

REPORT OF COUNCIL ON SCIENCE AND PUBLIC HEALTH

CSPH Report 3-A-16

Subject: Resolution 304 Increasing Identification, Support, and Reporting of Human Trafficking Victims

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Referred to: Reference Committee on Science and Public Health

1 Resolution 304 (A-15), increasing identification, reporting, and support for human trafficking victims,
2 was referred to the Council on Science and Public Health for further study by TMA’s 2015 House of
3 Delegates. The reference committee heard testimony in support of the intent of the resolution but wanted
4 information on identifying the complex issues associated with human trafficking, including the legal and
5 ethical questions confronting physicians. Council members reviewed data and prepared the following
6 report with recommendations for Texas physicians.

7
8 **Background**

9 Human trafficking is widely considered to be modern day slavery — affecting individuals in nearly every
10 state and country. There are different types of human trafficking and can involve forced sexual
11 exploitation; forced labor in domestic settings (e.g., household, childcare, restaurants) and in industries
12 such as agriculture, mining, factories (e.g. migrant and seasonal farmworkers, packing plants); and drug
13 trafficking. Law enforcement reports a large proportion of identified cases involve the forced prostitution
14 trade.

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16 While widely recognized as a significant global and national problem, there is no official count on the
17 number of human trafficking victims, as we lack a national database to track these cases. Human
18 trafficking surveillance is complex because of the very nature of trafficking — involving illegal activities
19 such as prostitution, drug use and/or servitude, and debt bondage — and the type of victims of human
20 trafficking, including runaway minors or women who are victims of abuse or neglect, persons addicted to
21 licit and illicit substances, or immigrants without legal documentation.

22
23 Texas and federal officials use case data reported by local, state, and federal enforcement agencies, often
24 using different data systems to estimate the number of trafficking victims in Texas. And while case data
25 are illusive, with hundreds of miles of borders and a vast transportation infrastructure, Texas is
26 recognized as a center for human trafficking, second only to California in the United States. Recent
27 estimates of human trafficking victims in Texas include:

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29 • 678 human trafficking incidences reported in Texas from 2007 to 2012, according to the voluntary
30 Human Trafficking Response System, used by law enforcement and human trafficking service
31 groups.
32 • 1,876 suspected cases of human trafficking or compelling prostitution reported to the National
33 Human Trafficking Resource Center (NHTRC) Hotline from Texas, or 9.6 percent of total calls in the
34 United States in 2014. Since 2007, an estimated 2,214 - 2,363 trafficking victims in Texas have been
35 reported.
36 • Among those who are undocumented, in 2013, an estimated 10,000 children were victims of
37 exploitation or trafficking in Texas. Nationally, an estimated 100,000 children are believed to be
38 victims of sexual exploitation with much of this related to human trafficking.

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2 Adults, male and female, and children can all be victims of human trafficking, including U.S. citizens and
3 foreign nationals who can be in the country legally or illegally — becoming part of a \$150 billion
4 worldwide business with almost 21 million victims.

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6 Federal law classifies victims in three population groups: persons who are forced into labor through the
7 use of force, coercion, or fraud (children and adults); minors forced into prostitution; and adults forced
8 into prostitution through force, coercion, or fraud. What is common among all human trafficking victims
9 is a need for work, support, or a relationship and a vulnerability to force, fraud, or coercion. Many are
10 already victims of abuse and violence, live in poverty, lack family support, or live in unstable
11 environments.

12 13 **Efforts to Address Human Trafficking**

14 National and state efforts to address human trafficking have focused on identification, referral, and
15 prosecution. Federal laws (e.g., Trafficking Victims Protection Act of 2000) address national issues such
16 as smuggling, customs and trade enforcement, exploitation of children, and coercion of individuals to
17 engage in prostitution. A federal interagency task force coordinates national and international human
18 trafficking prevention, and monitoring activities including the annual Trafficking in Persons Report, a
19 resource for other countries on human trafficking. State laws focus more on law enforcement to support
20 earlier identification of victims and prosecution of those engaged in human trafficking.

21
22 Texas is a recognized leader in responding to human trafficking and in 2003, was one of the first states to
23 pass legislation on human trafficking. House Bill 2096 (Rep. Joseph Pickett [(D-El Paso)]) was the first to
24 criminalize human trafficking, and HB 4009 (Leticia R. Van de Putte [D-San Antonio] and Rep. Randy
25 Weber [R-Pearland]) established the Texas Human Trafficking Prevention Task Force, supported by the
26 Office of the Texas Attorney General. The task force first convened in 2009 and has been effective in
27 getting legislation passed to address some of the barriers to investigating and prosecuting human
28 trafficking and improving interagency collaboration. The intent of more recent legislation has been to
29 improve the identification, prevention, and awareness of human trafficking. For example, all newly
30 commissioned peace officers in Texas are now required to complete a training course on human
31 trafficking, and the task force produced the 2013 *Introduction to Human Trafficking: A Guide for*
32 *Criminal Justice Professionals*.

