care professionals can build trust with patients through active listening. Active listening may refer to the process of gathering information with the intent to obtain meaning and achieve a common understanding. The key elements of active listening may be found below.

- **Focus** - health care professionals should give patients their full focus and attention when communicating. Making a concerted effort to focus on what another individual is saying, when engaged in a conversation, can increase the ability for both parties to reach a common understanding, and trust each other.
- **Eye contact** - eye contact can let individuals know they are being listened to. Eye contact can also foster trust and encourage individuals to open up and fully articulate what they want to say. Health care professionals should always attempt to make eye contact when communicating with patients.
- **Limit interruptions** - health care professionals should limit interruptions and provide individuals with the opportunity to say what they want to express (note: limiting interruptions when other individuals are speaking and allowing for periods of silence can further open up the conversation to allow for a greater expression of ideas and trust).
- **Respond** - from time to time during a communication exchange, health care professionals should respond to what the patient is saying. Repeating what another individual says or paraphrasing individuals' words can reinforce that they are truly being heard and listened to, which can make them more likely to further engage in communication and extend trust.
- **Clarify** - health care professionals should not be afraid to clarify what is said while engaging with a patient. Health care professionals should note the following: slowing down a conversation and/or asking relevant questions can help clarify what is said during a conversation; clarifying messages and information can be advantageous to both health care professionals and patients.
- **Be empathetic** - health care professionals should make an effort to understand the emotions behind the words of patients, especially when discussing human trafficking.
- **Provide words of encouragement** - using words of encouragement such as "great job" or "you are brave" can go a long way to motivate patients to express themselves, provide in-depth information, and extend trust to health care professionals.

- **Avoid negative body language when communicating with patients** - negative body language may refer to any body language that expresses an emotion or feeling associated with negative connotations such as anger, disdain, irritation, nervousness, and/or boredom. Examples of negative body language include: crossed arms, limited eye contact, body shifting from left to right, hand tapping, foot tapping, and neck rolling. Essentially, negative body language can send the "wrong message" to a patient, prevent effective communication, and destroy trust.
- **Remain professional** - finally, and perhaps most importantly, health care professionals should remain professional at all times to build trust. No matter what occurs during patient care, a health care professional should remain professional at all times to preserve the integrity of the health care being administered to a patient. Health care professionals should note the following examples of how a health care professional can remain professional during an interview: remain calm, especially in the face of a challenge or adversity; follow directions; listen to others; refrain from using excessive profanity and/or crude language; engage in active listening; remain polite; respect other individual's privacy; follow relevant health care organizational standards regarding patient care; follow relevant laws.

What is trauma-informed care and why is it important?

Trauma-informed care may refer to a process for working with and relating to individuals who were exposed to dangerous situations and/or experienced a traumatic event. Trauma-informed care is important because it ensures the patient is treated like an individual with individual needs. Trauma-informed care is also important because it can help health care professionals overcome barriers to identifying a trafficked individual. Furthermore, trauma-informed care can potentially improve patient engagement, treatment adherence, and health care outcomes. Specific information regarding trauma-informed care may be found below. The information found below was derived from materials provided by the Trauma-Informed Care Implementation Resource Center (Trauma-Informed Care Implementation Resource Center, 2021).

- Trauma-informed care focuses on what happened to a patient versus what is wrong with a patient.

