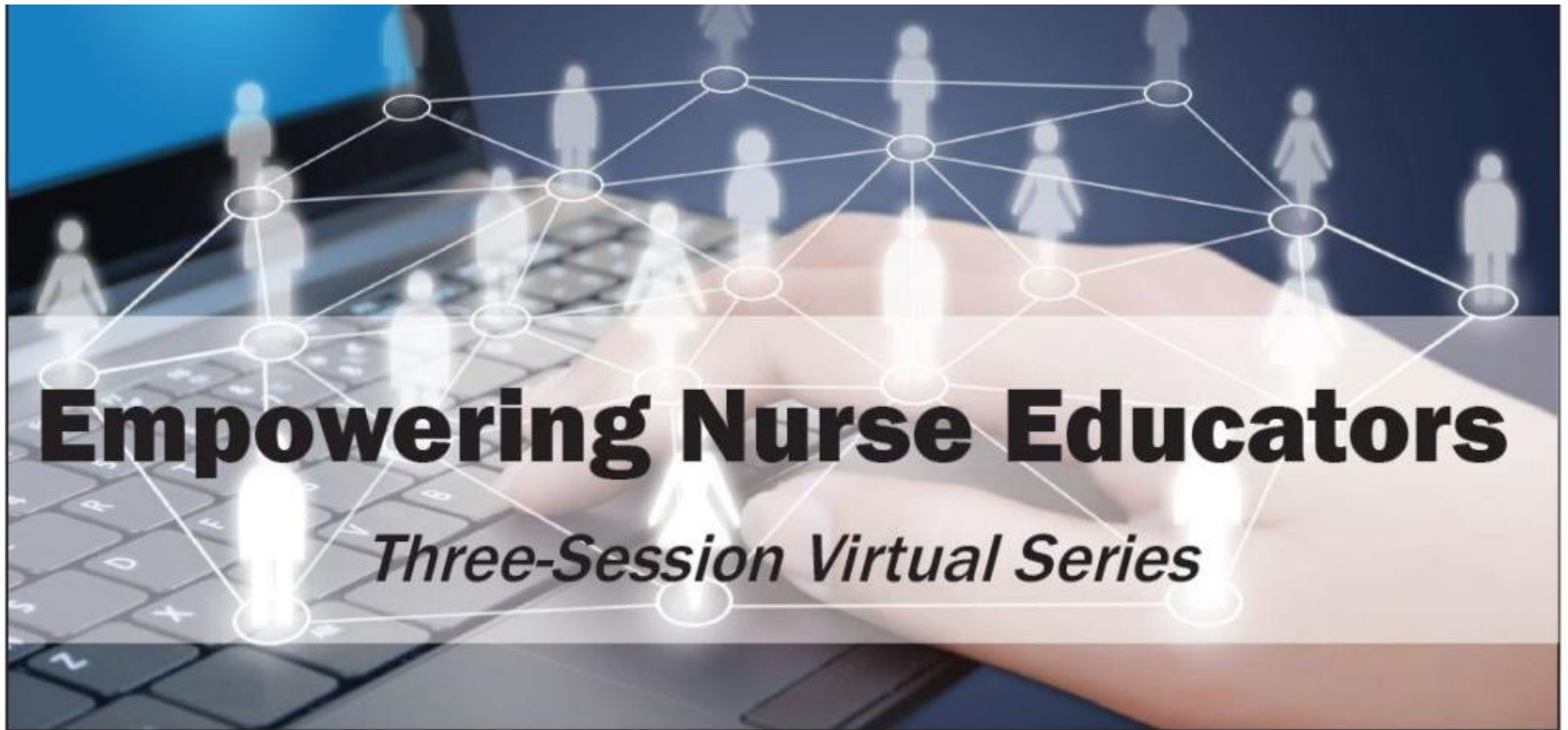


Welcome to...



October 15th, 22nd & 29th

Thank you to our event planning committee!

Virginia Chandlee	JPS Health Network
Katie Choy	Baylor Scott & White
Erica Grimes	Children's Health
Cliffann McCarley	Medical City Healthcare
Kandice Perez	Baylor University School of Nursing
Judy Thompson	JPS Health
Ellen Vuong	THR
Kimm Wright	Methodist
Michelle Andrews	Encompass Health

Visit our website for all information

www.dfwhcfoundation.org/educational-events

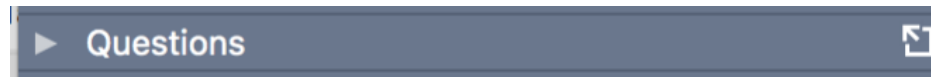
- Link to CE evaluation will be available 10/29
 - To be eligible, you must attend 85% of the session
 - Must complete by 11/13/20
 - Email will be sent 1-2 two weeks after completion containing:
 - Certificate of credit hours
 - Link to complete form - Human Trafficking credit hour for HB 2059
 - Credit is not available for viewing recordings
- Session recordings and presentations will be posted a few days after each session

Conflict of Interest

No conflict of interest found with any speakers in this session

Questions

- Participant questions will be addressed at the end of each session
- Please enter using the “Questions” drop down feature from your control panel



Moderator for Today's Session



Kandice J. Perez, DNP, RNC-OB

**Level I Coordinator - Clinical Assistant
Professor**

**Baylor University
Louise Herrington School of Nursing**

Today's Speakers



Jessica Peck



Mary Ann Contreras



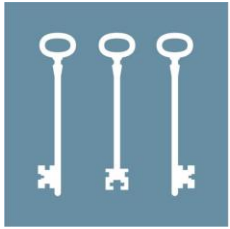
Emily Cross



Janaki Subramanian



Connie Housley



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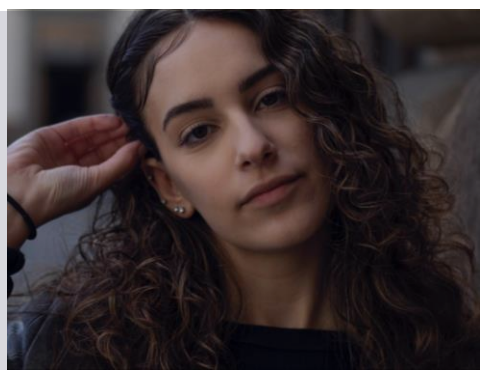
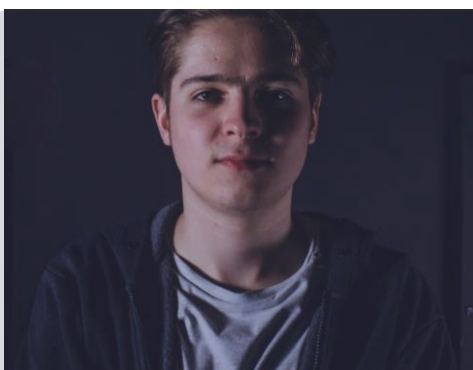
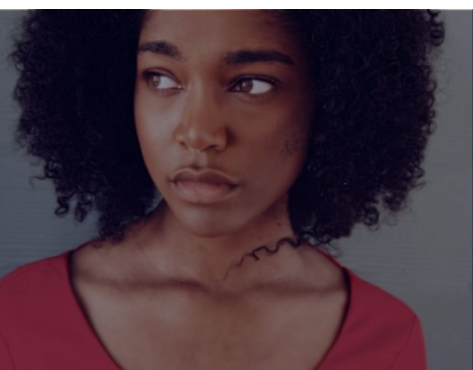
NAPNAP
PARTNERS
FOR VULNERABLE YOUTH

Human Trafficking: Raising Awareness to Identify Victims in the Clinical Setting

Jessica L. Peck DNP, APRN, CPNP-PC, CNE, CNL, FAANP

Provided by the Alliance for Children in
Trafficking (ACT), a program by
NAPNAP Partners for Vulnerable Youth
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RAISING AWARENESS:
IDENTIFYING & RESPONDING TO
VICTIMS OF HUMAN TRAFFICKING
in a Clinical Setting



Conflicts of Interest and Disclosures

- The presenter has no financial relationships with commercial interests to disclose

Trigger Warning:

- Some information may be upsetting to you.
- Violence, sexual assault and sexual abuse to be discussed
- Feel free to leave and re-join anytime you wish

Special notes on statistics:

- Statistics for labor and sex trafficking should be viewed through a critical lens
- Research on this topic is in its infancy and no standards exist for reporting

Learning Objectives



Explore healthcare response to trafficking



Identify principles of trauma-informed care in caring for potentially trafficked persons



Analyze best practices for response to victims in the clinical environment



Discover elements of a trafficking protocol for healthcare organizations



Describe the role of the healthcare provider in prevention, identification, referral, treatment, aftercare, and advocacy for trafficking victims

HUMAN TRAFFICKING IS...

