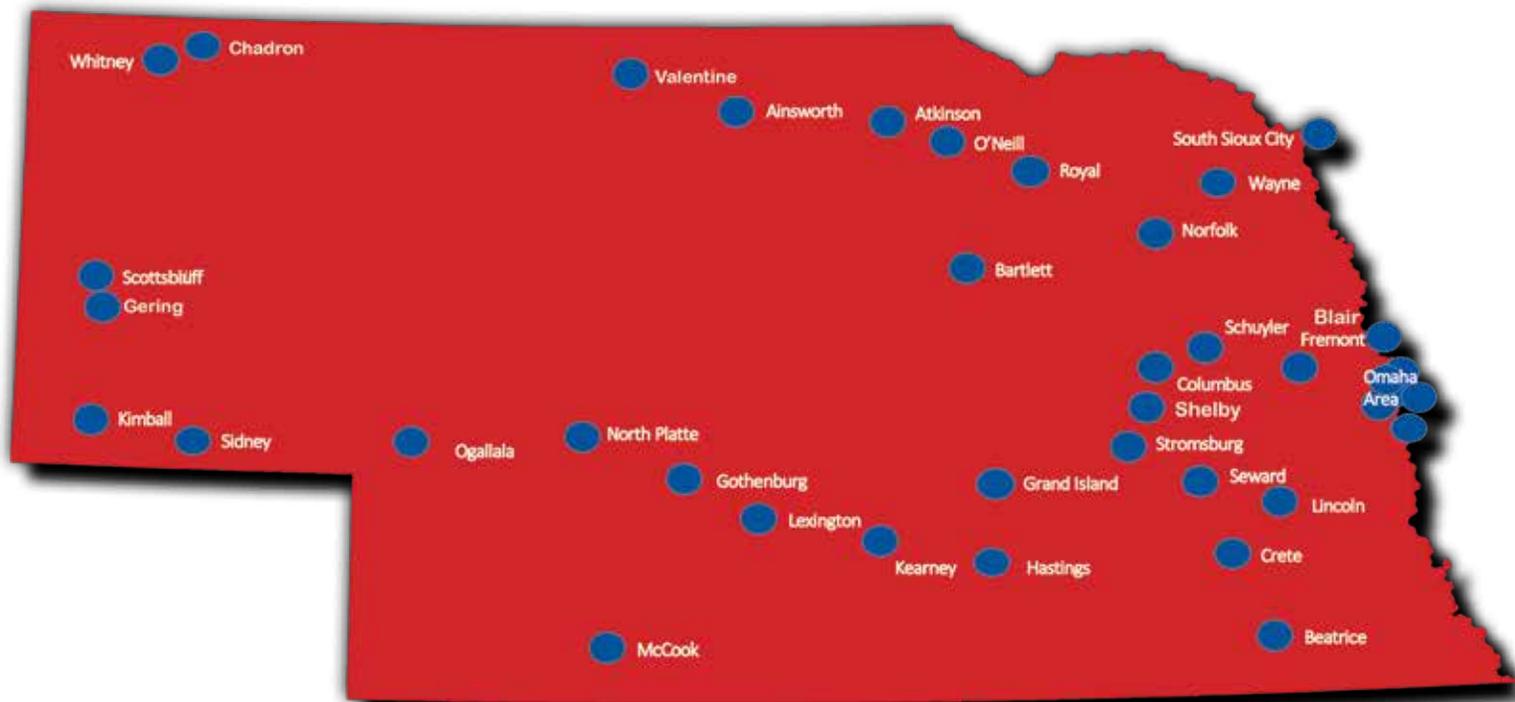


NHA Human Trafficking Toolkit



Labor and Human Trafficking in Nebraska

*This map illustrates the locations of reports of sex and labor trafficking in Nebraska since 2016. All reports are reviewed and investigated but not all are prosecuted.

Dear Healthcare Leaders,

Over the past year, we learned the startling facts about human trafficking within the United States, across the Midwest and most concerning, throughout Nebraska. We are alarmed with the reports that 88% of sex trafficking victims visit a medical provider while they are trafficked. As health care providers, we immediately began to contemplate how we can do a better job with identification and interventions. We are committed to providing them with the support and services they need to leave their situation and connect them with the necessary supports and services they need as they start on their road to recovery.