- When practicing trauma-informed care, health care professionals should have a complete picture of a patient's life situation so they may provide effective health care services with a focus on healing and well-being.
- The goals of trauma-informed care include the following: realize the widespread impact of trauma and understand paths for recovery; recognize the signs and symptoms of trauma in patients, families, and staff; integrate knowledge about trauma into policies, procedures, and practices; and avoid re-traumatization (note: re-traumatization may refer to a reaction characterized by stress, tension, grief, and/or fear that is related to a new or previous traumatic event).
- The key principles of trauma-informed care include the following: safety, trustworthiness, transparency, peer support, collaboration, empowerment, humility, and responsiveness.
    - **Safety** - both patients and health care professionals should feel physically and psychologically safe throughout a health care organization.
    - **Trustworthiness** - health care decisions should be made with the goal of building and maintaining trust.
    - **Transparency** - health care decisions should be made in an open manner.
    - **Peer support** - individuals with shared experiences should be integrated into the health care organization, and viewed as integral to care.
    - **Collaboration** - power differences are removed to support shared decision-making.
    - **Empowerment** - patient and health care professionals' strengths are recognized, built on, and validated.
    - **Humility** - biases and stereotypes should be identified and removed.
    - **Responsiveness** - action should be taken when necessary to preserve trauma-informed care.
- In order for trauma-informed care to be effective, it must be implemented at both clinical and organizational levels.

What is patient-centered care and why is it important?

In addition to trauma-informed care, health care professionals should consider patient-centered care when interacting with potentially trafficked individuals. Patient-centered care may refer to a process for working with patients that is characterized by compassion, empathy, respect, and meeting the needs of the patient. Much like with trauma-informed care, patient-centered care is important because it ensures that a patient is treated like an individual with individual needs; it can help health care professionals overcome barriers to identifying a trafficked individual; and potentially improve patient engagement, treatment adherence, and health care outcomes.

Should health care professionals attempt to have private conversations with a potentially trafficked individual?

Yes, if a health care professional suspects a patient is being trafficked, the health care professional should attempt to speak with the patient privately without anyone accompanying the patient. In order to ensure the privacy and safety of potential trafficking victims during conversations, healthcare providers should establish clear protocols for discreetly separating the victim from their companion. This may involve implementing organizational policies that prohibit companions from accompanying the patient during assessments related to trafficking suspicions. Additionally, providers should be trained in effective methods for respectfully and sensitively requesting private conversations with patients, while also offering support and reassurance throughout the process. Health care professionals should consider the recommendations found below when attempting to have a private conversation with a potentially trafficked individual:

- Build trust with the patient
- Remain professional
- Respect patient privacy
- Avoid judgment
- Avoid accusations
- Avoid criticizing the patient
- Express empathy

- Engage in effective communication
- Engage in active listening
- Express concern for the patient's safety and well-being
- Take the patient to a location where he or she feels comfortable
- Prioritize safety
- Recruit the help of a social worker, when applicable
- Follow related organizational policies and procedures
- Adhere is related laws

In addition to the steps outlined above for engaging with potentially trafficked individuals, healthcare providers should also prioritize their own safety and that of their patients. This includes maintaining awareness of their surroundings, trusting their instincts, and having a safety plan in place in case of emergencies. Providers should also receive training on recognizing signs of trafficking and understanding the appropriate protocols for reporting suspicions to the appropriate authorities. By prioritizing safety for both themselves and their patients, healthcare professionals can better fulfill their duty of care while addressing the complex issue of human trafficking.

Should health care professionals document cases of human trafficking?

- Yes, health care professionals should document cases of human trafficking, when applicable.
- Health care documentation may refer to a digital or an analog record detailing the administration of health care to patients.
- Effective health care documentation may be used as a method to review patient cases and to ensure all aspects of a patient's health care are noted and evaluated to optimize patient outcomes.
- In order for health care documentation to be considered effective, it must function as a viable form of communication, as well as a means to establish a detailed record of health care administration.

- Health care documentation should include objective information free of subjective judgment, bias, or opinion. Health care documentation should also be accurate - meaning it should include information which can be measured or verified by another individual.
- Health care documentation should be readily accessible and available to all those who require it. Thus, health care professionals must include accurate times and dates, when applicable.
- Health care professionals should ensure health care documentation is complete - meaning all of the necessary components and/or parts are present.
- When documenting human trafficking, health care professionals may use the Adult Human Trafficking Screening Tool. The Adult Human Trafficking Screening Tool is designed for use across various health care, behavioral health, social services, and public health settings; it assesses adult patients for human trafficking or risk for potential trafficking (note: the Adult Human Trafficking Screening Tool is a survivor-centered, trauma-informed, and culturally appropriate intervention tool) (National Human Trafficking Training and Technical Assistance Center, 2023).