The recruitment, harboring, transporting, forcing, coercing, provision or obtaining of a person for the purpose of involuntary servitude, debt bondage or sexual exploitation.

The sale of another person's body or labor in exchange for something of value.



ACTION

- Recruiting
- Harboring
- Transporting
- Providing
- Obtaining
- Patronizing*
- Soliciting*

*ONLY FOR SEX
TRAFFICKING

MEANS

- Force
- Fraud
- Coercion

DOES NOT NEED TO BE
PRESENT IN A
SITUATION OF SEX
TRAFFICKING OF
MINORS



PURPOSE

- Commercial Sexual Exploitation
- Forced Labor

THESE ACTIONS
ARE CRIMES!



ACTION

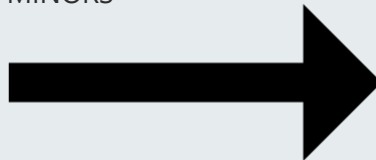
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THESE ACTIONS
ARE CRIMES!

HUMAN SMUGGLING IS...



TRAFFICKING IS NOT SMUGGLING



TWO DIFFERENT CRIMES

Smuggling

- Crime against a state
- Transportation based
- Requires border crossing
- With consent

Trafficking

- Crime against a person
- Exploitation based
- No border crossing required
- Without consent



MOST COMMON TYPES OF TRAFFICKING

SEX TRAFFICKING

- Pornography
- Forced Prostitution
 - Massage parlors
 - Nail salons
 - Online ads
 - Modeling agencies
 - Escort services
 - Strip clubs

LABOR TRAFFICKING

- Agricultural trafficking
- Day labor
- Sweatshops / factories
- Domestic servitude / nanny
- Forced begging
- Food service
- Peddling



HUMAN TRAFFICKING HAPPENS EVERYWHERE.



76%

of sex
trafficking
victims are
women

27%

of sex
trafficking
victims are
children





IT HAPPENS TO BOYS.

RISK FACTORS:

- Homelessness
- Family dysfunction, abuse, substance abuse
- Time spent in foster care
- Identification as LGBTQI



IT HAPPENS TO BOYS.

DIFFERENCES:

- Higher rates of "survival sex"
- Less likely to have pimp/more independent
- Lower rates of identification
- Less services available
- Cultural perceptions



Human Trafficking Impact in Texas



Busch-Armendariz, N.B., Nale, N.L., Kammer-Kerwick, M., Kellison, B., Torres, M.I.M., Cook Heffron, L., Nehme, J. (2016). Human Trafficking by the Numbers: The Initial Benchmark of Prevalence and Economic Impact for Texas. Austin, TX: Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.



SEX TRAFFICKING & HEALTHCARE

87.8% of sex trafficking survivors saw a health care professional while being trafficked. Most were not identified as victims.



Furthermore...many survivors reported that the cost of care was added to their debt burden.





IT'S TIME TO
CHANGE
THAT.

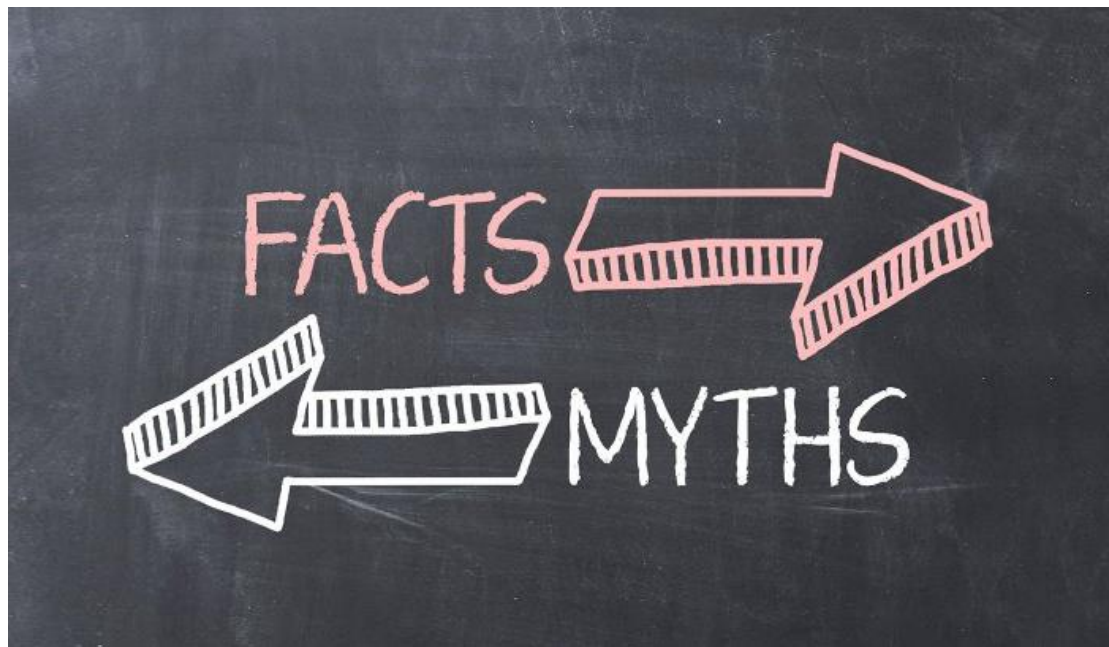




HOW TO IDENTIFY AND RESPOND TO
VICTIMS OF HUMAN TRAFFICKING IN A
CLINICAL SETTING:
Role of the Healthcare Provider



Common Healthcare Misconceptions



- **Challenges and Opportunities**

- Media Portrayal
- Prostitutes
- Drug Addicts
- Suicidal Ideation
- Self-Harming Behaviors
- Societal Perceptions of Traffickers
- Susceptible to Trafficker Deception

Patients Can Present Anywhere

- Hospitals
- Emergency Rooms
- Acute Care
- Primary Care
- Specialty Care
- Aesthetic/Cosmetic Practices



Core Principles of Trauma-Informed Approach



SAFETY



TRUSTWORTHINE
SS AND
TRANSPARENCY



PEER SUPPORT



COLLABORATION



EMPOWERMENT



HUMILITY &
RESPONSIVENESS



EXAMPLE: THE
MISSOURI
MODEL

TOP RISK FACTORS



LABOR TRAFFICKING

- Immigration status
- Recruitment debt
- Economically disadvantaged
- Low levels of formal education
- Foreign nationals



COMMON CHARACTERISTICS AMONG VICTIMS OF SEX TRAFFICING

- Addiction in the home
(including parents or guardians with addiction)
- Runaway/homelessness
- Low self-esteem
- History of physical or sexual abuse
- Family members or peers who are affiliated with gangs
- Disadvantaged socioeconomic status
- Identification as LGBTQ



COMMON CHARACTERISTICS AMONG CHILD SEX TRAFFICKING VICTIMS

Those who are already “in the system” in one way or another – whether through foster care, through CPS, or through the juvenile justice system are extremely vulnerable to exploitation through trafficking.



OTHER COMMON CHARACTERISTICS AMONG CHILD SEX TRAFFICKING VICTIMS

- Learning disabilities
- Developmental delay
- Promotion of sexual exploitation by family or peers
- Lack of social support
- Emotional distress



LESS TANGIBLE CHARACTERISTICS AMONG VICTIMS

- Lack of identity or poor self concept
- Desire to belong
- Desire or need for protection
- Desire for material possessions



TRAFFICKERS PREY ON UNMET NEEDS

“Need Love?”

“Need a place to stay?”

“Are you lonely?”

“Need a protector?”

“Have a dream that seems impossible?”



Recruitment: Social Media

Traffickers may...

- Pretend to be the same age of the child
- Pretend to come from the same or similar social group/school
- Lure them into sexting resulting in blackmail
- Troll the popular social media sites among children

Warning signs...

- Changes in communication patterns, physical appearance
- Child blocks access to phone, computer
- Child has second phone, multiple social media accounts
- Has new boyfriend or girlfriend, especially older person



Social Media Safety Tips

Caregivers can protect children by...

1. Educating children on how to protect their online presence
2. Teaching how to set all social media platforms to private
3. Helping children understand importance of using generic photos instead of personal photo
4. Disabling geotagging and/or geolocators
5. Following terms of use for online platforms



RECOGNIZE THAT TRAFFICKERS ACCOMPANY VICTIMS TO MEDICAL CARE

- They may pose as a friend, family member or romantic partner
- They may obviously be their trafficker or manager
- They may be a US or international employer such as a diplomat
- They may be a legitimate employer like households with domestic workers e.g. maids, nannies, gardeners



TRAFFICKERS USUALLY:

- Fill out patient's paperwork.
- Do all the talking and answer questions for patient.
- Possess patient's documentation.



WHAT IS LIFE LIKE FOR VICTIMS OF SEX TRAFFICKING?