33
34 Recent human trafficking legislation directs the task force to work with the Texas Health and Human
35 Services Commission and the Department of Family and Protective Services to help identify victims of
36 human trafficking. HB 8 authorizes further services and protections for victims (victim compensation,
37 confidentiality, etc.); HB 188 continues the Human Trafficking Prevention Task Force and adds
38 members; and HB 418 provides direction on state support and protection for children suspected of being
39 involved in sex trafficking.

40 41 **Health Issues of Human Trafficking Victims**

42 A variety of studies reports that human trafficking victims are likely to seek care in health care settings;
43 for example, a 2005 report of the Family Violence Prevention Fund noted that 28 percent of females who
44 were trafficking victims, or almost one out of every three, came into contact with a health professional
45 during their servitude but were not identified as a victim. Human trafficking victims may present to a
46 physician or a health care facility with a range of physical and psychological symptoms commonly
47 associated with stress, physical abuse, or violence; trauma from forced and repeated sexual activity (e.g.,
48 five to 10 encounters/day, thousands/year); or poor nutrition, lack of sleep, drug abuse, and/or extreme
49 work conditions. Advanced symptoms may indicate an inability to access medical care.

Common Health Issues Seen in Victims of Human Trafficking
<ul style="list-style-type: none"> • Sexually transmitted diseases, HIV/AIDS, pelvic pain, rectal trauma, and urinary difficulties. • Pregnancy, resulting from rape or prostitution. • Infertility from chronic untreated sexually transmitted infections or an unsafe abortion. • Infections or mutilations caused by unsanitary, dangerous medical procedures performed by an unqualified health provider. • Chronic back, hearing, cardiovascular, or respiratory problems from long days in dangerous agriculture, sweatshop, or construction conditions. • Weak eyes and other eye problems from working in dimly lit sweatshops. • Malnourishment and serious dental problems (more acute with child trafficking victims who often suffer from retarded growth and poorly formed or rotted teeth). • Infectious diseases like tuberculosis. • Undetected or untreated diseases, such as diabetes or cancer. • Bruises, scars, and other signs of physical abuse and torture (including areas that won't damage outward appearance, like the lower back). • Substance abuse problems or addictions from being coerced into drug use by their traffickers or by turning to substance abuse for coping.

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2 In a 2014 study on the health problems of female sex trafficking survivors, the most common health
3 consequence of trafficking reported by respondents were neurological symptoms (91.5 percent), such as
4 memory problems, insomnia, headaches, or dizziness. Physical injuries were reported by 70 percent, with
5 injuries commonly to the head or the face. Even after escaping trafficking, 96.4 percent of the survivors
6 reported psychological health symptoms including depression and anxiety, and more than 20 percent had
7 attempted suicide.

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9 A suspected victim may express submissiveness and fear or guardedness. The individual often may not
10 speak English and could be accompanied by another person (caretaker or boyfriend) who responds for the
11 patient to questions posed by the physician or a nurse. A person in servitude may not be able to provide
12 an address or has recently arrived in the United States. Psychological trauma associated with mental abuse
13 and torture may also be identified, including depression, stress-related disorders, disorientation,
14 confusion, phobias, and panic attacks.

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16 Studies indicate that multiple risk factors are often associated with victims of human trafficking,
17 frequently related to significant individual, family, and community-level risk factors. For example, a child
18 that is trafficked is often a previous victim of abuse and neglect. Other risk factors may include
19 homelessness (including runaways), foster care placement, LGBT, and substance use. Victims may also
20 be more at risk for developmental issues, including delayed physical and cognitive developmental
21 milestones; stunting, vitamin deficiencies, and other consequences of chronic under-nutrition; poor social
22 skills; or depression, suicide, or post-traumatic stress disorder. Victims in servitude may have no personal
23 identification; be isolated; present with late medical care; reside in a remote area; live in housing
24 associated with a business; present with fatigue or dehydration, or water/sanitation-related health
25 problems or an illness associated with substandard housing, pesticide exposure, or heat stress.

26
27 While the presence of individual health indicators is not a certain sign of human trafficking, a physician
28 or a law enforcement official who identifies several indicators may suggest the need for a preliminary
29 consideration of the patient as a victim of human trafficking.