How can health care professionals keep themselves and potentially trafficked individuals safe?

- Health care professionals can keep themselves and patients safe by developing a safety plan. A safety plan may refer to a method or strategy that provides support and resources to protect individuals' safety.
- A safety plan for trafficked individuals should assess the current risk and identify safety concerns; create strategies for preventing harm; and outline options for responding when safety is threatened (National Human Trafficking Hotline, 2023).

What are the challenges and opportunities that may arise when interfacing with trafficked individuals?

- As previously discussed, both patient and provider barriers may present challenges when interfacing with trafficked individuals. Social media may also present challenges. Health care professionals should note that traffickers may use social media to recruit and control trafficked individuals.

- One of the major opportunities for health care professionals is to help a trafficked individual. The work of a health care professional may be able to stop an individual from being trafficked. Additionally, the work of a health care professional may help identify traffickers.

Section 3 Summary

Trafficked individuals may be encountered in emergency departments, reproductive health clinics, medical specialty facilities, mental health facilities, substance use disorder treatment facilities, and in primary care settings. Health care professionals should work to identify trafficked individuals. Finally, health care professionals should note that effective communication may be essential to identifying trafficked individuals.

Section 3 Key Concepts

- Trafficked individuals are most often encountered in emergency departments.
- A trafficked individual may present barriers to the identification and disclosure of human trafficking.
- Effective communication can help health care professionals overcome any related barriers, and, ultimately, help health care professionals identify and assist trafficked individuals; effective communication occurs when information and messages are adequately transmitted, received, and understood.
- When communicating with a potentially trafficked individual, health care professionals should consider using appropriate language to assist with the identification.
- Professional interpreters are important because they can help health care professionals overcome language barriers.
- Provider challenges to the identification of and response to trafficked individuals include: a lack of knowledge about human trafficking and victim-blaming attitudes.
- Health care professionals should consider trust-building, trauma-informed care, and patient-centered care.

- If a health care professional suspects a patient is being trafficked, the health care professional should attempt to speak with the patient privately without anyone accompanying the patient.
- Health care professionals should document cases of human trafficking, when applicable.
- Health care professionals should consider developing a safety plan.

Section 3 Key Terms

Trauma bonding - the process of creating a deep emotional attachment with an individual that causes harm, or with other individuals involved in a situation that causes harm

Communication - the process of transmitting information and messages from one individual or party to another individual or party in order to obtain meaning and a common understanding

Cultural competency - a developmental process in which one achieves increasing levels of awareness, knowledge, and skills along a continuum, improving one's capacity to work and communicate effectively in cross-cultural situations

Trust-building (within the context of health care) - the process of establishing trust with patients in order to optimize patient care

Active listening - the process of gathering information with the intent to obtain meaning and achieve a common understanding

Negative body language - any body language that expresses an emotion or feeling associated with negative connotations such as anger, disdain, irritation, nervousness, and/or boredom

Trauma-informed care - a process for working with and relating to individuals who were exposed to dangerous situations and/or experienced a traumatic event

Re-traumatization - a reaction characterized by stress, tension, grief, and/or fear that is related to a new or previous traumatic event

Patient-centered care - a process for working with patients that is characterized by compassion, empathy, respect, and meeting the needs of the patient

Health care documentation - a digital or an analog record detailing the administration of health care to patients

Safety plan - a method or strategy that provides support and resources to protect individuals' safety

Section 3 Personal Reflection Question

How can health care professionals safely and effectively identify trafficked individuals within their health care organizations?

Section 4: Response and Follow Up

When encountered by a trafficked individual, health care professionals may be required to adequately respond and follow up. This section of the course reviews concepts central to adequately responding to and following up with a case of human trafficking.

What is the health care professional's role in intervention and response?