THE REALITIES OF "THE LIFE"

- Victims are considered commodities by their traffickers
- Buyers can be violent.
- Buyers, as customers/clients are permitted to do whatever they want with this "product" thus injuries are sustained, sometimes severe. Condoms are rarely used.
- Being moved around frequently can result in disorientation - not knowing city or address.



THE REALITIES OF "THE LIFE"

(continued...)

- Lack of preventive healthcare (vaccinations, dental care, health insurance).
- No safety training (body mechanics, ergonomics)
- Unsanitary "fixes" focused on continued production vs. health
- Lack of compliance with follow up treatment or care





LIVING/WORKING CONDITIONS

- Crowded living situation
- Poor sanitation
- Sleep deprivation
- Exhaustion
- Long work hours
- Toxic exposures
- Poor nutrition
- Dehydration
- Overexposure to heat/cold
- Being "on the run"
- Bacterial or airborne contaminants
- Diminished quality of life





UNDERSTANDING VICTIM MINDSET

Victims have been subjected to severe, complex forms of interpersonal trauma that may affect the way they interact with medical professionals.





BARRIERS TO IDENTIFICATION

- Shame or guilt
- May be isolated, disoriented
- Lack of transport or controlled movement
- Fear of retaliation by trafficker
- Fear of report to social services
- Fear of arrest or deportation





BARRIERS TO IDENTIFICATION

(continued...)

- Fear of police corruption
- Lack of understanding of U.S. healthcare system
- Fear of getting family member in trouble
- Stockholm syndrome / trauma bonding
- May not understand trafficking or identify him/herself as a victim



WHAT INDICATORS SHOULD
RAISE SUSPICIONS?



ENVIRONMENTAL

- Questionable employment
- Abusive relationships
- Substance abuse - ingestion/intoxication
- Homelessness/having run from home
- Refusing to answer questions / dependence on “coworker” or
- Looking to others to answer questions





EMOTIONAL /MENTAL/ PSYCHOLOGICAL

- Providing contradictory information
- Depression, suicidality, hopelessness
- Fearfulness, anxiety, trauma symptoms, panic attacks
- Aggression



EMOTIONAL /Mental PSYCHOLOGICAL (continued...)

- Post-traumatic Stress Disorder
- Hyper-alertness, dissociation
- Lack of affect (numbness as a coping tool)
- Disorientation
- Complex Trauma-bonding





PHYSICAL

- Tattoos or branding indicating ownership
- Untreated injuries; explanations inconsistent with injury
- Multiple STIs or UTIs
- History of multiple pregnancies and abortions
- Pelvic Inflammatory Disease
- Pregnancy with no prenatal care
- Trauma to vagina/rectum





PHYSICAL (continued...)

- Evidence of sexual abuse/assault
- Vaginal/penile discharge
- Request for STI or pregnancy testing
- Retained foreign body in genital or anal orifice (ex. cotton debris in vagina)
- Evidence of repeated bruising, scarring, cigarette burns, ligature marks, broken bones
- Neck / jaw problems





GENERAL HEALTH

Patients may present with a variety of chief complaints

- Untreated chronic medical conditions
- Headaches
- Fatigue
- Backpain
- Abdominal pain
- Musculoskeletal and ergonomic injuries





GENERAL HEALTH (continued...)

Patients may present with a variety of chief complaints

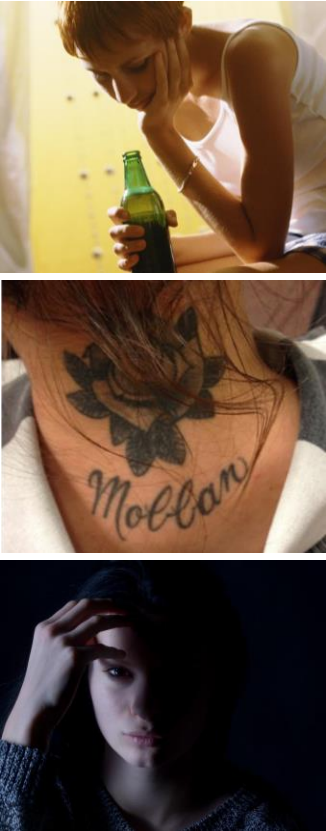
- Severe or untreated dental issues
- Delayed medical care/advanced disease stage
 - Elevated blood pressure, untreated diabetes
- Malnutrition
 - In children, stunted growth
- Industrial injuries



ADDICTION

- Used by abusers to control and create dependency
- Increases risk of blood born diseases including HIV and hepatitis
- Victims may suffer from acute withdrawal symptoms or overdose
- Alcohol, cocaine, heroin, marijuana and methamphetamines
- Prescription drugs such as benzodiazepines and hydrocodone



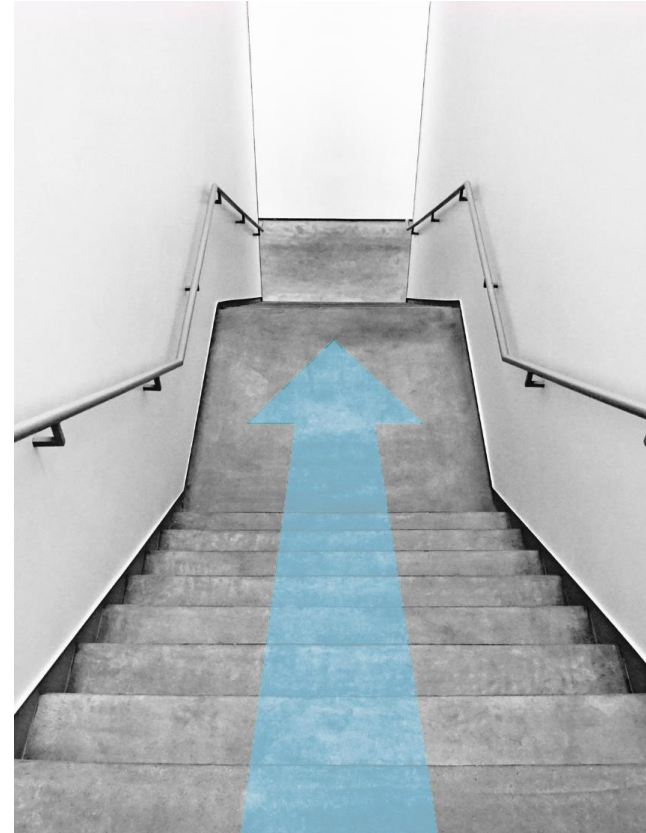


OTHER POSSIBILITIES

- Domestic Violence
- Rape
- Child Abuse
- Homelessness
- Interpersonal Violence
- Substance Misuse

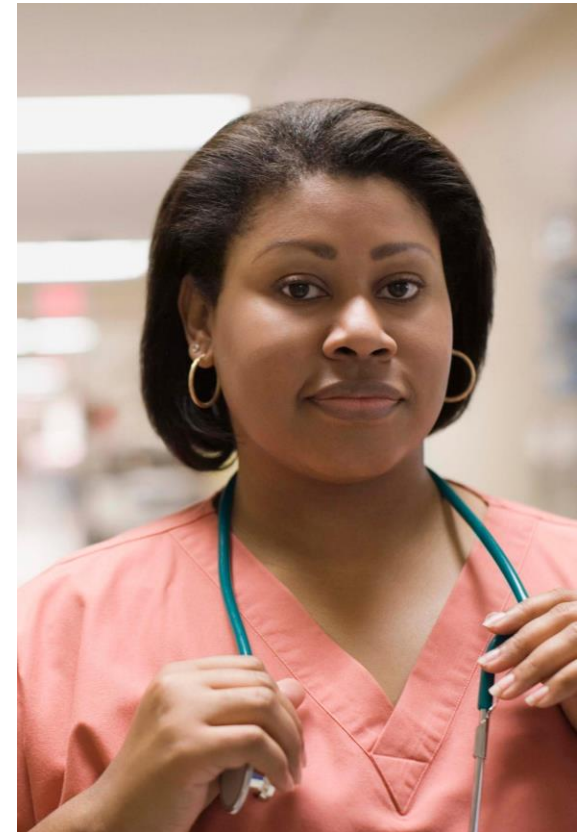
WHAT DO VICTIMS AND SURVIVORS NEED TO KNOW?

There is a way out.