Labor and sex trafficking are not isolated to any one part of the state and occur in both rural and urban areas. Although women and children have a greater risk of being victimized, there is no one specific demographic at risk. Trafficked individuals come from a variety of backgrounds without regard to gender, age, race, sexual orientation or social-economic class.

Survivors of human trafficking experience trauma that can often lead to long-term physical and mental health issues. Due to fear or intimidation many are reluctant to ask for help or even accept it. This is why it is important for everyone who comes in contact with our patients to be mindful of the signs that someone is being victimized and have the appropriate tools for meaningful interventions.

Last Fall, the Nebraska Hospital Association (NHA) decided to partner with law enforcement, community-based service providers and others to address this problem head on by developing the Human Trafficking Task Force. Our goal is to provide practical and effective tools to help all health care providers identify, interact and intervene in situations where human trafficking is suspected.

We hope that you will share this Toolkit with all staff to build awareness of the warning signs of labor and sex trafficking. This Toolkit provides screening methodology, patient care tips, examples of available awareness materials, patient resources and models for hospitals to develop policies and procedures. We encourage all hospitals to incorporate these tools in their facilities.

As leaders of the Nebraska health care community, we play a vital role in shaping the health and wellness of all Nebraskans. With proactive policies, comprehensive staff trainings and partnerships with law enforcement and other community service agencies, we will stem the tide of human trafficking and help victims become survivors.

Please join us in this effort.

Sincerely,



Marty Fattig, ACHE
Chair, NHA Human Trafficking Task Force



Laura J. Redoutey, FACHE
President, Nebraska Hospital Association



A Note from the Human Trafficking Task Force

The Nebraska Hospital Association Human Trafficking Task Force commends you for taking time to learn about ways in which we can help identify human trafficking patients that enter our facilities and ways we can offer support to those affected. At first glance, many people may think that human trafficking does not occur in Nebraska, much less the United States. Many people think it is an urban problem but not a rural issue. However, research shows that it is happening here, in all types of communities and it is a prevalent problem that plagues our hospital staff more than any of us may realize.

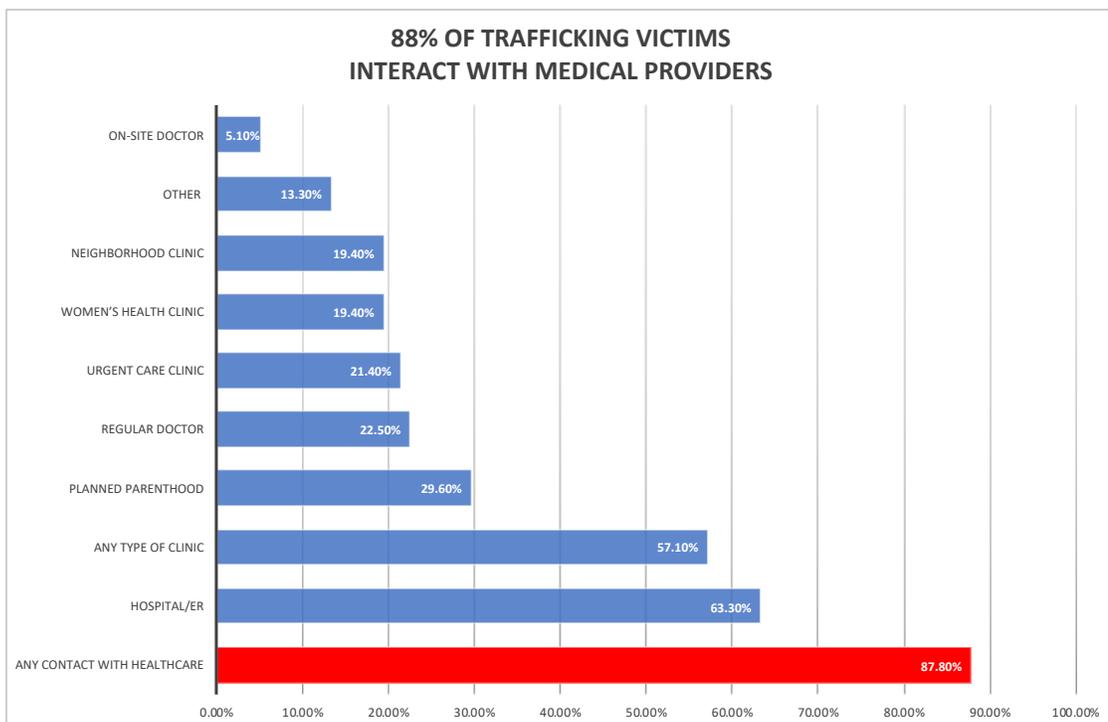
88 percent of sex trafficking victims saw a health care provider while they were being trafficked. Sex trafficking occurs when someone tries to sell or buy the sex act of another person without consent, through force, fraud or coercion. It also occurs when trying to sell or buy a sex act from anyone under the age of 18 years, even without force, fraud or coercion.

