Labor and Sex Trafficking Overview for Healthcare Professionals

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

Conflicts of Interest and Disclosures

- Jessica L. Peck DNP, APRN, CPNP-PC, CNE, CNL, FAANP has no financial relationships with commercial interests to disclose
- 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:

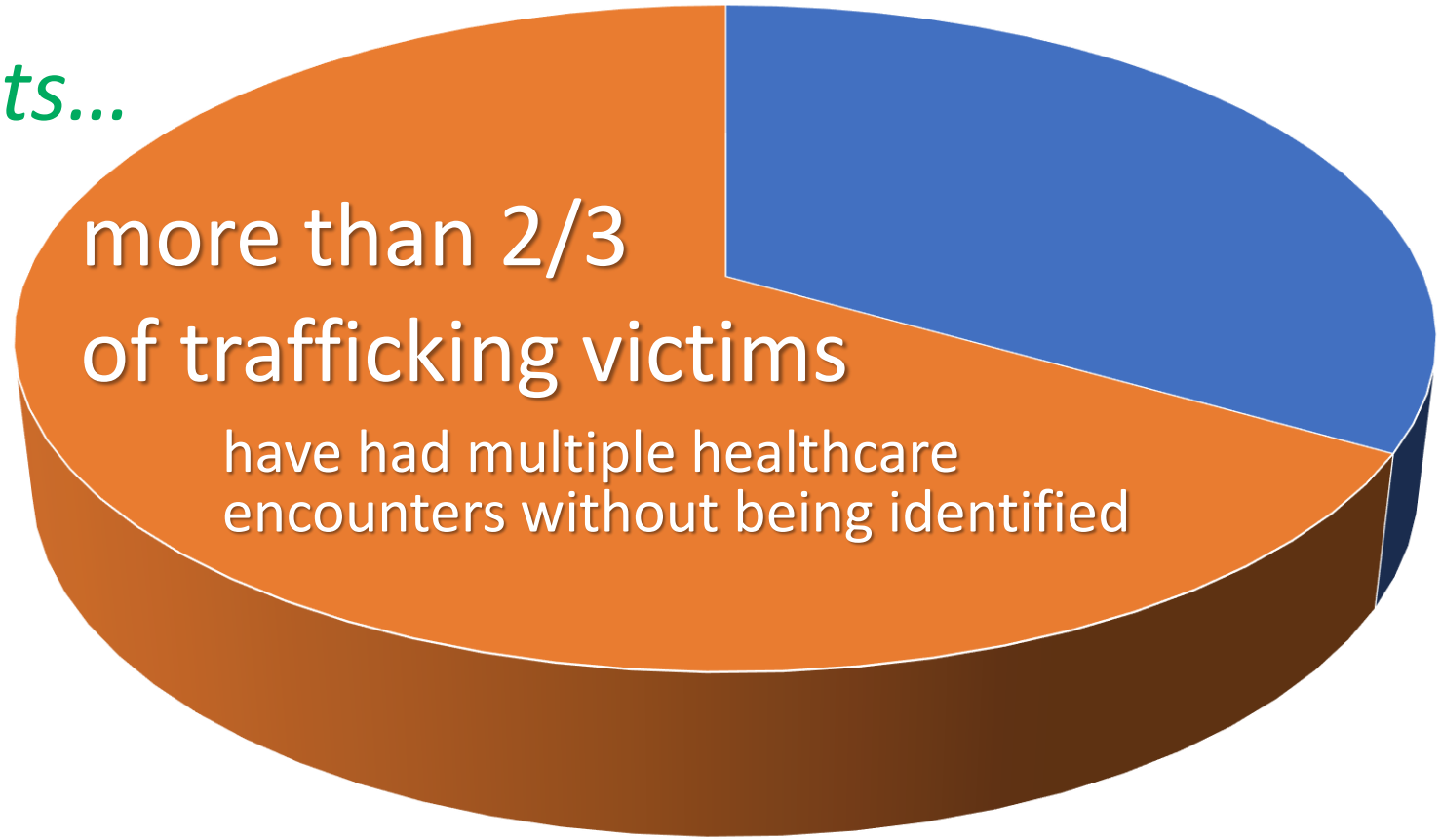
  - Statistics for labor and sex trafficking should be viewed through a critical lens
  - Research on this topic is in its infancy and no standards exist for reporting

Learning Objectives

Explore	Identify	Analyze	Discover	Describe
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

Why This Subject Is Important to People in ANY Healthcare Setting

Evidence suggests…



Do I have your attention now?

