

## **Call for Input on Homelessness as a Cause and a Consequence of Contemporary Forms of Slavery**

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Houston is the 4<sup>th</sup> largest city in the US. The [Mayor's Office of Human Trafficking](#) (MOHT) was established in 2015 to mitigate trafficking through 5 objectives. We work to 1) institutionalize anti-trafficking responses across 23 city departments that house 22,000 employees, 2) raise awareness at scale, 3) coordinate gaps in services, 4) serve as a national and international model for a whole government approach and 5) respond to disasters such as Hurricane Harvey and COVID-19. Together with our partners at the Coalition for the Homeless (Coalition) and Baylor College of Medicine/Harris Health (BCM/HH) we have worked with and in the homeless population to increase victim identification.

The Coalition is a group of over 150 homelessness organizations in Houston that work collaboratively to end homelessness. BCM/HH is a community health system funded by federal, state and county monies. It includes two large hospitals and two dozen outpatient clinics, 56% of patients are uninsured, under 25% fall below the poverty line. The BCM/HH Anti Human Trafficking Program is a public health solution housed in the Harris Health System, (a county system) to identifying and responding to human trafficking.

### **Q1. What are the main causes/drivers of homelessness in your country**

As per the National Coalition to End Homelessness (different entity than the local Coalition referenced above) in the U.S., the main drivers for homelessness are low income and housing affordability, mental and physical illnesses, escaping violence and racial inequality and more recently, the growing impact of climate change.

### **Q2 - Is there evidence of persons experiencing homelessness,[1] being exploited in contemporary forms of slavery such as forced of bonded labor, worst forms of child labor, sexual exploitation which may amount to slavery and other forms of exploitation in your country?**

Under our third objective we filled the gaps in services. Since high numbers of homeless youth can experience trafficking, we leveraged the Coalition that shelters and houses the homeless in our city to screen for trafficking indicators and provide referrals for services. We screened 719 homeless youth resulting in 55 positive responses in 8 months and now include 2 of the questions asked during this youth pilot in the universal homeless assessment that screens homeless adults *and* youth for trafficking. Their system has 22,000 touches annually. We also conduct screenings in the city's Health Department and our partnership with BCM/HH. Our relationship with BCM/HH fills the need for systematic access to psychological services and medical care by placing the *first* Human Trafficking Psychology Fellow and the *first* Human Trafficking Hospital Case Manager within this system. They identified 98 victims after receiving 122 hospital-wide referrals in the first 2 years and work in tandem with MOHT case managers. Since then, victim identification has only increased.

In addition, MOHT also addressed a long-standing emergency shelter bed gap for adult victims of trafficking by building the capacity of a shelter system to serve victims that place beds on reserve for use by BCM/HH and others that would encounter people in crisis during their screenings or outreaches. We have an annex office on the shelter partner's premises that our case managers office from to ensure the bridge to housing is secure.

Observations from our partners at BCM/HH who are the primary placers of homeless people that are experiencing, or experienced trafficking are below:

## Q2a

1. We have data of over 700 people screened in a large urban hospital system (this includes the previously mentioned 122 identified in the first 3 years) over the last 6 years. Of those, 476 screened positive for human trafficking. We use the RAFT tool (Chisolm-Straker) for screening on the inpatient unit, in addition to Polaris Project recommended screening questions. In addition, we explore clinical red flags using a socio-ecological model of individual, relationship, community and systems risk to screen patients who may have had experiences consistent with trafficking.
2. As of February 28, 2023, the 476 confirmed cases of human trafficking seen in the Baylor College of Medicine Anti Human Trafficking Program since October 2017 the majority of patients (89%) were female or trans-female (Female 417, Trans female 8, Male 50 or Trans Male 1).
3. The majority of patients were also people of color (68%) with Black 208, Hispanic/Latin 110, Pacific Islander 2, Other 5, Asian 3, White 147, N/A 1.
4. While the program sees mostly adults, at times the team was consulted for children. Mean age was 32, with a standard deviation of 11. Youngest was 11, oldest was 69. 18 were minors and 458 were adults.
5. Sex trafficking was most common with 427 victims, both sex and labor trafficking 10 victims, and labor trafficking 38 victims. 105 people did not meet criteria for trafficking due to psychiatric acuity (36), or refusal (19), 160 people were excluded.
6. Patients were considered homeless/living in a shelter or staying with friends and family and indirectly homeless due to lack of residential renting/ownership.
7. Homelessness was a significant concern for patients whose housing status was known. 51% of people were homeless. Extended family or friends (46), homeless (5), Shelter/Street (188) or Street (3).
8. Those in a personal care home (6), residential home (48), or owned a home (147) were not considered homeless. Other peoples' housing status was N/A.
9. 45% of people screened were known to have a concurrent active substance use disorder.