Health care professionals are among the few professionals likely to encounter trafficked individuals. Therefore, health care professionals are essential to the identification and treatment of trafficked individuals.

When encountering a trafficked individual, health care professionals should consider the three key elements of human trafficking intervention and response, which include: observe, ask, and respond (National Human Trafficking Training and Technical Assistance Center, 2023).

- **Observe** - health care professionals should work to recognize the verbal and non-verbal indicators of human trafficking (e.g., fear, anxiety, reports of violence or threats of violence against themselves) (National Human Trafficking Training and Technical Assistance Center, 2023).
- **Ask** - identify and engage with trafficked individuals using trauma-informed care and patient-centered care (National Human Trafficking Training and Technical Assistance Center, 2023).
- **Respond** - effectively respond to potential trafficked individuals by reporting human trafficking and identifying needs and available resources

to provide critical support and assistance (National Human Trafficking Training and Technical Assistance Center, 2023).

What are the mandated reporter obligations for human trafficking?

- Sex and labor trafficking of children are included within Texas Family Code, Section 261.001, which defines abuse to include the following human trafficking-related acts or omissions by a person: compelling or encouraging the child to engage in sexual conduct, including conduct that constitutes an offense of trafficking of persons, prostitution, or compelling prostitution; or knowingly causing, permitting, encouraging, engaging in, or allowing a child to be trafficked or the failure to make a reasonable effort to prevent a child from being trafficked (Texas Health and Human Services, 2023).
- Human trafficking is a form of child abuse under Section 261.001, Texas Family Code, and it must be reported to law enforcement or the Texas Department of Family and Protective Services (DFPS) within 24 hours of suspected abuse. Senate Bill 571 (88th Texas Legislature, 2023) reduced this mandatory reporting window for professionals from 48 hours to 24 hours (Texas Family Code § 261.101; Texas Health and Human Services, 2023).
- Reports may be made 24/7 to the Texas Abuse Hotline at 800-252-5400 or reported online (Texas Health and Human Services, 2023).
- Any professional who suspects a case of child abuse or neglect must report the case to the Texas DFPS (Texas Health and Human Services, 2023).
- A professional may not delegate to or rely on another person to make the report (Texas Health and Human Services, 2023).
- Texas Family Code Section 261.101(b) requires a professional who has reasonable cause to believe that a child has been or may be abused or neglected, or that a child is a victim of an offense under Penal Code Section 21.11 (indecency with a child), to report that information to DFPS or local law enforcement not later than the 24th hour after the professional first has that reasonable cause (note: this reporting duty is not limited to the narrower age range used in Penal Code 21.11; in Texas, a child/minor is any unmarried person under the age of 18 who has not been declared an adult by a court, and the mandatory reporting requirement applies whenever the

victim is under 18) (Texas Family Code § 261.101; Texas Health and Human Services, 2023).

- Reporting suspected child abuse and neglect is not a privacy violation or a violation of the federal Health Insurance Portability and Accountability Act (HIPAA) (Texas Health and Human Services, 2023).
- Any person who believes that an adult who is elderly or disabled is in a state of abuse, neglect, or financial exploitation is required to immediately report the information to the Texas Department of Family and Protective Services; any professional who suspects that an adult aged 65 or older, or a person with disabilities, is being abused, neglected, or financially exploited has a legal obligation to report it (note: the term elderly person means a person 65 years of age or older; the terms person with a disability or disabled person means a person with a mental, physical, intellectual, or developmental disability that substantially impairs the person's ability to provide adequately for the person's care or protection and who is 18 years of age or older; or is a person under 18 who had the disabilities of minority removed) (Texas Department of Family and Protective Services, 2023).
- To report, individuals may contact the Texas Department of Family and Protective Services by telephone at 1-800-252-5400 (available 24 hours a day, 7 days a week) or online at https://www.txabusehotline.org. Reports must include the reporter's name and phone number; DFPS no longer accepts anonymous reports of abuse (anonymous reports may still be made to local or state law enforcement). For abuse, neglect, or exploitation occurring in a facility licensed, certified, or registered by a state agency, the person should also report to the state agency that licenses, certifies, or registers that facility for investigation (Texas Department of Family and Protective Services, 2023).
- If an individual is deaf, deaf-blind, hard of hearing, or speech-disabled, he or she can call by using the relay service of choice or by using Relay Texas at 7-1-1; instruct the relay operator to call the Texas Abuse Hotline at (800) 252-5400 (Texas Department of Family and Protective Services, 2023).
- If the victim is in a nursing home or assisted living facility, or is in his or her home and relies on a home health provider, individuals should call the Texas Health and Human Services Commission's Complaint and Incident Intake line at 1-800-458-9858, or report online through the Texas Unified