Trafficking as a Criminal Industry

- **Second largest** and **fastest growing** criminal industry in the world
- Continuous profit, less risk

Estimated $32 billion worldwide

$10 billion in U.S.

- Average estimated yearly income from one trafficking victim—**UP TO $300,000**
- No official estimate of the total number of trafficking victims in the U.S.
- Teens, runaways and foster care or history of abuse at greatest risk in U.S.

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Common Healthcare Misconceptions

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

Labor and Sex Trafficking "Facts"

Key Concept: **Children from all socio-economic levels are at risk**

Important to **not stereotype** who might be a potential victim

Risk of diminished lifespan because of multiple health risks

Multiple sex partners per day	Violent nature of most traffickers	Physical violence used as control mechanism	Drugs used as control mechanism

Recruitment: How Does a Child Become a Victim?

Traffickers recruit with the “triple T” principle

Target

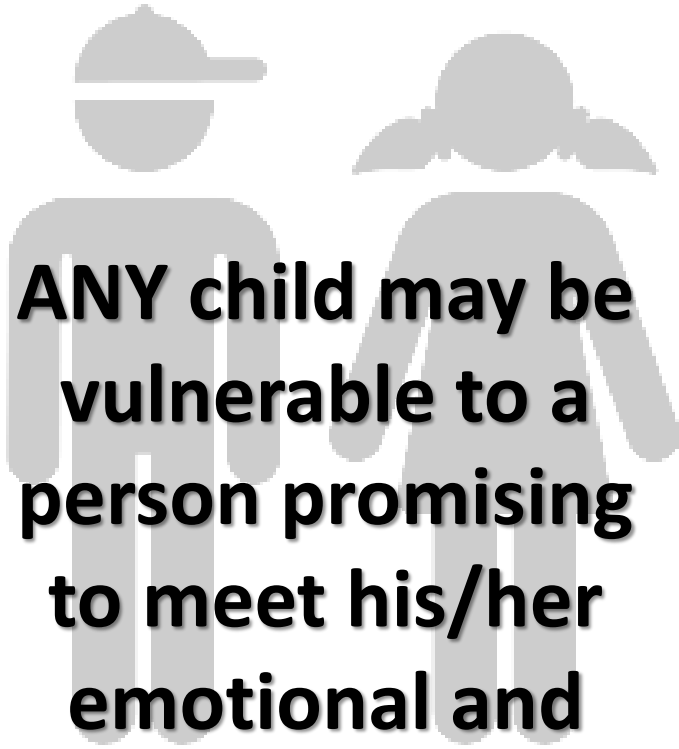
- Traffickers seek out vulnerable children

Trick (or manipulate)

- Traffickers break down a child’s natural resistance and suspicion
- Then reveal true intent of relationship

Traumatize

- Child becomes a victim; becomes and feels trapped and powerless
- This “trauma bond” is extremely difficult to break



ANY child may be vulnerable to a person promising to meet his/her emotional and physical needs

How Does This Happen?