BEST PRACTICES

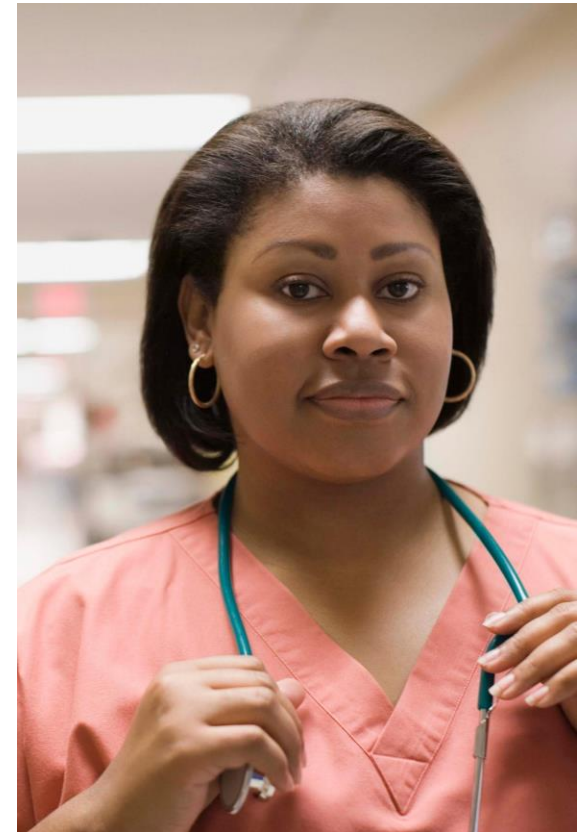
- Establish trust and ask permission.
- Speak privately with victim (separate from the person who brought them in). Use your authority to create a safe space for talking.
- Limit involved staff to a minimum and make sure they understand confidentiality is vital – there may be high danger to patient or family for disclosing.
- Preserve autonomy in healthcare decisions while meeting basic needs, such as safety and shelter.



BEST PRACTICES

(continued...)

- Use professional interpreter in case of language barrier - not the patient's friend or relative.
- Use the same words the patient is using - do not correct their terminology.
- Be open to unfamiliar narratives and stories.
- Use trauma informed, patient-centered, non-judgmental approach when interviewing patients.



If you suspect a patient is a victim of
human trafficking...

ASK SIMPLE,
DIRECT
QUESTIONS





IF YOU SUSPECT LABOR TRAFFICKING

- "What type of work do you do?"
- "Can you come and go as you please?"
- "Where do you eat and sleep?"
- "Are you being paid?"
- "Do you owe money to your employer?"
- "Do you have control over your money and your ID/documents?"



IF YOU SUSPECT ADULT SEX TRAFFICKING...



INITIAL QUESTIONS (continued...)

- "What type of work do you do?"
- "Where do you stay?"
- "Do you use drugs or alcohol?"
- "How many sexual partners have you had?"
- "Have you ever had an STI?"
- "Do you recall being diagnosed like herpes, gonorrhea, chlamydia or trichomonas?"
- "Do you have control over your money and your ID/documents?"



IF YOU SUSPECT ADULT SEX TRAFFICKING...

SECONDARY QUESTIONS

- "Have you ever worked in the commercial sex industry?"
- "If so, do you have a manager or someone you report to or who is controlling your work?"
- "Have you ever traded sex for money, drugs, a place to stay, a cell phone, or something else?"

**If yes to any of these questions, ask...*

"Do you feel comfortable telling me about it?"



IF YOU SUSPECT SEX TRAFFICKING OF A MINOR/YOUTH

Taken from "Evaluation of a Screening Tool for Child Sex Trafficking Among Patients
With High-Risk Chief Complaints in a Pediatric Emergency Department."



IF YOU SUSPECT MINOR/YOUTH SEX TRAFFICKING...

INITIAL QUESTIONS

- "Some kids have a hard time living at home and feel that they need to run away. Have you ever run away from home?"
- "Kids often use drugs or drink alcohol, and different kids use different drugs. Have you used drugs or alcohol in the past 12 months?"



IF YOU SUSPECT MINOR/YOUTH SEX TRAFFICKING...

INITIAL QUESTIONS (continued...)

- "Have you ever had sex of any type?"
 - "If so, how many different partners have you had ?"
[CST victims more likely to have had more than 5 sexual partners]
 - "Have you ever had an STI, like herpes or gonorrhea or chlamydia or trichomonas?"

*If positive response to 2 or more initial questions, proceed to secondary questions.



IF YOU SUSPECT MINOR/YOUTH SEX TRAFFICKING...

SECONDARY QUESTIONS

- "Has a boyfriend, a girlfriend, or anyone else ever asked you, or forced you, to do something sexual with another person?" (If yes, do you feel comfortable telling me about it?)
- "Has anyone ever asked or forced you to do some sexual act in public, like dance at a bar or a strip club?" (If yes, do you feel comfortable telling me about it?)



IF YOU SUSPECT MINOR/YOUTH SEX TRAFFICKING...

SECONDARY QUESTIONS (continued...)

- "Sometimes kids are in a position where they really need money, drugs, food, or a place to stay. Have you ever traded sex for money, drugs, a place to stay, a cell phone, or something else?"
- "Has anyone ever asked you to pose in a sexy way for a photo or a video?"

*If yes to any secondary questions, ask...

"Do you feel comfortable telling me about it?"



SPECIFIC FOR VERY YOUNG CHILDREN

- Do people give money to your parents when you stay with them?
- Do you have to do things with grown ups that you do not want to do?
- Did someone tell you what to say about those things?
- Have you ever been hurt by grownups?
- Do you feel safe at home?
- Do you travel a lot?
- Do you stay in hotels a lot?
- Who is with you when you stay in hotels?





COMMUNICATE HOPE

If you think your patient is a victim of human trafficking.

- “You have rights.”
- “You are not alone, and you are not to blame.”
- “You are entitled to services and help.”





RESTORATIVE EATING & SLEEPING

Sleep has a protective effect in the aftermath of traumatic experiences.

1 to 2 full sleep cycles helps the brain solidify memories.



ASSESS SAFETY

If you think your patient is a victim of human trafficking.

- "Are you afraid to go home?"
- "Do you have a safe place to stay?"
- "What would happen if you didn't return to your worksite or residence this evening?"
- "If I send you home, are you going to hurt yourself or someone else?"
- "Is there anyone else I should be worried about?"



MAKE REFERRALS

If you think your patient is a victim of human trafficking.

- Refer to survivor-centered, multidisciplinary services
- Connect your patient with the hospital social worker.
- Connect your patient directly with an appropriate service provider.
- Document your interaction appropriately within your scope of practice
 - Follow state mandates
 - Use relevant ICD-10-CM codes



MANDATORY REPORTING



TVPA

Important because it gives access to many specific resources that are not given from a traditional CPS report.



LOCAL RESOURCES

National Human Trafficking Hotline

Confidential, 24/7, Multi-lingual

Hotline: 1-888-373-7888 or text "info" or "help" to 233733

Unbound Houston

Prevention & Awareness, Professional Training, Survivor Advocacy

Office: (346) 313-7664 / Hotline: (346) 202-4299

unboundhouston.org

The Advocacy Center for Crime Victims & Children

Forensic Interviews, Counseling, Case Management



IF PATIENT IS NOT READY TO ACCEPT HELP

- Validate and normalize patient's feelings.
- Provide information they may choose to act on in the future
- Give referrals for help verbally and privately. Be careful about providing written materials the trafficker might see.





WHAT NOT TO DO

- Do not attempt to "rescue" the patient.
- Do not ask about the patient's immigration status.
- Do not make promises that you cannot keep.
- Do not force, deceive or coerce the victim in an effort to "save" them.



Key Considerations for Protocols



**Start with HEAL
Trafficking
Protocol or
Dignity Health's
Shared Learnings
Manual as a
guideline**

Other examples on the
NAPNAP Partners
resources page

Use multi-disciplinary
team to develop
protocol, including all
clinical personnel,
nursing, administrative,
housekeeping, security
staff



**Multidisciplinary
response is
important for
patient care,
referral**



**Case
management,
referral and
coordination**

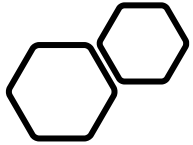


**Know your
community
partnerships and
response teams**



**Mandated
reporting,
including**

Documentation
Reporting principles
State and federal
mandates for reporting



Key Considerations for Protocols



**How to screen for
and identify
potential victims**



**Safety concerns for
victims, families
and staff**



**How to handle
refusal of care**



**Discharge and
referral
considerations**



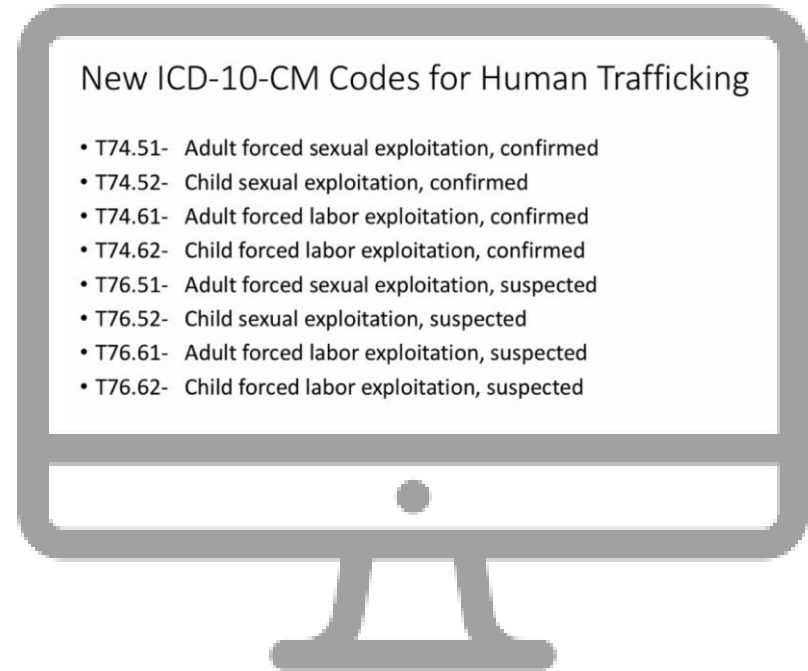
**Clinical protocols
behind order sets
and may be used
for treatment, such
as with a sexual
assault case**