Licensure Information Portal (TULIP) (Texas Health and Human Services Commission, 2023).

- The report should include the name, age, and address of the elderly or disabled person; the name and address of any person responsible for the elderly or disabled person's care; the nature and extent of the elderly or disabled person's condition; the basis of the reporter's knowledge; and any other relevant information (Texas Department of Family and Protective Services, 2023).
- An individual filing a report or testifying or otherwise participating in any judicial proceeding arising from a petition, report, or investigation is immune from civil or criminal liability on account of his or her petition, report, testimony, or participation, unless the person acted in bad faith or with a malicious purpose; an individual, including an authorized department volunteer, medical personnel, or law enforcement officer, who at the request of the Department of Family and Protective Services participates in an investigation or in an action that results from that investigation is immune from civil or criminal liability for any act or omission relating to that participation if the person acted in good faith and, if applicable, in the course and scope of the person's assigned responsibilities or duties; a person who reports the person's own abuse, neglect, or exploitation of another person or who acts in bad faith or with malicious purpose in reporting alleged abuse, neglect, or exploitation is not immune from civil or criminal liability; an employer whose employee acts under the mandatory reporting laws is immune from civil or criminal liability on account of an employee's report, testimony, or participation in any judicial proceedings arising from a petition, report, or investigation (note: this does not apply to an employer who is the subject of an investigation) (Texas Family Code § 261.106; Texas Department of Family and Protective Services, 2023).

Why are survivor-centered, multidisciplinary referrals important?

- Survivor-centered, multidisciplinary referrals are important because trafficked individuals often have complex needs that span a variety of different sectors (e.g., health care, legal aid, and law enforcement).
- Every trafficked individual is different and will require a different mix of services; creating partnerships with public health professionals,

community- based organizations, and survivors, a multidisciplinary treatment and referral process should also include health care, legal aid, law enforcement, behavioral health, and social services (National Human Trafficking Training and Technical Assistance Center, 2023).

- By building a comprehensive multidisciplinary treatment and referral team, professionals can work together to meet the various needs of a trafficked individual (National Human Trafficking Training and Technical Assistance Center, 2023).
- Trafficked individuals may require referrals to address the following needs: health care, specific treatment for substance use, safety, shelter, food, legal assistance, emotional support, transportation to service appointments, access to systemic services, and therapeutic counseling (National Human Trafficking Training and Technical Assistance Center, 2023).
- Trafficked individuals may require specific referrals for psychotherapy, cognitive behavioral therapy, and support groups. Health care professionals should note the following: psychotherapy may refer to a type of talk therapy that is characterized by the process of helping an individual identify and change troubling emotions, thoughts, and behavior; cognitive behavioral therapy may refer to a type of psychotherapy that is characterized by the process of helping an individual change negative patterns of thought and behavior; support group may refer to a group of people, led by a health care professional, that attempt to help each other through sharing, encouragement, comfort, and advice.

What is the importance of building a trusted local network of resources?

Building a trusted local network of resources is important because, as previously mentioned, trafficked individuals often have complex needs that span a variety of different sectors (e.g., health care, legal aid, and law enforcement). Thus, the more local resources a health care professional has access to, the more help a trafficked individual can receive. Also, developing a local network of resources can help build awareness among members of the surrounding community, which, ultimately, can be used to help identify, prevent, and stop human trafficking.