- Befriend- establish trust
- Intoxicate- introduce drugs/alcohol
- Alienate- separate from family
- Isolate- separate from friends
- Desensitize- establish a new normal
- Capitalize- exploit victim for personal gain

(Operation Texas Shield, 2018)

The Rise of the Online Market

- 75% of trafficked survivors reported being sold online (Thorn, 2018)
- From the street to the smartphone
- Lower threshold for access
- Teen access to smartphones & social media

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

Pediatric ACES

COMPLEX TRAUMA

ACEs = ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE

Physical

Emotional

Sexual

NEGLECT

Physical

Emotional

HOUSEHOLD DYSFUNCTION

Mental Illness

Incarcerated Relative

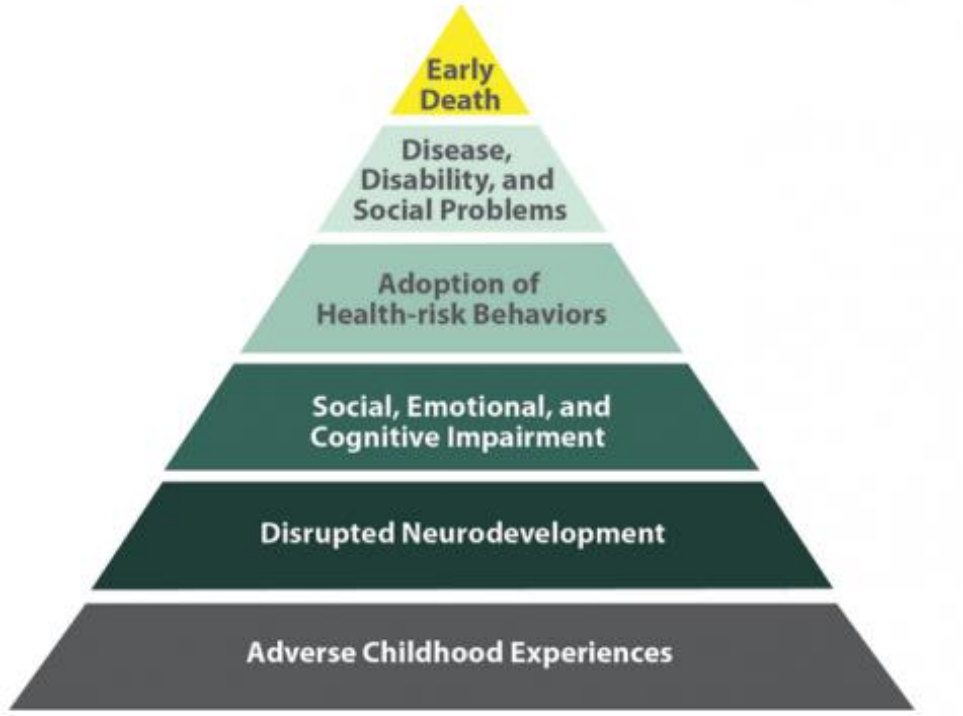
Mother treated violently

Substance Abuse

Divorce

ACEs

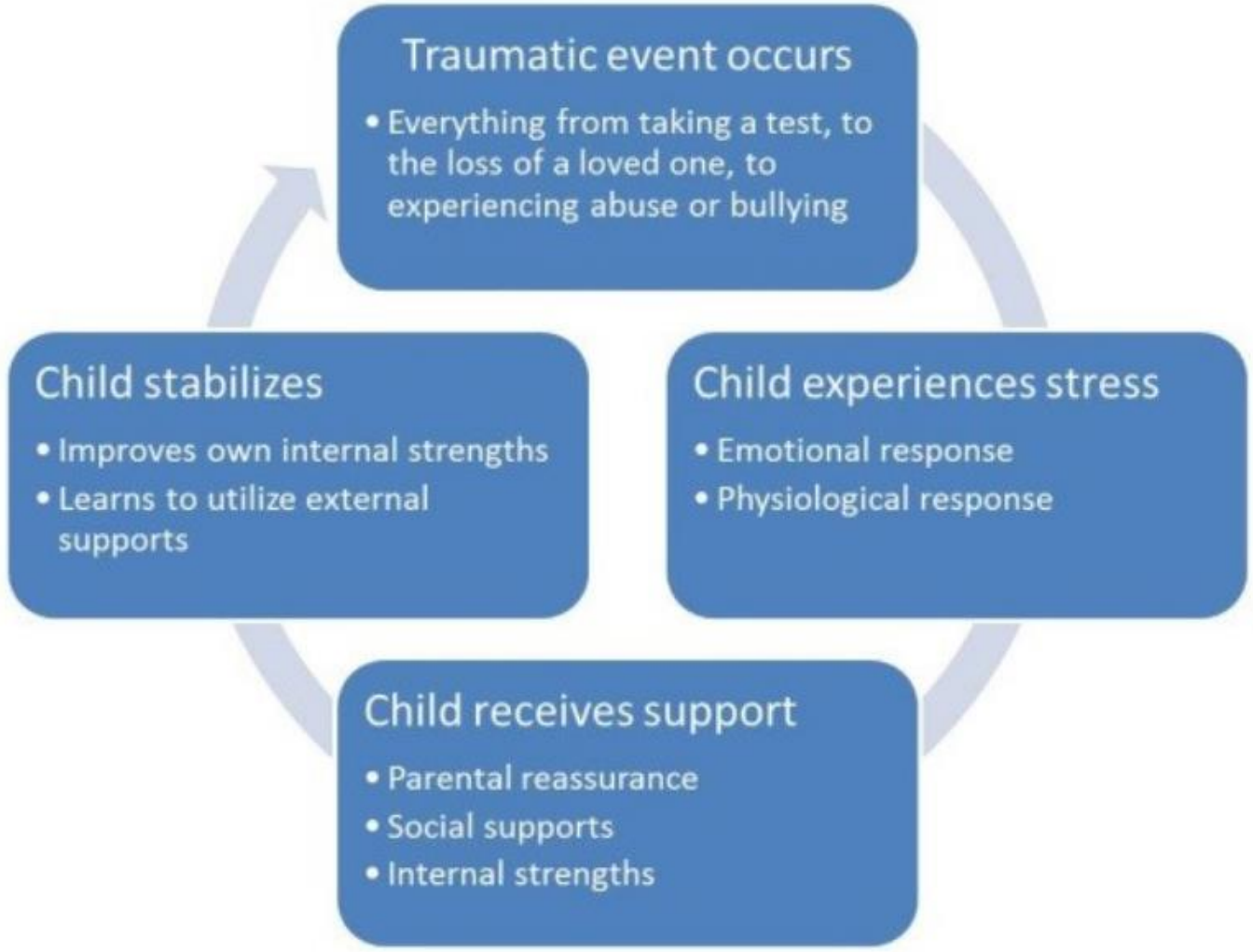
- CDC-Kaiser Permanente
- Adverse Childhood Experiences (ACE) Study
  - 1995-1997
  - 17,000 subjects



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

https://www.cdc.gov/violenceprevention/acestudy/about.html.

Resilience



https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Promoting-Resilience.aspx

Identification and Assessment: Best Practices in Trauma-informed and Victim-centered Approach

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Key Concept

Trafficking victims have often been subjected to severe, complex forms of interpersonal trauma that can have an effect on the way they interact with medical professionals.

Core Principles of a Trauma-Informed Approach

Safety

Throughout the organization, patients and staff feel physically and psychologically safe

Trustworthiness & Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust

Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery

Collaboration

Power differences — between staff and clients and among staff — are leveled to support shared decision-making

Empowerment

Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma

Humility & Responsiveness

Biases and stereotypes and historical trauma are recognized and addressed

Source: Adapted from the Substance Abuse and Mental Health Services Administration's "Guiding Principles of Trauma-Informed Care.")