Labor trafficking occurs when a person is forced to provide labor or other services. Labor or services are forced when obtained through: physical force or restraint; abuse of the legal system (especially immigration); control of a person’s access to drugs; exploitation of a person’s functional or mental impairment or threat of financial harm (debt bondage).

The NHA Human Trafficking Task Force recommends that hospital staff use this toolkit for the following purposes:

1. Educate staff on how to recognize and respond to the signs of human trafficking;
2. Ensure hospital policies and procedures incorporate immediate actions when trafficking is suspected; and
3. Develop regional partnerships and work together toward the eradication of human trafficking across our state.

The NHA Human Trafficking Toolkit is available on the NHA website (www.nebraskahospitals.org) and will be updated as additional information and resources are made available. The website will also include links to screening tools and resources that are unavailable through print format. Together, we can raise awareness of human trafficking in our communities and work to eradicate sex and labor trafficking.



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ALL STAFF SHOULD BE AWARE OF THESE COMMON SIGNS THAT A PATIENT IS AT-RISK

PRESENTING SIGNS

- Appears fearful, anxious, depressed, submissive, hyper-vigilant, paranoid or excessively hostile
- Overall poor physical health or lack of medical care
- Signs of physical abuse or malnourishment

SIGNS OF SEX TRAFFICKING

- Signs of strangulation
- Sexually transmitted infections
- Urinary tract infections
- Pelvic or abdominal pain
- Suicide attempt
- Psychogenic non-epileptic seizures
- Sexual assault
- Domestic violence
- Bizarre relational dynamics/unsettling behavior

REGISTRATION AND DISCHARGE

- Absence of insurance
- No identification
- Offering to pay in cash
- Odd stories about guardianship
- Several cell phones
- Possession of various hotel keys
- Someone else does all the speaking for them
- Cell phone and ID controlled by others
- Gives responses that seem scripted or rehearsed