Should health care organizations develop organizational protocols for responding to human trafficking?

Yes, health care organizations should develop organizational protocols for responding to human trafficking. Developing and establishing clear policies, guidelines, and protocols for responding to human trafficking can help ensure the safety of both patients and health care professionals. Such policies, guidelines, and protocols should include information on how to respond to human trafficking, how to effectively document cases of human trafficking, mandatory reporting requirements, resources, and administrative contact information.

Health care organizations should provide training to ensure health care professionals adequately respond to cases of human trafficking, and understand related policies, guidelines, and protocols.

Should health care professionals involve law enforcement, and what are the implications of involving law enforcement?

- Human trafficking is a crime in all 50 states and 16 territories. Therefore, health care professionals may have to involve law enforcement when presented with a trafficked individual. Health care professionals should be aware of their health care organizations' policies and procedures regarding contacting law enforcement (note: as a mandated reporter, a health care professional may have members of law enforcement in his or her referral network) (National Human Trafficking Training and Technical Assistance Center, 2023).
- The implications of involving law enforcement can be two fold. One, the trafficked individual embraces the involvement of law enforcement as a means for safety. Two, the trafficked individual resists the involvement of law enforcement for a variety of different reasons including fear and immigration status. Health care professionals should be prepared for both possible scenarios. Health care professionals should note that some trafficked individuals that resist the involvement of law enforcement may resort to violence or attempt to escape from the health care facility. Health care professionals should be prepared for both of the aforementioned possibilities.

What is the National Human Trafficking Hotline?

The National Human Trafficking Hotline connects trafficked individuals and survivors of sex and labor trafficking with services and supports to receive assistance and remain safe (National Human Trafficking Hotline, 2023).

The National Human Trafficking Hotline number is 1-888-373-7888; individuals can also text information to 233733 (National Human Trafficking Hotline, 2023).

What are the other national resources available?

- **Polaris** - Polaris serves victims and survivors through the National Human Trafficking Hotline (Texas Human Trafficking Resource Center, 2023).
- **National Human Trafficking Training and Technical Assistance Center (NHTTAC)** - the NHTTAC is funded by the Department of Health and Human Services, and provides training and technical assistance to educate the public health response to human trafficking (Texas Human Trafficking Resource Center, 2023).
- **Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC)** - the RHYTTAC is funded by the Department of Health and Human Services, and provides training and technical assistance for runaway and homeless youth (RHY) (Texas Human Trafficking Resource Center, 2023).
- **Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC)** - the OVC TTAC is a component of the U.S. Department of Justice's Office of Justice Programs, and provides training and technical assistance for victim service providers and allied professionals who serve crime victims (Texas Human Trafficking Resource Center, 2023).
- **HEAL Trafficking** - HEAL Trafficking is an integrated network of over 4,000 survivors and multidisciplinary professionals in 50 countries dedicated to ending human trafficking and supporting its survivors, from a health perspective (HEAL Trafficking, 2023).

What are the resources available to health care professionals in the state of Texas?

- **The Provider Guidebook** - the Provider Guidebook is a resource that lists available services from HHSC and its affiliates. Health care professionals

may consult the Provider Guidebook when faced with cases of human trafficking (Texas Human Trafficking Resource Center, 2023).

- **Texas Abuse Hotline** - the Department of Family and Protective Services provides the Texas Abuse Hotline for reporting suspicions of abuse, neglect and exploitation of children, adults with disabilities and people 65 years or older. The Texas Abuse Hotline number is 1-800-252-5400 (Texas Human Trafficking Resource Center, 2023).
- **Office of the Governor Child Sex Trafficking Team (CSTT)** - the CSTT responds to child sex trafficking in Texas; the phone number for the Office of the Texas Governor is (512) 463-2000 (Texas Human Trafficking Resource Center, 2023).
- **Texas Human Trafficking Prevention Coordinating Council** - the Texas Human Trafficking Prevention Coordinating Council works to eliminate human trafficking; the Texas Human Trafficking Prevention Coordinating Council may be reached by dialing (877) 673-6839 (Texas Human Trafficking Resource Center, 2023).
- **iWatchTexas** - individuals can report suspicious activity to iWatchTexas by dialing 844-643-2251 (Texas Human Trafficking Resource Center, 2023).