Trauma-informed and Victim-centered Approach

Consider the function behind the victim's behavior

- She/he needs to maximize chance of survival
- Emotional desire to reduce loneliness
- Strong social desire to engage another person
- Need to feel in control
- Victim may have tendency to elicit a response from the provider, even if negative

Trauma-informed and Victim-centered Approach

Provider's First Impressions of Potential Victim

- Patient appears anxious, afraid of "companion"
- Cannot or will not speak on own behalf; overly submissive
- Patient gives false or inconsistent information
- Does not speak language, is new to country
- Appears confused or disoriented
- Has no access to identification documents
- Patient has multiple hotel keys or multiple cell phones
- Branding and other tattoos

Trauma-informed and Victim-centered Approach

Key Concept: Interviewing Patient Alone

- Assess every situation critically
- Identify the dynamics between the patient and companion
- When controlling dynamics are suspected, interview the patient alone; find a private space
- CAUTION! Even if patient is alone, the trafficker may be listening or victim may be recording conversation on the phone
- Involve child life or another child advocate whenever possible
- Your protocol should be multidisciplinary

Trauma-informed and Victim-centered Approach

Key Concept: Safety first for all involved parties

- Facilitate sense of safety
- Safety is of primary importance - for the victim, victim's family, yourself and other staff
- Practice empathic listening
- Maintain nonjudgmental attitude, be open to what they are saying
- Be supportive
- Meet patient 'where they are'
- Strive to minimize re-traumatization

Trauma-informed and Victim-centered Approach

Key Concept: Privacy and confidentiality vs. mandatory reporting

- Use your authority to create a safe space for talking
- Maintain confidentially; be aware that diagnosis code and EMR can reveal victim's status to others
  - Total of 13 child/adult codes available
- Promote culturally and linguistically responsive care by always using a professional interpreter if a language barrier exists
  - DO NOT use a friend or associate of the patient
- Use the same words as patient and don't correct them

Trauma-informed and Victim-centered Approach

Goal: Do NOT force patient to disclose his/her trafficking situation

How: Questions and actions should assess:

- Risk of exploitation/trafficking
- Safety
- Services or treatment you can offer

Do: Let patient know this is a place he/she can come for help.

Don't: Blame the patient.

Trauma-informed and Victim-centered Approach

*Sample questions to ask potential child victim - **be age appropriate when possible***

- 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 you?
- Can you get another job if you want?
- Can you come and go as you please?
- Where do you eat and sleep?
- 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?
- Did someone tell you what to say today?
- Has your family been threatened?

Trauma-informed and Victim-centered Approach

If you think your patient is a victim of child trafficking, tell him/her…

- You have rights
- You are not alone and are not to blame
- You are entitled to services and help

Make Referrals

- Connect your patient with the hospital social worker
- Connect your patient directly with an appropriate service provider

Organizational Response

- Adopting a validated, standardized screening tool

Trauma-informed and Victim-centered Approach

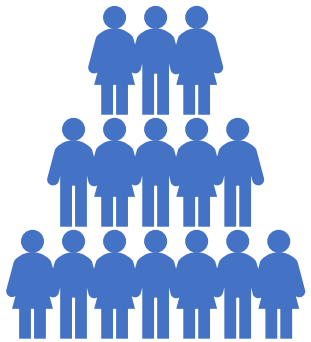
If you think your patient is a victim of child trafficking AND he/she is **not ready** to accept help…

- Validate and normalize what the victim is feeling
- Provide information they may choose to act on in the future.
- Give information about future attempts to reach out for help verbally
- Abide by state laws as a mandated reporter if the victim is a minor

What not to do…

- Do **not** 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

Trauma-informed and Victim-centered Approach



To emphasize…

- Many children do not see themselves as victims and therefore will not self-identify as victims
- Many victims see their trafficker as their "boyfriend" or other family relationship
- "Rescue" of victims is not your main objective or responsibility
- Your responsibility is to provide a safe space and connection to appropriate services

Protocols for Institutions

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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

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Key Considerations for Protocols

Benefits…

- Have answers, referrals, opportunities before you need them
- Provide the patient with the NHTRC hotline number
- Provide the patient with options for services, reporting, resources
- Discharge planning should include patient safety counseling
- Text HELP or INFO to 233733 (BEFREE)- add BE FREE