**Q2d.** The majority of patients were trafficked for sex (90%), then labor or sex (2%), and finally labor alone (8%). Victims experienced commercial sexual exploitation as minors, sex trafficking as adults, and forced into labor including but not limited to agriculture, domestic work, construction, and forced criminal activity including begging, theft and drug sales. Some patients were victims of both domestic violence and sex or labor trafficking concurrently.

## **Q3. Is there evidence of homelessness being a consequence of contemporary forms of slavery in your country (i.e., domestic/foreign victims being made homeless after sexual and/or labor exploitation)?**

Based on anecdotal data available, generally, with adults it seems to be a consequence. With youth victims it seems to be a cause.

**Q4. Are there examples of positive measures taken by your government to prevent people experiencing homelessness or at risk of homelessness, including children in street situations or discharged from child or foster care, from being subjected to contemporary forms of slavery?**

1. MOHT efforts outlined above and as found in phases 1 and 2 of their strategic plans are positive examples of city government addressing trafficking through a strong mayor system in the US. US Mayor's Offices often function at a level analogous to state ministry leaders. The Mayor oversees Police, Fire, Airports and various other departments; our Health Department alone has 1,200 + employees. Notably, the whole government approach/municipal model we created in Houston was replicated to other cities in the US and some parts of the globe through MOHT's 2-day immersion program. We were also the first major US City to have an Executive Order 1-56, a Zero Tolerance policy for trafficking in its supply chains and to pass a hotel ordinance requiring consistent and pre-approved training for the 554 hotels and motels in Houston.

2. Texas SB 2059 was passed in September of 2019 requiring all licensed healthcare professionals to receive an hour of training in human trafficking. A federal grant from the Office of Victims of Crime was received by Houston partners to train healthcare providers on secondary prevention of human trafficking (identification in health systems). Over 4,000 healthcare staff were trained including but not limited to doctors, healthcare learners, nurses, social workers and non-governmental organizational staff through the PATH Collaborative, an initiative of St. Luke's Health. This is one of several Anti-Human trafficking laws at the state level.

3. In addition to the city of Houston and BCM/HH, the Governor's Office has a task force and there are 2 federal offices for trafficking in persons, one under the Department of State and another under the Administration for Children and Families.

**Q5 Are there examples of positive measures implemented by civil society organizations or other non-governmental stakeholders in protecting and promoting the rights of persons experiencing homelessness or at risk of homelessness and in preventing them from being victimized in contemporary forms of slavery?**

There is a rich landscape of anti-trafficking organizations and efforts in the city of Houston, two organizations we would like to highlight are:

[United Against Human Trafficking](#) is an awareness, education, training, services and advocacy organization. They attend Homeless Church, conducted in a parking lot in Houston and offer outreach to the attendees there and distribute toiletries in order to build trust.

[The Landing](#) is a drop-in center for potential victims located in the heart of a high trafficking area. The people that access their drop-in center are often fleeing sexual violence and are at high risk of becoming homeless. The Landing is a shelter collaborative partner and along with BCM/HH, have a high number of placements in the shelter. They serve over 500 people a year, most of which are sex trafficking victims.

**Q6. What are remaining challenges – in law and practice - in preventing persons experiencing homelessness from being subjected to contemporary forms of slavery and to prevent and eliminate homelessness in accordance with Sustainable Development Goal 11.1 and international human rights law?**

1. Climate change is a politicized issue, however, its impact on displacement and rebuilding efforts that require a movement of workers across the globe from the Global South has human trafficking implications.
2. Over emphasis on law enforcement responses to trafficking because of the Palermo Protocol and under emphasis on the health care sector to interrupt trafficking situations.

3. Housing for adults, especially men, gender and sexual minorities, and victims of labor trafficking.

4. Rehabilitation resources for drugs and alcohol specific for victims of human trafficking.

**Q7. What practical recommendations would you propose to overcome these ongoing challenges?**

1. Recognize the intersectionality of climate change which may increase rates of homelessness, internal displacement and migration, putting large populations of vulnerable persons at risk for labor and sex trafficking. Houston has had numerous flooding events, the biggest in recent years was Hurricane Harvey in 2017. MOHT implemented a short- and long-term response which included cot to cot outreach in shelters and corporate risk mitigation presentations for a year after Harvey to ensure that our corporate citizens rebuilt damaged assets conscientiously.

2. BCM/HH recommend an interdisciplinary care team that includes mental health providers, medical and surgical doctors, and a case management social work team. This public health response encourages the stabilization of patient's medical, mental health, occupational and social work concerns. The public health team links to social service agencies, law enforcement and prosecution partners and non-governmental organizations in the community. Tele-mental health services and access to care may be an option for patients that are currently being trafficked, limited by transportation or in unstable housing situations.

3&4. We recommend services for substance use disorders, as well as residential shelters, including for men and boys not just women and young girls.

Citations PMID: 35775909, 33835952, 35775914