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31 **Screening and Patient Care**

32 A number of organizations have developed informational and educational materials for physicians and
33 others who may be more likely to come into contact with victims of human trafficking. These materials
34 vary greatly in scope, from providing public campaign materials to identifying a list of indicators and
35 materials for physicians. For example, the National Human Trafficking Resources Center provides a one-

1 page flow chart for medical professionals to them help identify medical signs when assessing a suspected
2 victim of human trafficking. This approach focuses on identifying behavioral signs of human trafficking
3 (e.g., inconsistencies in description of injuries, fear, anxiety, not speaking, etc.) while attending to the
4 immediate medical needs of the individual. The resource center recommends that a physician try to isolate
5 the suspected victim so he or she can further question the individual. Physicians can then direct concerns,
6 questions, or referrals to the resource center, which maintains a 24-hour hotline ([888] 373-7888) for
7 victims, law enforcement, health professionals, and others.

9 **Discussion**

10 While Texas has taken many steps to raise awareness of human trafficking and to reduce legal barriers to
11 prosecution, concerns remain about timely identification of victims and reporting. And though Texas has
12 widely implemented activities to improve awareness and reporting of suspected human trafficking in
13 employment sites and at schools, the focus is now on other locations such as health care settings where
14 victims are also likely to be seen.

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16 Multiple health-related organizations offer similar guidance and tools for physicians who are assessing
17 the health needs and circumstances of a patient who presents with common health indicators of a human
18 trafficking victim. But physicians may face challenges in identifying indicators among different patients,
19 as some of these also relate to other harmful situations outside of human trafficking. The lack of clarity
20 concerning the type of crime or criminal behavior that is the nature of human trafficking complicates a
21 physician's ability to identify and report these cases and to make appropriate referrals to support the
22 potential victim. Yet, as noted by the Institute of Medicine, there is also growing awareness of human
23 trafficking and of the long-term health effects of maltreatment of minors involved in sexual exploitation
24 and sex trafficking, and physicians caring for a child trafficking victim have a duty to immediately report
25 to law enforcement when they suspect abuse or neglect — reporting that cannot be delegated to another
26 individual. Additionally, physicians already play a key role in identifying and reporting victims believed
27 to be subject to sexual assault or domestic violence.

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29 Physicians may be concerned about a lack of referral resources to support potential victims. Most
30 available guidance directs physicians to resources such as NHTRC's hotline or local law enforcement.
31 Physicians also may be concerned that contacting law enforcement might put the patient at further risk.
32 Victims of trauma, including human trafficking, often face a complex range of symptoms and multiple
33 layers of trauma so may hesitate to enter the recovery process, which can require long-term effort.

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35 The Council on Science and Public Health applauds the Medical Student Section's efforts to increase
36 physician awareness of the impact of human trafficking on the health of its victims and on public health,
37 and the potential role of physicians. With increased awareness, physicians can play a role in prevention
38 and early detection efforts. While there are no evidence-based guidelines and recommendations that all
39 physicians can use in screening and identifying human trafficking victims, physicians clearly have a role
40 in addressing this health issue and can access many of the resources developed for physicians by those
41 experienced in working with these victims. Such evidence-informed practices can help physicians more
42 readily recognize the signs and indicators of human trafficking in their community and among their
43 patients.

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45 TMA can help increase physician awareness of this societal issue and of contributing to professional
46 education and awareness activities and timely care for the victims of human trafficking. Therefore, in lieu
47 of Resolution 304, the council makes the following recommendations:

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49 **Recommendation 1:** That TMA work with physician member experts on human trafficking and ensure
50 continued participation in the activities of the Texas Human Trafficking Prevention Task Force to help: a)

1 identify and advocate public policy measures that strengthen infrastructure which will improve response
2 to human trafficking victims; b) aid physicians in promoting the use of effective screening tools so they
3 can identify potential victims of human trafficking; c) provide information to physicians on the
4 availability of local resources in their communities, including information on treatment and recovery for
5 victims of human trafficking, including trauma-informed interventions; and d) with requirements related
6 to reporting suspected abuse of children and of potential victims of violence and/or sexual abuse and
7 exploitation.

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9 **Recommendation 2:** That TMA work with county medical societies to encourage training at local health
10 facilities on identifying human trafficking victims or request training from nationally recognized human
11 trafficking support entities.

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13 **TMA Policy:** None

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15 **AMA Policy:** H65.966 Physicians Response to Victims of Human Trafficking

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