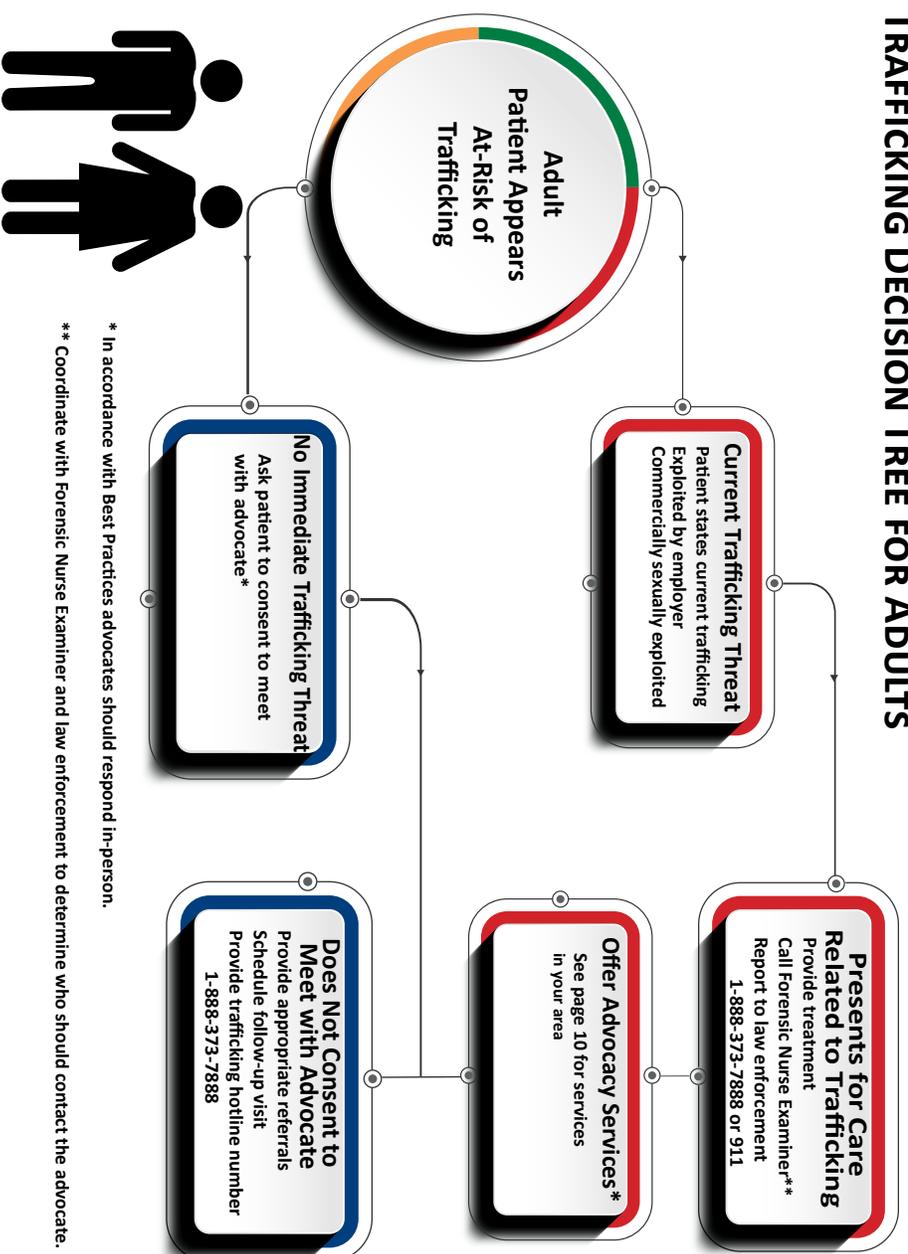
SIGNS OF LABOR TRAFFICKING

- Threats or actual abuse by employer (verbal, physical, sexual)
- A highly controlled, unsafe or hazardous work setting
- Unpaid, paid less than minimum wages or tips only
- Reports excessively long hours with few or no breaks
- Fees or deductions from pay for housing, food or work related equipment
- Withholding identification documents (ID, passport, VISA, social security card)

CLINICIANS

- Clinical presentation and verbal history do not match
- Someone with the patient exerts an unusual amount of control over the patient
- Someone else does all speaking for them
- Disorientated to date, time and place
- Cell phone and ID controlled by others
- Accompanied by unrelated adults without guardianship
- Patient is concerned about being arrested or jailed
- Patient is concerned for his/her family's safety
- Evidence that care has been lacking for prior or existing conditions
- Tattoos or insignias indicative of ownership
- Occupational-type injuries or physical ailments linked to their work
- Over-familiarity with sexual terms and practices
- Seemingly excessive number of sexual "partners"
- Multiple or frequent pregnancies and/or abortions
- Fearful attachment to a cell phone (often used for monitoring or tracking)
- Access to material possessions that one would reasonably doubt the patient could afford
- Evidence of inflicted injury
- Large amounts of cash
- Unkempt and malnourished

TRAFFICKING DECISION TREE FOR ADULTS



Note for Critical Access Hospitals:

If a SANE trained nurse is not available and the patient needs to be transferred for a Medical-Forensic examination, follow EMTALA guidelines for transfer. A provider needs to do the MSE prior to transfer to ensure EMTALA requirements are met.