National Human Trafficking Hotline – 24/7

888-373-7888

Text HELP or INFO to 233733

humantraffickinghotline.org/chat

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Key Considerations for Protocols

How to screen for and identify potential victims

Victims may present in ED, urgent care, outpatient clinic, OB for delivery, pediatrics clinic or other setting where they take their own children for care

Safety concerns for victims, families and staff

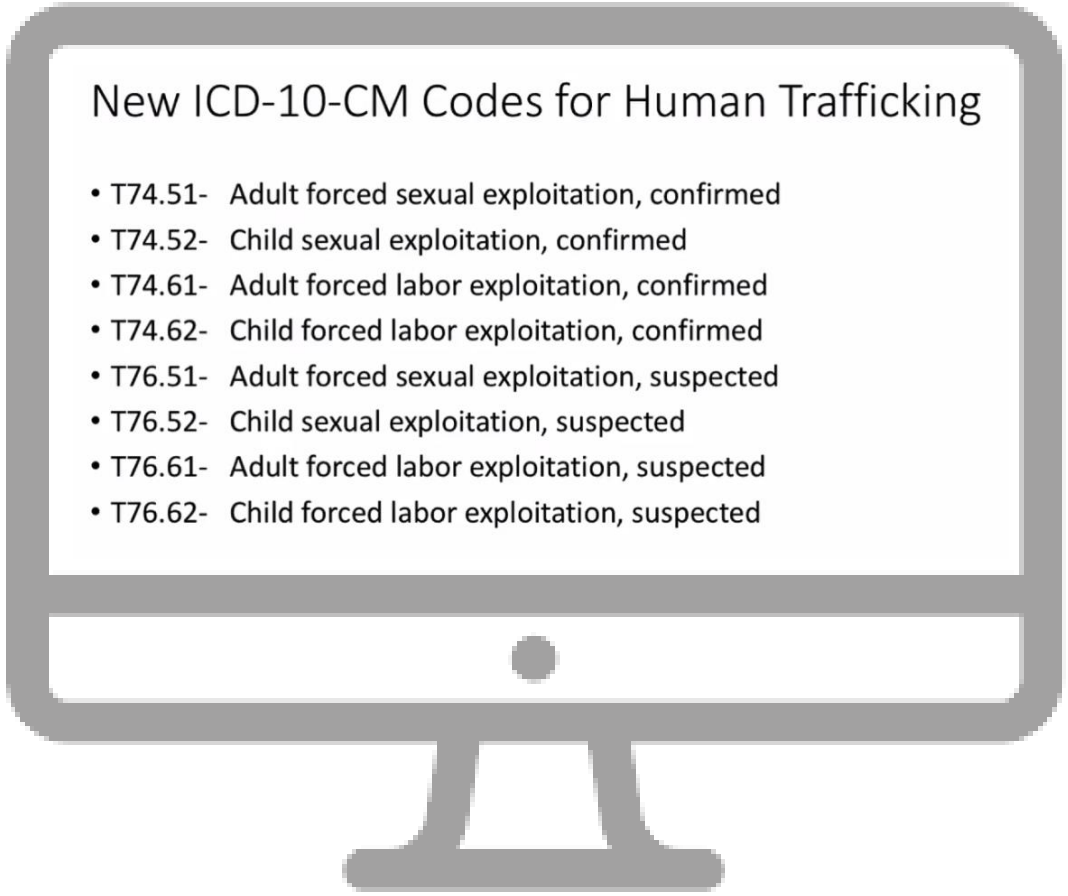
How to handle refusal of care

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



Key Considerations for Protocols

Implications of working with law enforcement

- Help victims understand their rights and what specific legal protections are available
  - Some states offer decriminalization or diversion for trafficked youth
  - Victims are not criminals and should not be incarcerated
- Follow your institutional policies for reporting to law enforcement in situations of immediate, life-threatening danger
- Try to partner with your patient in the decision to contact law enforcement even when mandated