Key Considerations for Protocols

- ICD-10 codes for potential and actual trafficking victims were approved in October of 2018
- New codes are an effective way to evaluate the number of cases identified
 - Will help us understand the depth of this public health problem
- Clinical guidelines help HCP recognize a labor or sex trafficking victim
 - Guidelines provide guidance with decision making and provide a range of accepted approaches

New ICD-10-CM Codes for Human Trafficking

- T74.51- Adult forced sexual exploitation, confirmed
- T74.52- Child sexual exploitation, confirmed
- T74.61- Adult forced labor exploitation, confirmed
- T74.62- Child forced labor exploitation, confirmed
- T76.51- Adult forced sexual exploitation, suspected
- T76.52- Child sexual exploitation, suspected
- T76.61- Adult forced labor exploitation, suspected
- T76.62- Child forced labor exploitation, suspected

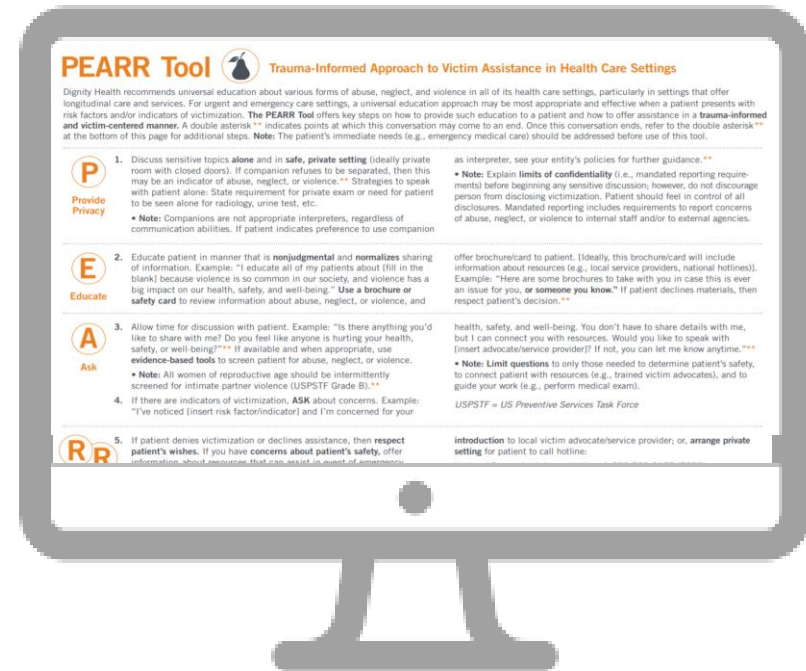


Key Considerations for Protocols

PEARR Tool Trauma-Informed Approach to Victim Assistance in Health Care Settings

Available at:

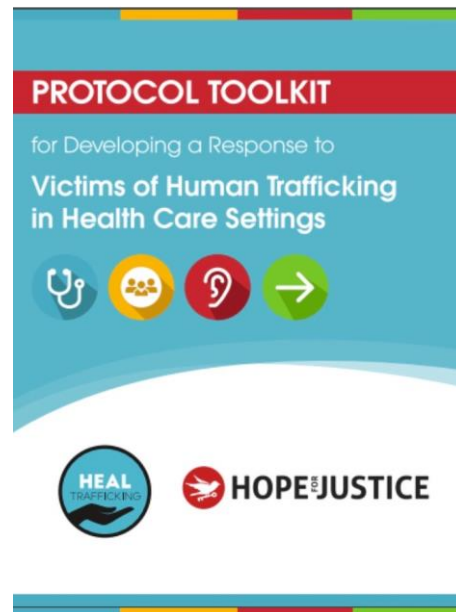
www.dignityhealth.org/hello-humankindness/human-trafficking/victim-centered-and-trauma-informed/using-the-pearr-tool



Calls to Action

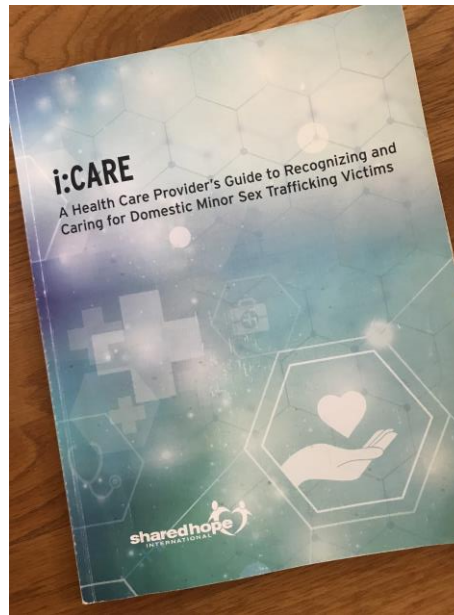
PROTOCOL DEVELOPMENT RESOURCES

Healtrafficking.org



PROTOCOL DEVELOPMENT RESOURCES

Shared Hope
International



WHO SHOULD BE ON THE TEAM?

Sane Nurse?

Security?

Nursing Supervisor?

Infectious Disease?

Social Work?

Psych?



*"We didn't choose this career
because it's easy. We can do
hard."*

Dr. Jessica Peck, DNP, APRN President of NAPNAP
Lead Medical Consultant, Unbound Houston
www.napnappartners.org



National Human Trafficking Hotline
1 (888) 373-7888



Calls to Action for Your Organization



Work with your leadership to implement a multidisciplinary protocol



Establish an organization taskforce/workgroup on child trafficking



Establish annual training for all employees



Make child trafficking awareness part of onboarding



Work regularly with local/state law enforcement task forces



Use and measure usage related to ICD-10 codes on human trafficking (revenue measurement)

Barnert, E., Keely, M., Godoy, S., Abrams, Ls S., Rasch, M., & Bath, E. (2019). Understanding Commercially Sexually Exploited Young Women's Access to, Utilization of, and Engagement in Health Care: "Work Around What I Need". *Women's Health Issues*.

Beck, M.E., Lineer, M.M., Melzer-Lange, M., Simpson, P., Nugent, M., & Rabbitt, A. (2015). Medical Providers' Understanding of sex trafficking and their experience with at-risk patients. *Pediatrics*, 135(4), e895-e902. Doi:10.1542/peds.2014-2814.

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Supplemental Slides/Additional Slides



GENERAL QUESTIONS

- What type of work do you do?
- What are your work hours?
- How often do you get to see your family?
- Does someone forbid contact with them?
- Can you get another job if you want?
- Can you come and go as you please?
- Where do you eat and sleep?



GENERAL QUESTIONS

- How many people are there?
- Is it clean?
- Are you being paid?
- Do you owe money to your employer?
- Do you have control over your money and your ID / documents?
- Do you ever feel pressure to do something you don't want to do?
- Have you been physically hurt?



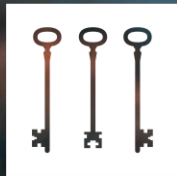
GENERAL QUESTIONS

- Did someone tell you what to say today?
- Has your family been threatened?
- You seem in a hurry to leave. We are here to help you and it is important that you remain for treatment. What is making you feel anxious to leave right now?
- Are you in a relationship with someone who physically harms or threatens you?