To the extent the provider is able, practice evidence sparing care:

The patient should remain in the clothes they presented in. Should medical care require their removal, place each piece of clothing in its own separate bag. Seal, label, and follow chain of custody.

The patient should not eat, drink, or smoke.

The patient should not use the restroom if possible.

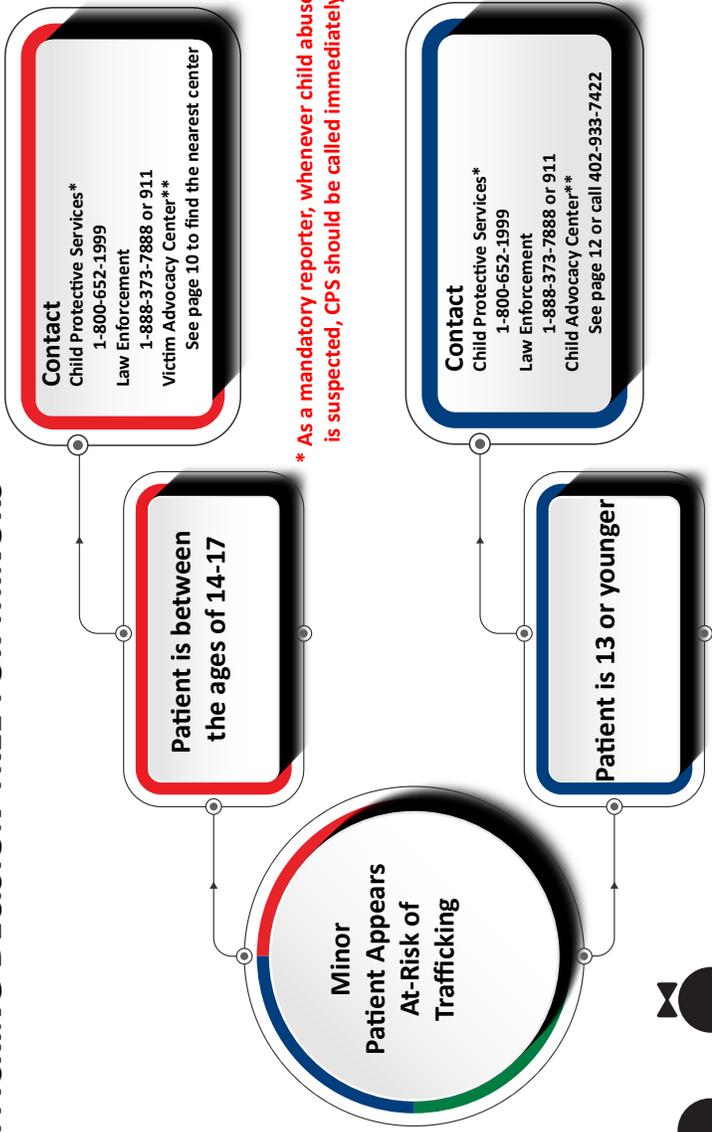
If bathroom use is required, provide a sterile gauze for the patient to wipe with. Instruct patient to put the used gauze into a sterile urine container. Label with patient sticker and follow chain of custody.

Chain of custody requires that all clothes and other obtained evidence must remain with the person who collected the pieces OR locked in a space where only the collector has access/the key.

When following chain of custody guidelines, a provider should maintain possession of the contents collected as described above until such a time where they may hand off the articles to a law enforcement official and sign a chain of custody form. This is to ensure no articles were tampered with by providing a record that they are in the same condition that they arrived in.

Clinical Decision Tree - Minors

TRAFFICKING DECISION TREE FOR MINORS

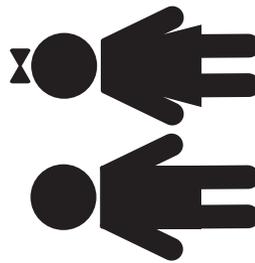


* As a mandatory reporter, whenever child abuse is suspected, CPS should be called immediately.