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

PEARR Tool

Trauma-Informed Approach to Victim Assistance in Health Care Settings

Dignity Health recommends universal education about various forms of abuse, neglect, and violence in all of its health care settings, particularly in settings that offer longitudinal care and services. For urgent and emergency care settings, a universal education approach may be most appropriate and effective when a patient presents with risk factors and/or indicators of victimization. **The PEARR Tool** offers key steps on how to provide such education to a patient and how to offer assistance in a **trauma-informed and victim-centered manner.** A double asterisk** indicates points at which this conversation may come to an end. Once this conversation ends, refer to the double asterisk** at the bottom of this page for additional steps. **Note:** The patient's immediate needs (e.g., emergency medical care) should be addressed before use of this tool.

P Provide Privacy

1. Discuss sensitive topics **alone** and in **safe, private setting** (ideally private room with closed doors). If companion refuses to be separated, then this may be an indicator of abuse, neglect, or violence.** Strategies to speak with patient alone: State requirement for private exam or need for patient to be seen alone for radiology, urine test, etc.
   - **Note:** Companions are not appropriate interpreters, regardless of communication abilities. If patient indicates preference to use companion as interpreter, see your entity's policies for further guidance.**
   - **Note:** Explain **limits of confidentiality** (i.e., mandated reporting requirements) before beginning any sensitive discussion; however, do not discourage person from disclosing victimization. Patient should feel in control of all disclosures. Mandated reporting includes requirements to report concerns of abuse, neglect, or violence to internal staff and/or to external agencies.

E Educate

2. Educate patient in manner that is **nonjudgmental** and **normalizes** sharing of information. Example: "I educate all of my patients about [fill in the blank] because violence is so common in our society, and violence has a big impact on our health, safety, and well-being." **Use a brochure or safety card** to review information about abuse, neglect, or violence, and offer brochure/card to patient. [Ideally, this brochure/card will include information about resources (e.g., local service providers, national hotlines)]. Example: "Here are some brochures to take with you in case this is ever an issue for you, **or someone you know."** If patient declines materials, then respect patient's decision.**

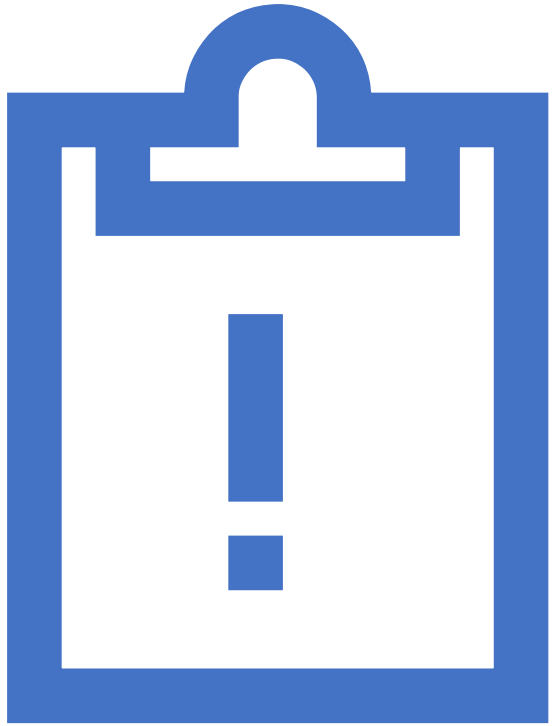
A Ask

3. Allow time for discussion with patient. Example: "Is there anything you'd like to share with me? Do you feel like anyone is hurting your health, safety, or well-being?"** If available and when appropriate, use **evidence-based tools** to screen patient for abuse, neglect, or violence.
   - **Note:** All women of reproductive age should be intermittently screened for intimate partner violence (USPSTF Grade B).**
4. If there are indicators of victimization, **ASK** about concerns. Example: "I've noticed [insert risk factor/indicator] and I'm concerned for your health, safety, and well-being. You don't have to share details with me, but I can connect you with resources. Would you like to speak with [insert advocate/service provider]? If not, you can let me know anytime."**
   - **Note: Limit questions** to only those needed to determine patient's safety, to connect patient with resources (e.g., trained victim advocates), and to guide your work (e.g., perform medical exam).