HUMAN TRAFFICKING:

Identifying & Responding to Victims of Human
Trafficking in a Clinical Setting



UNBOUND





TOP RISK FACTORS

LABOR TRAFFICKING

- Immigration status
- Recruitment debt
- Economically disadvantaged
- Low levels of formal education
- Foreign nationals

SEX TRAFFICKING

- Homelessness
- History of abuse or exploitation
- Substance use
- Involvement in commercial sex industry
- Mental illness



COMMON CHARACTERISTICS AMONG CHILD SEX TRAFFICKING VICTIMS

- Lack of personal safety
- Isolation
- Emotional distress
- Poverty
- Family dysfunction
- Substance abuse
- Mental illness
- Learning disabilities
- Developmental delay
- Promotion of sexual exploitation by family or peers
- Lack of social support



**Widespread pornography
use is considered a
public health problem
of epidemic proportion.**



*Ernie Allen,
attorney and
former
President/CEO
The National
Center for
Missing and
Exploited Children
Capital
Symposium, July
14, 2016*

**“LATEST RESEARCH
SHOWS FULLY 1/3
OF 10 YEAR OLDS
ARE ACCESSING
VIOLENT,
DEHUMANIZING
AND DEGRADING
INTERNET PORN.”**





Level **I** Trauma Center

John Peter Smith Hospital | JPS Health Network

Mary Ann Contreras RN | Violence & Injury Prevention | Trauma Services



JPShealthnet.org

Centered in Care
Powered by Pride

About JPS Health Network

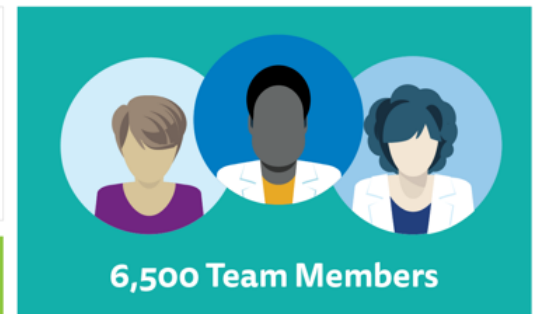


Tarrant County's only
Level I Trauma Center

**Comprehensive
Level I Stroke
Center**



Tarrant County's
only Psychiatric
Emergency Center



6,500 Team Members

**Licensed
for 578
beds**



40+ primary &
specialty health
centers (19 at
public schools)

204,810
unique patients



17 residency and
fellowship programs

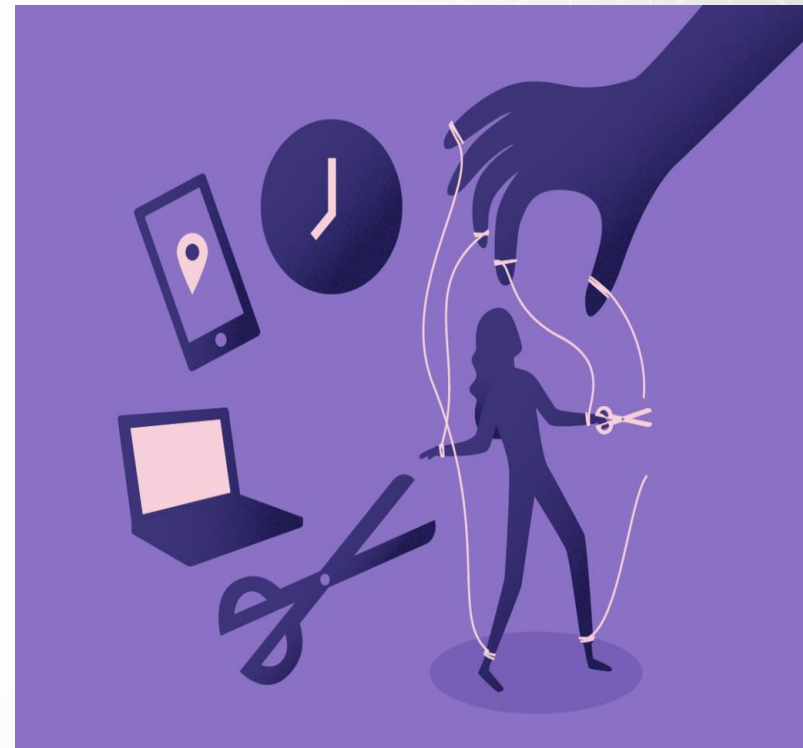
- 121,000+ emergency room visits
- 1.2 million+ patient encounters per year
- Nation's largest Family Medicine Residency
- 1st Public hospital to receive Joint Commission Certification in Geriatric Delirium

IPV & Human Trafficking



Coercive Control: IPV and HT

- Use of force or threats
- Compel or dispel a particular response
- Long-term physical, behavioral, psychological consequences
- Strips away sense of self



Nursing Responsibility Human Trafficking & IPV

- “Emergency nurses are in a unique position to help victims of human trafficking,” said ENA President Jeff Solheim
- “Nurses are ideally positioned to screen, identify and care for, provide services for and support victims of human trafficking.” *Association of Women Health, Obstetrics Neonatal Nurses*
- “Nurses play a crucial role in recognizing IPV/DVA against women and in providing them practical, emotional and psychological support.” *US National Institutes of Health*
- “Nurses are seen as the most honest and ethical people among a list of professions for the 18th consecutive year. In a new Gallup poll, 85% of Americans rated nurses the highest in honesty and ethics among a of 22 professions.” *US News and World Report Jan. 2020*

Regulatory Requirements

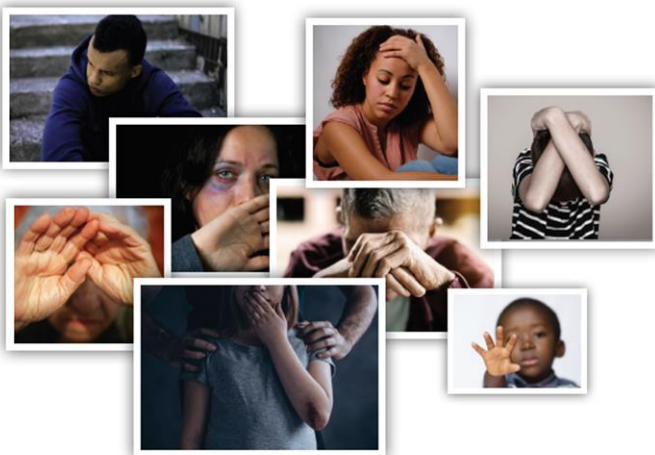
- The Joint Commission

Demonstrate Your Commitment to Excellence



Earning *The Gold Seal of Approval*® shows dedication to improving health care quality and safety.

ACS TRAUMA QUALITY PROGRAMS BEST PRACTICES GUIDELINES FOR TRAUMA CENTER RECOGNITION OF Child Abuse, Elder Abuse, and Intimate Partner Violence



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality
Highest Standards, Better Outcomes

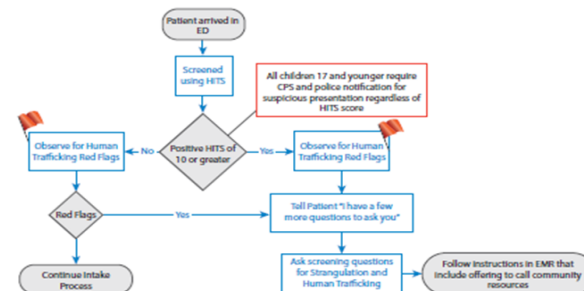


THE
COMMITTEE
ON TRAUMA



TRAUMA
QUALITY
IMPROVEMENT
PROGRAM

Appendix C-1. Screening for Intimate Partner Violence or Sexual Trafficking



1. Use the Hurt, Insult, Threaten, Scream (HITS) tool (See Table 12, page 76)

2. Strangulation questions

- ☐ Has your partner ever used their body or any other object to forcibly strangle/choke you?
If Yes
- ☐ Did you experience any of the following during/after strangulation/choking?
- ☐ Difficulty swallowing, neck tenderness, voice changes, loss of bladder or bowel, loss of memory, loss of consciousness, patient denies listed symptoms.

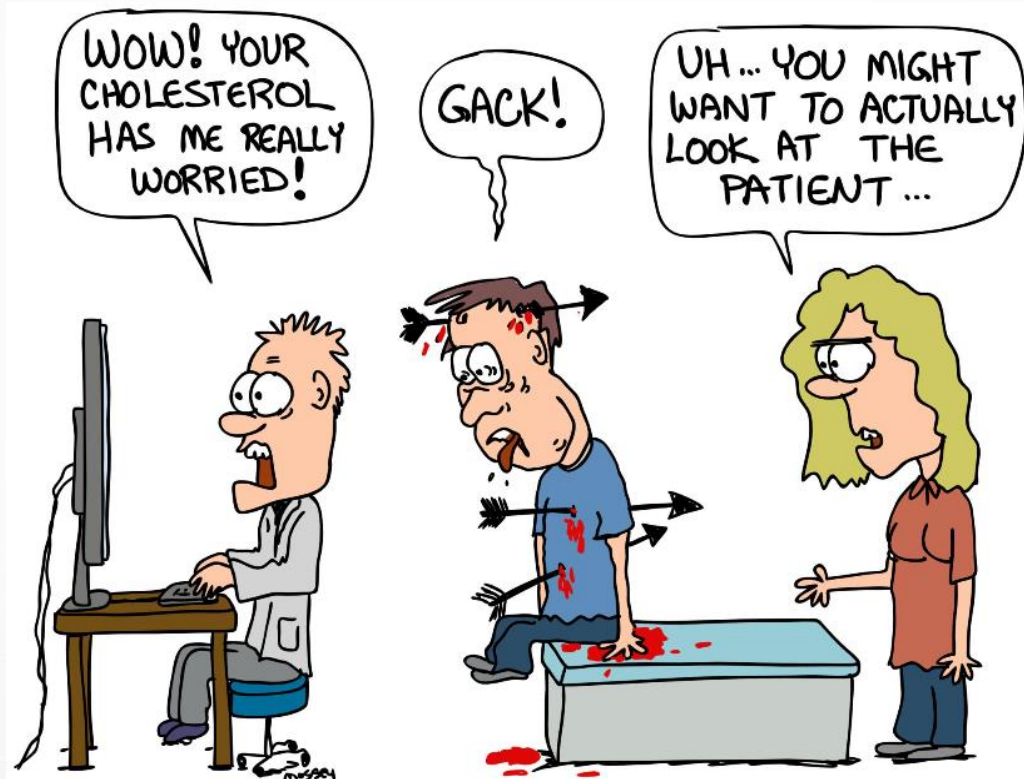
Say to the Patient "Your answer regarding strangulation is concerning. People who are strangled are 700 percent more likely to die as a result of violence."