We strongly encourage you to contact your local Child Advocacy Center (CAC) to become familiar with their services and to coordinate care.

** In accordance with Best Practices advocates should respond in-person. If the patient and/or guardian does not consent, provide appropriate referrals and resources.

** Coordinate with law enforcement and CPS to determine who should contact the advocacy center.



Note for Critical Access Hospitals:

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TAKE THE FOLLOWING STEPS WHEN YOU SUSPECT A PATIENT IS A VICTIM OF TRAFFICKING

- Provide a quiet, safe place for the patient
- Separate any companions from the patient
- Attend to the physical needs
- Adopt open, non-threatening body positioning
 - Sit at eye level
 - Be aware of body language, avoid crossing arms
 - Avoid touching patient unless given permission
- Engage the patient
 - Maintain a calm tone of voice Maintain eye contact Keep a warm, natural facial expression
 - Use active listening skills
 - Avoid rushing the patient
 - Avoid judgment or judgmental language or generalized assertions about experiences or circumstances
 - Offer opportunity to choose between male or female screener if available
 - Avoid temptation to probe for unnecessary details (remember, you are not the investigator)
 - Support the patient
 - Avoid criticizing or condemning the exploiter because the patient may experience distress and come to the defense of the trafficker
 - Use respectful and empathetic language, ex:
“This appears to be a bit uncomfortable for you. Please let me know if there is anything you need. I will do what I can to make this process as comfortable as possible.”

Listen

Be patient.

People who have experienced trauma may not share everything at once.

Believe

Start by believing.

Build trust first vs. focusing on facts.

Disclosure is a big first step.

Respect

Provide services and support...

No matter who it is.

HT Screen, developed by the Nebraska Human Trafficking Task Force and Creighton University, is a single hub for screening potential victims of human sex trafficking and referring them for in-depth assessment and services. Using a single platform helps connect the dots to identify victims and keep them from falling through the cracks.

In health care settings, the platform’s *Initial Screen* guides users to identify signs of human trafficking. The tool identifies patients recommended for in-depth assessment and facilitates warm hand-offs to service providers. The platform also contains information about resources available for victims of human trafficking.

Sample Screening Questions (screen.htilabs.org)

Tier 1

Limited autonomy

Individuals cannot stop working, freely leave home or work, or schedule appointments

Does not control own finances or identity documents

Must get permissions for or is denied food, water, sleep or medical care

Threats

Has been physically threatened or threatened with trouble with legal authorities

Coworkers, family, friends or pets have been threatened

Expresses fear of employer/partner

Exchanging sex or commercial sex work

Engages in any commercial sex act

A minor is trafficked if s/he engages in commercial sex, even without a third-party trafficker

Advice & Guidance for Interviewer

Do not directly ask the potential victims these questions. This is not a questionnaire.

Select the indicators based on observations and case history (if available). You may also consider using the Conversation Starters to begin a dialogue with the potential victim.

Do not ask about any potentially traumatic situations (e.g. details of trafficking or exploitation). Follow the lead of the person being screened; if they seem uncomfortable, change topics.

You don’t need to assess every indicator. If you’re not sure whether an indicator applies, skip it.