USPSTF = US Preventive Services Task Force

R R

5. If patient denies victimization or declines assistance, then **respect patient's wishes.** If you have **concerns about patient's safety,** offer **introduction** to local victim advocate/service provider; or, **arrange private setting** for patient to call hotline:



Calls to Action

Collaboration with Local, Regional Resources

National Human Trafficking Hotline 24/7

888-373-7888

Text HELP or INFO to 233733

humantraffickinghotline.org/chat

Local Resources

ACT Advocates:

jlpeck@sbcglobal.net

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Call 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)

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Call to Action for Individuals

Champion the implementation and mandatory use of a protocol within your institution

Learn how to advocate for victims and help them become survivors

Understand why children are especially vulnerable and how to help

Tell prevention tips to all parents and teens—not just those perceived to be at risk

Become involved with local trafficking advocacy groups

Become involved with a trafficking task force, usually run by local or state government

Become an ACT Advocate and spread awareness

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National Resources

See napnappartners.org for list of resources and references

- healtrafficking.org/2018/09/heal-trafficking-webinar-rethinking-representation-framing-human-trafficking-for-health-professionals/
- acf.hhs.gov/otip/training/soar-to-health-and-wellness-training/
- dignityhealth.org/hello-humankindness/human-trafficking/victim-centered-and-trauma-informed/using-the-pearr-tool
- chromeextension://oemmndcbldboiebfnladdacbdfmadadm/https://pediatrics.aappublications.org/content/pediatrics/140/6/e20173138.full.pdf

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Brenda Cassidy, DNP - Chair
Laura Searcy, MN RN APRN PPCNP-BC FAANP – Co-chair
Brigit VanGraafeiland, DNP, CPNP
Christine Pfundstein, RN, CCE, IBCLC
Christine Hallas, DNP, APRN, CPNP-AC
Pam Herendeen, DNP, PPCNP-BC
Gail Hornor DNP, CPNP, AFN-BC
Shenoa Williams, CPNP, SANE-P
Trisha Wendling, DNP, APRN, CNP-PC
Helen Lerner, EdD, RN, CPNP
Alexandra Torres, MSN, MBA, RN

Grassroots Toolkit Workgroup
Brigit VanGraafeiland, DNP, CPNP - Chair
Christine Pfundstein, RN, CCE, IBCLC – Co-chair
Shenoa Williams, CPNP, SANE-P
Helen Lerner, EdD, RN, CPNP
Celia Forno, PMHNP
Emiko Dudley, MSN, RN, CPNP-PC
Lisa Watson, CPNP
Steadman McPeters, DNP, CPNP-AC, CRNP, RNFA

HT 102 Development Team
Chaka Batley, DNP, APRN, CPNP-PC, PMHS
Jordan Greenbaum, MD
Stacia M. Hays, DNP, CPNP-PC, CNE
Jessica L. Peck, DNP, APRN, CPNP-PC, CNE, CNL, FAANP
Kerri Taylor, MS, ccc-slp – Executive Director, UnBound Houston

Best Practices and Protocols Workgroup
Stacia Hays, DNP, CPNP-PC, CCTC, CNE - Chair
Shenoa Williams, CPNP, SANE-P – Co-chair
Steadman McPeters, DNP, CPNP-AC, CRNP, RNFA – Co-chair
Helen Lerner, EdD, RN, CPNP
Maria Woosley, DNP RN CPNP-AC/PC
Celia Forno, PMHNP
Emiko Dudley, MSN, RN, CPNP-PC
Christine Pfundstein, RN, CCE, IBCLC
Gail Hornor, DNP, CPNP, AFN-BC
Laura Searcy, MN RN APRN PPCNP-BC FAANP
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Polaris.org
American Hospital Association
American Academy of Pediatrics
National School Nurses Association
Emergency Nurses Association

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