3. Human Trafficking

Questions	Yes = 1	No = 0
Can you leave your job situation if you want?		
Can you come and go as you please?		
Have you or your family been threatened if you try to leave?		
Have you been harmed in any way?		
Do you sleep where you work?		
Have you ever been deprived of food, water, sleep or medical care?		
Do you need to ask permission to eat, sleep or go to the bathroom?		
Have your identification documents been taken from you?		
Is anyone forcing you to do anything you do not want to do?		

Courtesy of Mary Ann Contreras and Heather Scroggins

Electronic Medical Record



Badge Buddy



How often does your partner...?

1 Never	2 Rarely	3 Sometimes	4 Fairly Often	5 Frequently
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Badge Buddy

SafeHaven (817-535-6462)

24-hr hotline: 1-877-701-7233

National Human Trafficking

Hotline: 1-888-3737-888

BeFree SMS

Text 233733

For patients aged 17 and under, call the police (911) and notify CPS

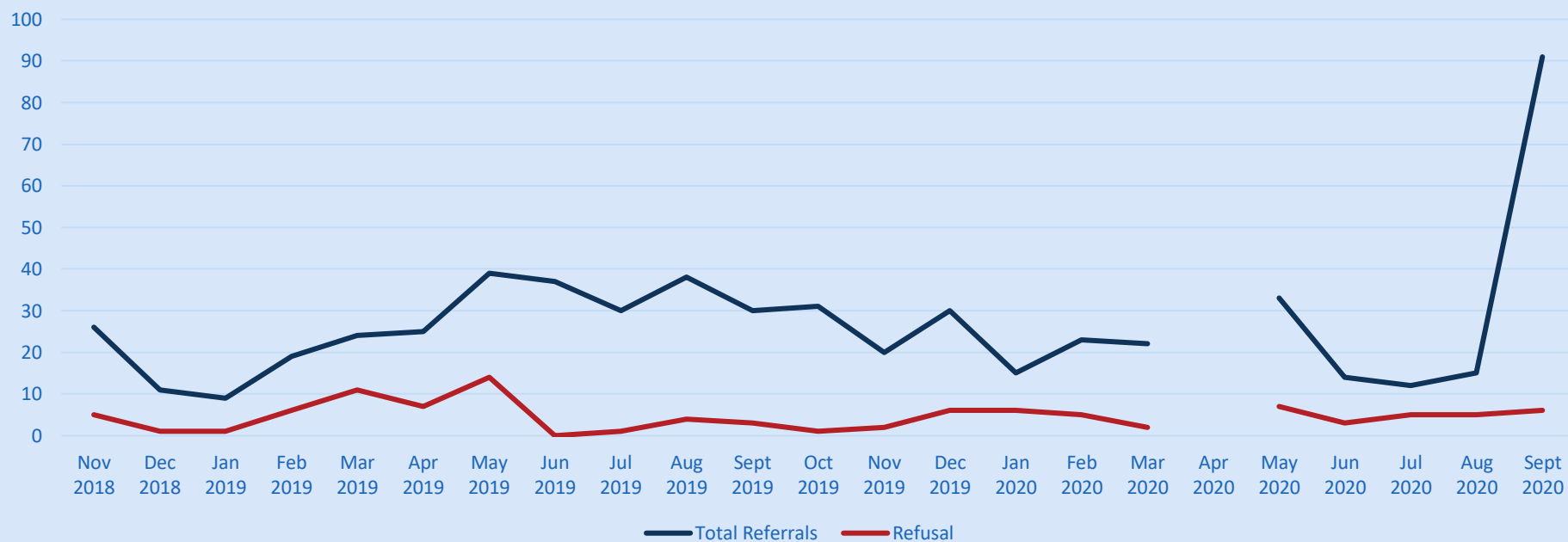
One Safe Place (817-916-4323)

- counseling
- food & clothing
- child care
- healthcare
- immigration
- spiritual
- legal
- job skills
- law enforcement referral
- education (child, parent, relationship)



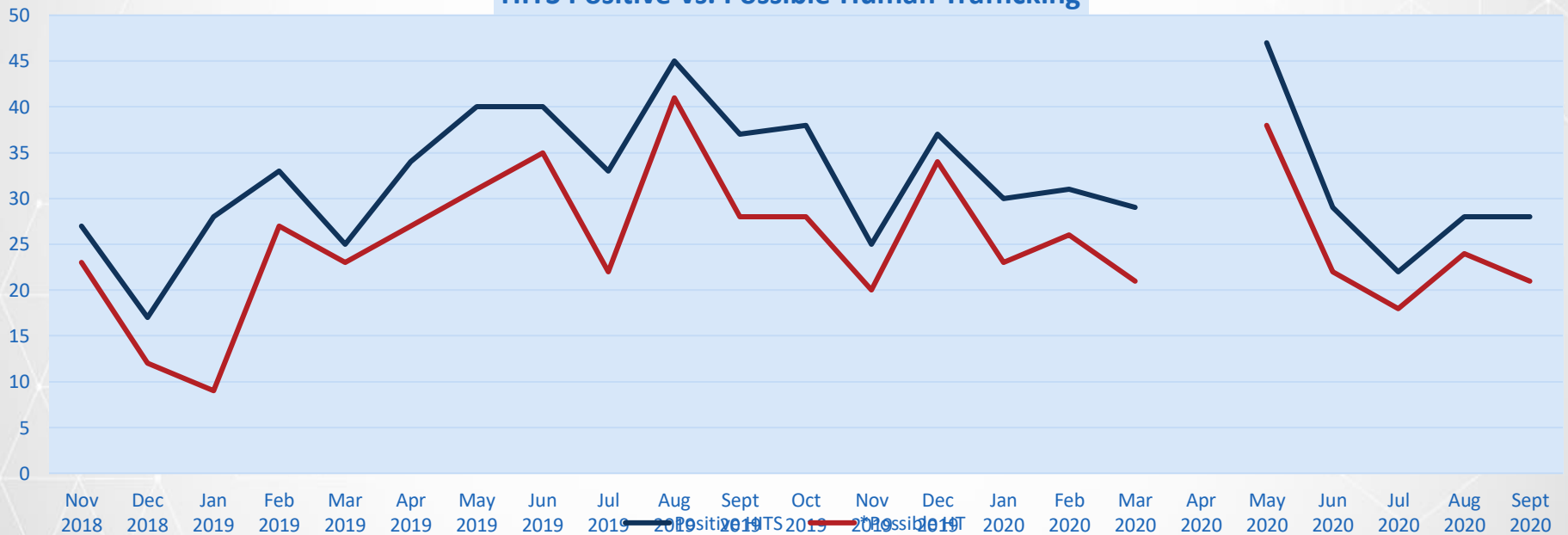
Referrals to Resources

HITS Referrals vs. Refusals



Victimology Similarity

HITS Positive vs. Possible Human Trafficking



Current Findings

- Screening in 6 areas: COVID halted training in behavioral health
- ED averages 30 + IPV/Potential HT screens each month
- HITS scoring for severity lower pre-COVID
- Average 85% compliance in screening overall
- 20% + IPV experience non-fatal strangulation since COVID
- Pre-COVID 40% + IPV experienced non-fatal strangulation



Strangulation in Victims of Violence: Ask!

▼ Strangulation and Choking



Has your partner ever used their body or any other object to forcibly strangle/choke you?



1=yes

0=no

Did you experience any of the following during/after strangulation/choking?



difficulty swallowing

neck tenderness

voice changes

loss of bladder or bo...

loss of memory

loss of consciousness

"Your answer regarding strangulation is concerning. People who are strangled are 700 percent more likely to die as a result of violence".

