Human Trafficking: Identifying Victims in Pediatric Surgical Settings
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Disclosure Information
The author has no financial or conflict of interest disclosures to make.

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

Objectives
- Describe: Describe the role of the healthcare provider in prevention, identification, referral, treatment, aftercare, and advocacy for trafficking victims
- Analyze: Analyze best practices for response to victims in the clinical environment
- Discover: Discover elements of a trafficking policy and/or protocol for healthcare organizations
40.3 million people trafficked worldwide

20% of victims are children (~6 million)

800,000 people trafficked internationally each year

fastest growing criminal industry (2nd only to drugs)

$150 billion annual market ($90 billion from commercial sexual exploitation)

76% of sex trafficking victims are women

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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

87.8% of sex trafficking survivors saw a health care professional while being trafficked.

Most were not identified as victims.

Sex Trafficking & Healthcare

87.8% of sex trafficking survivors saw a healthcare professional while being trafficked.

Most were not identified as victims.
IT'S TIME TO CHANGE THAT.

Health Paradigm Status

Awareness among HCPs remains remarkably low (Joint Commission)

Less than 1/3 of scholarly articles on HT published in health journals

Continued lack of recognition/inclusion of labor trafficking

(Shumar et al., 2015; Joint Commission, 2015; Peck & Members Office, 2015; Peck, 2015A, Team & Peck, 2017)

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


Pandemic Impacts

- Increased vulnerability to trafficking exposure
- NCMEC reported a fourfold increase in reports of exploitation and abuse

Impoverishment (National Center for Safe Supportive Learning Environments, 2020)

Challenges and Opportunities

- Media Portrayal
  - Prostitutes
  - Drug Addicts
  - Suicidal Ideation
  - Self-Harming Behaviors
  - Criminality
  - Homelessness
  - Implicit Bias
  - Kidnapping

- Societal Perceptions of Traffickers
  - Susceptible to Trafficker Deception (Polaris Project, 2020)

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.

(Lederer & Wetzel, 2014; Dignity Health, 2017; Barnert et al., 2019)
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.

(Lederer & Wetzel, 2014; Greenbaum & Crawford-Jakubiak, 2015)

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

ASK SIMPLE, DIRECT QUESTIONS

• "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?"

(Lederer & Wetzel, 2014)

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?"

(Kaltiso, et al, 2018)
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?"  

(References, et al, 2018)

SECONDARY QUESTIONS

• "Have you ever had sex of any type?"

• "If so, how many different partners have you had?"

• "Have you ever had an STI, like herpes or gonorrhea or chlamydia or trichomonias?"  

(References, et al, 2018)

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

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

"Do you feel comfortable telling me about it?"  

(References, et al, 2018)
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.
(Charles, 2018)
**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
- Clinical guidelines help HCP recognize a labor or sex trafficking victim
- Guidelines provide guidance with decision making and provide a range of accepted approaches

NAPNAP Partners, 2021

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**Healthcare Response**

- Individual Level
  - Education
  - Advocacy
  - Trauma-informed care
  - Safety, Transparency & Trustworthiness, Choice, Collaboration, Empowerment

- Health Systems Level
  - Training
  - Policies and Procedures
  - Interprofessional Collaboration

- Academic Institution Level
  - Research Agendas
  - Educational Curricula


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**Healthcare Systems Involvement**

- Organizational Statements/Policies/Resources
  - Only 8 of 265 medical organizations
  - Only 10 of 110 nursing organizations

- Evidence-Based Education is Essential
  - Trauma-informed, survivor-informed, client-centered, and culturally responsive

- Open-Ended Questioning from Skilled HCP is most effective
  - Attitude, belief, and knowledge is most predictive of response

Peck, 2020
HB 2059

- Requires all direct care providers in Texas to take one hour of continuing education on human trafficking
- Resulted from bipartisan legislation and support from Unbound Houston and the National Association of Pediatric Nurse Practitioners
- Signed into law by Governor Abbott, effective September 1, 2019
- Regulated by the Texas Department of Health and Human Services
- Uses HEAL guidelines for continuing education
- Heralded as the gold standard in the U.S.

NAPNAP Member Survey, 2018

- 99% HT is a pediatric health issue
- 91% CST/CSEC is a problem
- 78% LT is a problem
- 30% differentiate CST/LT
- 34% able to meet health needs of HT victims
- 87% believe likely to encounter victim
- 87% believe foreign nationals more at risk
- 33% felt knowledgeable

Policy Circle Model - NAPNAP Partners for Vulnerable Youth

- 2016 - NAPNAP PVY established
- 2017 - ACT established
- Factors:
  - Prevention/Rehabilitation
  - Stakeholders
  - Policy/Climate
  - Political Climate
  - Interprofessional Partners
  - Precipitator/Critical Point/Assessment
  - Planning
  - Talking Points
  - Monitoring
  - Legislation/policy development/stakeholder support
  - Adapting/Implementing

(Texas Capital, 2019)
(Peck & Meadows, 2019)
**Pediatric-Focused APRNs**

- Evidence-based education for all pediatric HCPs
- Trauma-informed, culturally-responsive, evidence-based, open-ended assessment questions
- No recommendation for universal screening
- Emphasis on prevention
- Ongoing research needed for ICD-10-CM codes; no universal recommendation
- Evidence-based, culturally-responsive, survivor-informed, patient-centered, trauma-informed: policies, protocols & governance

(Peck, 2020a)

**School Nurses**

- Misperceptions of stranger danger and abduction
- 31% of child victims exploited by a family member
- Knowledge, awareness, attitudes, and role perceptions significantly and positively correlated to individual response
- Lack of confidence in ability to respond
- Underrepresentation of nursing
- 10 resources identified nationally for use in school setting
  - Federal and state government (7)
  - Academic medical centers (1)
  - Nonprofit organizations (2)
- Only 2 addressed the role of the nurse
- Lack of collaboration
- Education and Experience
  - Nurses with higher education more likely to implement evidence-based programs

(Doiron & Peck, 2021)

**Pediatric Surgical Settings**

- Physical trauma
- Organ trafficking and transplant tourism
- Burn victim
- Reproductive injuries and disorders
- Genitourinary presentations
- Plastic, reconstructive, aesthetic, or cosmetic procedure requests
- Medical/Surgical Consumables (labor trafficking)
  - 2/3 of the world’s surgical instruments produced in Pakistan
  - Malaysia produces highest number of surgical gloves

(Peck, 2020b)
Core Competencies

- Universal Competency
  - Trauma- & survivor-informed
  - Culturally responsive
- 1: Epidemiology
- 2: Risk
- 3: Individual needs
- 4: Patient-centered care
- 5: Legal & ethical standards
- 6: Prevention

(National Human Trafficking Training and Technical Assistance Center, 2021)

We can do more than we think with can…
with less than we think we need.

(NAPNAP Partners, 2021)

Podcast Invitation
What are things you can do?

• Take a training class at www.unboundhouston.org
• Parents
• Healthcare professionals
• Teachers & academic administrators
• Students
• Visit www.napnappartners.org
• ACT Advocate Training
• Resources for healthcare professionals

Frontline Healthcare Heroes

Find Me On Social Media

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