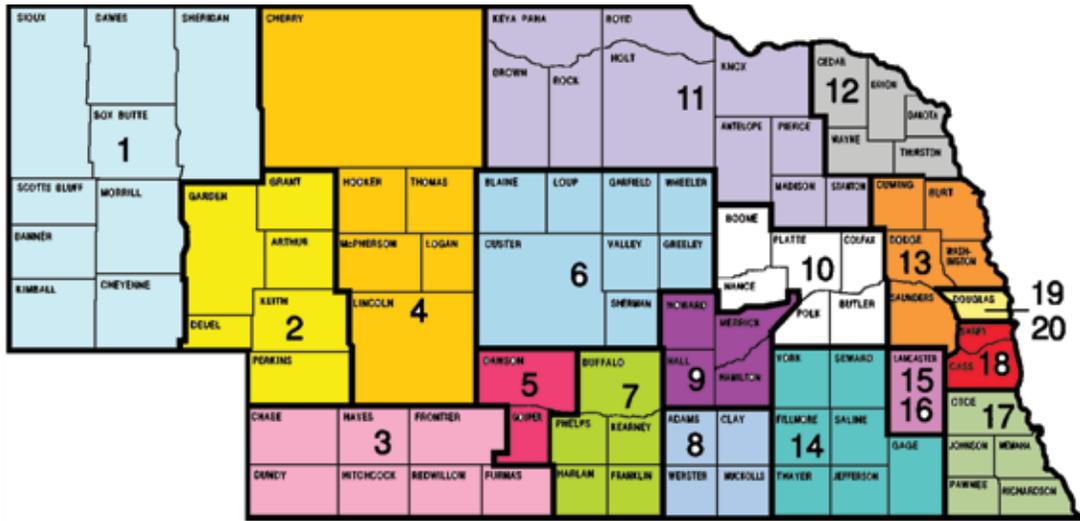
Your goal is to determine if the individual should undergo in-depth assessment, not whether trafficking has occurred.

Record any additional notes to help identify victims.

To get started with HT Screen, your agency will need to:

- Contact HTI Labs to begin on-boarding at contact@htilabs.org
- Complete agency on-boarding
- Facilitate staff attendance at a training webinar

NEBRASKA DOMESTIC AND SEXUAL ASSAULT VIOLENCE PROGRAMS



Adult Referral Programs

Map	Program	Service Area	Phone Number
1	DOVES Program	Gering	866-95-DOVES
2	SCIP	Ogallala	308-284-6055
3	DA/SA Services	McCook	877-345-5534
4	R/DAP	North Platte	888-534-3495
5	Parent-Child Center	Lexington	800-215-3040 en español 866-351-9594
6	Healing Hearts and Families	Broken Bow	800-942-4040
7	SAFE Center	Kearney	877-237-2513
8	SASA Crisis Center	Hastings	877-322-7272
9	The Crisis Center	Grand Island	866-995-4422
10	Center for Survivors	Columbus	800-658-4482
11	Bright Horizons	Norfolk	877-379-3798
12	Haven House	Wayne	800-440-4633
13	The Bridge	Fremont	888-721-4340
14	Hope Crisis Center	Fairbury	877-388-4673
15	Voices of Hope	Lincoln	402-475-7273
16	Friendship Home	Lincoln	402-437-9302
17	Project Response	Auburn	800-456-5764
18	Heartland Family Service - Domestic Abuse Program	Papillion	800-523-3666
19	Catholic Charities—The Shelter	Omaha	402-558-5700
20	Women’s Center for Advancement	Omaha	402-345-7273

CHILD ADVOCACY CENTERS (CAC) PROVIDE SPECIALIZED SERVICES FOR MINORS INVOLVED IN HUMAN TRAFFICKING WHICH INCLUDE:

Advocacy: An advocate provides support to a child and can assess a child and family's needs then refer them to appropriate services, including mental health treatment.

Medical Exams: Medical practitioners with special training and expertise in assessing and caring for child victims of abuse and neglect offer exams in partnership with CACs.

Case Reviews: CACs facilitate the review of cases and collaboration of local investigators and service providers to ensure appropriate investigation, prosecution and ongoing treatment.

Forensic Interview: When requested by an investigating agency, the CAC will conduct a video-taped forensic interview with the child in a neutral, trauma-informed manner. Every CAC has interviewers that are specially trained to interview trafficking victims.



23,500+ youth missing from care were reported to NCMEC in 2018.

1 in 7 of these children are likely victims of sex trafficking.

Source: National Center for Missing and Exploited Children, "Child Sex Trafficking" webpage, 2019.