Notify provider of the occurrence of strangulation to determine if further diagnostic tests are required.



- Non-fatal strangulation is a lethality predictor
- 800X more likely to become a victim of homicide

Tarrant County Adult Fatality Review Team

2019:8 deaths | 2020 to date: 17



1. Intimate partner violence impacts every age group.

- The age of victims ranged from 23 – 71

2. Intimate partner violence knows no geographical or socio-economical boundaries.

- These homicides happened in Arlington, Fort Worth, North Richland Hills, and Watauga

3. Intimate partner violence impacts every race.

- Victim and offenders identified as white, Black, Asian, and Native American

4. Leaving often doesn't mean safety.

- Relationship lengths ranged from two weeks to many years, and all but one relationship had ended. Only one couple remained together at the time of the homicide.

Opportunity





Emily Cross

Trauma Nurse Clinician V
Texas Health Presbyterian
Dallas



Janaki Subramanian

SANE Coordinator
Methodist Health System



Connie Housley

Forensic Nursing
Coordinator
JPS Health

EMILY RECKART
CROSS
BSN, RN, CEN, TCRN

Trauma Nurse Clinician V
Texas Health Presbyterian Dallas





Job role

- Respond to trauma activations for initial resuscitation.
- Attend daily multidisciplinary rounds.
- Monitor care and outcomes to ensure appropriate care is rendered.
- Assist in obtaining performance improvement measures.
- Screen patients for alcohol abuse, acute stress related to hospitalization, and ensure appropriate referrals are made.
- Provide patient education regarding injuries and discharge expectations.
- Abstract data for trauma registry.
- Fill the gaps.



MARTHA Project

- Dedicated to the life of Martha Kate Wiant.
- Managing and responding to trafficking, harm, and abuse.
- Focus on care of vulnerable populations across the lifespan.
- Literature review performed & ongoing.
- GAP analysis completed.
- Screening tool for trafficking/development.
- Task force development.
- Develop pilot program.
- Integration with EMR.
- American College of Surgeons TQIP 2020 Best Practice guideline.
- Collaboration with THR HEB.
- Developing process for screening and responding to sex trafficking victims.



Lessons so far...

1. Trauma informed care.
2. Self-care/resiliency for staff.
3. Implicit bias barrier.
4. Collaboration is paramount.
5. Effects of COVID.

MDMC SANE Program

Janaki Subramanian RN, CA-SANE
SANE Coordinator



Trust. Methodist.

Who am I?



My Role

- I started as a volunteer at Methodist Dallas Medical Center in 2008
- I graduated in June 2014 and have been a RN in the Emergency Dept at Methodist Dallas since then, and a Sexual Assault Nurse Examiner (SANE) since 2016
- SANE Coordinator since 2018

Pandemic Effect

- Sexual and physical violence was exacerbated during the early stages of the pandemic.
- Stay at home policies introduced stressors (job loss, lack of social support etc.)
- Brutality in sexual and physical violence has increased
- # of sexual assaults decreased in the initial stages of the pandemic
- Trafficking cases was also on the decrease in the initial stages

2020 SANE DASHBOARD

120
Total Cases

Exams - 95

88 Females
Males

82

Of our cases, came
from Dallas city limits

Age

14 – 17: 6

18 – 29: 45

30 – 59: 39

60+: 5

26
Single Moms

Ethnicity

African American – 46

Asian – 3

Hispanic – 17

Mixed – 3

Caucasian – 26

Out of 95
exams 49
patients
reported
physical
abuse with
SA.

42 patients
reported
Strangulation. 19
patients
had visible
signs.

54
Report Non-
Stranger Assault

41 Stranger

56
Report
Drug/ETOH
involvement

Not involved – 39

65
Accepted
Pregnancy
Prophylaxis

45 Patients
reported
IPV and
increased
severity of
abuse.

36
Accepted HIV
Prophylaxis.
Refilled here
in MDMC at
no cost.

80
Accepted STI
Prophylaxis

32
Have a
Psychiatric
history

63 No history



Centered in Care
Powered by Pride

JPS HEALTH NETWORK
Forensic Nursing Services



Connie Housley BSN-RN CA-SANE
Forensic Nursing Coordinator
chousley@jpshealth.org



Centered in Care
Powered by Pride

JPS Health Network



\$950 million tax-supported healthcare system serving residents of Fort Worth and surrounding communities in Tarrant County, Texas.

John Peter Smith Hospital

- 121,000+ emergency room visits
- 1 million+ patient encounters per year
- Nation's largest Family Medicine Residency



Patient Care Pavilion at John Peter Smith Hospital



Tarrant County's only
Level I Trauma Center

**Comprehensive
Level I Stroke
Center**



Tarrant County's
only Psychiatric
Emergency Center

**Licensed
for 573
beds**



40+ primary &
specialty health
centers (20 at
public schools)

196,454
unique patients



6,500 Team Members



18 residency and
fellowship programs

JPS HEALTH NETWORK FORENSIC NURSING SERVICES



JPS Forensic Nursing Services – JPS SANE

- History
- Tarrant County SART
- Communities Served
- Services Offered
- About our Team
- Future Plans



Healthcare Impact on S/A-D/V-IPV-HT

- Pre-Covid-19
 - ER visits - prior years
- Post-Covid-19
 - ER visits Mar/April – May Jun July
- Pandemic Effects
 - What changed...
 - Setting – social distancing – wearing masks - fear
 - Advocacy -presence
 - Reporting-

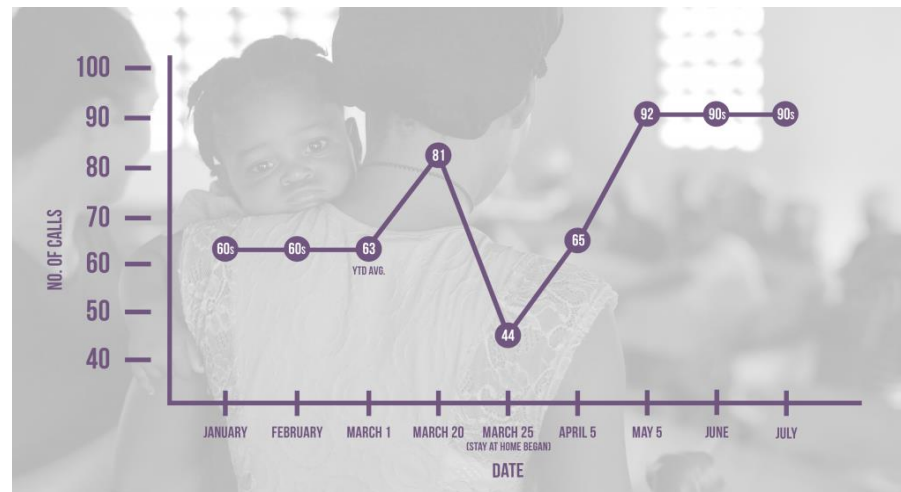
“Intimate partner homicides had been declining in Tarrant County in the last four years, but 2020 is already the worst year on record”

JPS HEALTH NETWORK FORENSIC NURSE SERVICES



Community Resources & Services

- Impact
 - Calls –
 - Steadily Increased
 - Shelters-
 - Full Capacity
 - Maintaining safe & healthy environment
 - Counseling-
 - Virtual



JPS HEALTH NETWORK

FORENSIC NURSE SERVICES



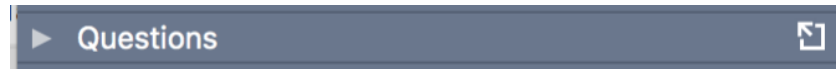
As Leaders in Healthcare – What Can We Do?

- Promote & Educate on the importance of screening for abuse
 - 14% ER visits are DV victims
 - Be mindful of risk factors in our youth/psych/elderly
- Ensure staff knows what are reportable offenses & have well established protocols including safety planning
- Documentation – Obligations of the Medical Professional
 - Chapter 91.001 Texas Family Code
- Respect the privacy & decisions of our patients
 - Victims may not be ready to break the cycle or have adequate support system
- Make resources & discharge instructions easily & readily available to staff
- Listen & Believe



Thank you to our speakers!

Questions?



Jessica Peck



Mary Ann Contreras



Emily Cross



Janaki Subramanian



Connie Housley

Visit our website for all information

www.dfwhcfoundation.org/educational-events

- Link to CE evaluation will be available 10/29
 - To be eligible, you must attend 85% of the session
 - Must complete by 11/13/20
 - Email will be sent 1-2 two weeks after completion containing:
 - Certificate of credit hours
 - Link to complete form - Human Trafficking credit hour for HB 2059
 - Credit is not available for viewing recordings
- Session recordings and presentations will be posted a few days after each session