Section 4 Summary

Health care professionals may encounter trafficked individuals. In the state of Texas, health care professionals may be required to report cases of human trafficking. Health care professionals should be aware of federal and state resources that may be used to help those in need.

Section 4 Key Concepts

- Health care professionals are among the few professionals likely to encounter trafficked individuals.
- When encountering a trafficked individual, health care professionals should consider the three key elements of human trafficking intervention and response, which include: observe, ask, and respond (National Human Trafficking Training and Technical Assistance Center, 2023).
- Human trafficking is a form of child abuse under Section 261.001, Texas Family Code, and it must be reported to law enforcement or the Texas

Department of Family and Protective Services (DFPS) within 24 hours of suspected abuse. Senate Bill 571 (88th Texas Legislature, 2023) reduced this mandatory reporting window for professionals from 48 hours to 24 hours (Texas Family Code § 261.101; Texas Health and Human Services, 2023).

- In the state of Texas, any professional who suspects that an adult aged 65 or older, or a person with disabilities, is being abused, neglected, or financially exploited has a legal obligation to report it.
- Survivor-centered, multidisciplinary referrals are important because trafficked individuals often have complex needs that span a variety of different sectors (e.g., health care, legal aid, and law enforcement).
- Health care organizations should develop organizational protocols for responding to human trafficking.
- Human trafficking is a crime in all 50 states and 16 territories; therefore, health care professionals may have to involve law enforcement when presented with a trafficked individual.
- The National Human Trafficking Hotline number is 1-888-373-7888.
- Federal and state resources are available to health care professionals.

Section 4 Key Terms

Psychotherapy - a type of talk therapy that is characterized by the process of helping an individual identify and change troubling emotions, thoughts, and behavior

Cognitive behavioral therapy - a type of psychotherapy that is characterized by the process of helping an individual change negative patterns of thought and behavior

Support group - a group of people, led by a health care professional, that attempt to help each other through sharing, encouragement, comfort, and advice

Section 4 Personal Reflection Question

Why is it important for health care professionals to adequately respond to and follow up with cases of human trafficking?

Conclusion

Health care professionals are among the few professionals likely to encounter trafficked individuals. Therefore, health care professionals are in a key position to prevent and stop cases of human trafficking. Health care professionals should work to identify and report human trafficking to best serve those in need.

References

Centers for Disease Control and Prevention. (2023, January 3). Coping with stress. https://www.cdc.gov/mental-health/living-with/index.html

Centers for Disease Control and Prevention. (2023, August 11). Health equality guiding principles for inclusive communication. https://www.cdc.gov/pcd/issues/2023/23_0061.htm

Centers for Disease Control and Prevention. (2021, June 2). Fast facts: Preventing elder abuse. https://www.cdc.gov/violenceprevention/elderabuse/fastfact.html

Centers for Disease Control and Prevention. (2022, September 6). Grief and loss. https://www.cdc.gov/howrightnow/emotion/grief/index.html

Centers for Disease Control and Prevention. (2022, November 3). Preferred terms for select population groups and communities. https://www.cdc.gov/health-communication/php/toolkit/preferred-terms.html

Centers for Disease Control and Prevention. (2022, March 7). Symptoms of mild TBI and concussion. https://www.cdc.gov/traumaticbraininjury/concussion/symptoms.html

HEAL Trafficking. (2023). About HEAL. https://healtrafficking.org/about-heal/

National Human Trafficking Hotline. (2023). Federal law. Polaris. https://humantraffickinghotline.org/en/human-trafficking/federal-law

National Human Trafficking Hotline. (2023). Safety planning information. Polaris. https://humantraffickinghotline.org/en/safety-planning-information

National Human Trafficking Hotline. (2023). We'll listen. We'll help. Polaris. https://humantraffickinghotline.org/en

National Human Trafficking Training and Technical Assistance Center. (2023). Barriers that prevent identification. U.S. Department of Health and Human Services. https://www.nationalacademies.org/read/18886/chapter/4

National Human Trafficking Training and Technical Assistance Center. (2023). Law enforcement. U.S. Department of Health and Human Services. https://ovc.ojp.gov/program/law-enforcement/overview

National Human Trafficking Training and Technical Assistance Center. (2023). Multidisciplinary treatment and referral team. U.S. Department of Health and Human Services. https://humantraffickinghotline.org/en/service-provider-search

National Human Trafficking Training and Technical Assistance Center. (2023). SOAR. U.S. Department of Health and Human Services. https://acf.gov/otip/training-technical-assistance/soar-health-and-wellness

National Human Trafficking Training and Technical Assistance Center. (2023). Toolkit: Adult human trafficking screening tool and guide. U.S. Department of Health and Human Services. https://vawnet.org/material/adult-human-trafficking-screening-toolkit-and-guide

Office on Trafficking in Persons. (2023). Fact sheet: Human trafficking. U.S. Department of Health and Human Services. https://www.state.gov/fact-sheets-for-2023-trafficking-in-persons-report/

RAINN. (2023, April). Mandatory reporting requirements: The elderly Texas. https://apps.rainn.org/policy/policy-state-laws-export.cfm?state=Texas&group=5

Reid, Kristin. “Human Trafficking Awareness Pilot Project in Nursing Faculty and Senior Nursing Students in Western Kentucky.” 2018. https://uknowledge.uky.edu/dnp_etds/210/

Stanford Encyclopedia of Philosophy. (2019, July 31). Implicit bias. Department of Philosophy, Stanford University. https://plato.stanford.edu/entries/implicit-bias/

Substance Abuse and Mental Health Services Administration. (2023, April 4). Suicide and suicidal behavior. U.S. Department of Health and Human Services. https://www.samhsa.gov/mental-health/suicidal-behavior

Texas Health and Human Services. (2023). Texas law: Reporting suspected abuse and neglect. https://fhb.hhs.texas.gov/handbooks/primary-health-care-program-policy-manual/3200-abuse-neglect-reporting

Texas Human Trafficking Resource Center. (2023). Texas Human Trafficking Resource Center. Texas Health and Human Services Commission. https://www.hhs.texas.gov/services/family-safety-resources/texas-human-trafficking-resource-center

Trauma-Informed Care Implementation Resource Center. (2021). What is trauma-informed care. Center for Health Care Strategies. https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

United Nations Office on Drugs and Crime. (2023). Human trafficking indicators. https://www.unodc.org/pdf/HT_indicators_E_LOWRES.pdf

U.S. Department of Health and Human Services. (2023). Resources: Common health issues seen in victims of human trafficking. https://www.acf.hhs.gov/sites/default/files/documents/orr/health_problems_seen_in_traffick_victims.pdf

U. S. Department of Health and Human Services Office of Minority Health. (2021, December 30). Think cultural health. U.S. Department of Health and Human Services. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53

U. S. Department of Health and Human Services Office of Minority Health. (2021, December 30). Working effectively with an interpreter. U.S. Department of Health and Human Services. https://www.vdh.virginia.gov/content/uploads/sites/8/2025/03/working-effectively-with-interpreter.pdf

U.S. Department of Justice. (2023, August 23). Key legislation. https://www.justice.gov/humantrafficking/key-legislation

U.S. Department of State. (2023). About human trafficking. https://2021-2025.state.gov/humantrafficking-about-human-trafficking/

U.S. Department of Veterans Affairs. (2023, September 12). Military sexual trauma. https://www.mentalhealth.va.gov/msthome/index.asp

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