IMPORTANT NOTE

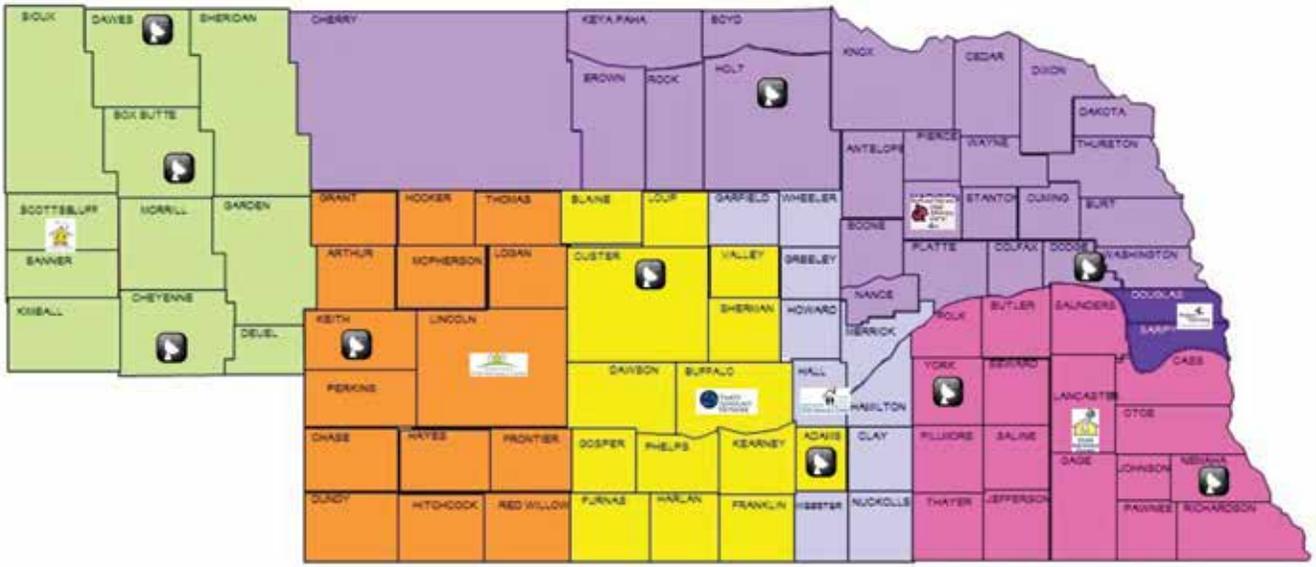
Minors who independently exchange sex acts for drugs, food, a ride or a place to stay ("survival sex") are trafficking victims, too. Sex trafficking of minors includes any sex act in exchange for something of value.

Minor victims of trafficking often do not recognize themselves as victims. They often deny victimization and may represent themselves as adults instead of children, by lying about their age.

Minors cannot consent to a commercial sex act. So, according to state and federal law, any commercial sex with someone under 18 years of age is without consent and is therefore sex trafficking.

**As a Mandatory Reporter, if you suspect a minor is a victim of trafficking or other abuse immediately call CPS.
Nebraska Child Abuse Hotline: 1-800-652-1999**

NEBRASKA CHILD ADVOCACY CENTERS (CACs)



Minor Referral Programs

Advocacy Center	Location	Satellites	Center Director	Medical Director	Phone Number	Website
Bridge of Hope	North Platte	Ogallala	Andrea Hongsermeier director@bridgeofhopecac.org	Dr. Wendy Gosnell wjgosnell@gmail.com	(308) 534-4064	bridgeofhopecac.org
Capstone	Scottsbluff-Gering	Alliance, Chadron, Sidney	Monica Shambaugh director@capstonenebraska.org	Dr. Kate Painter kate.painter@rwjs.org	(308) 632-7274	capstonenebraska.com
Central Nebraska CAC	Grand Island	N/A	Shannon Krejci director@cn-cac.org	Dr. Sara Graybill saramarks@hotmail.com	(308) 385-5238	cn-cac.org
Child Advocacy Center	Lincoln	Auburn, York	Lynn Ayers lynn@smallvoices.org	Dr. Stacie Blecher stacie@smallvoices.org	(402) 476-3200	smallvoices.org
Family Advocacy Network	Kearney	Broken Bow Hastings	Jamie Vetter jdirvin@familyadvocacynetwork.com	Dr. Michelle Howe mcjowe@charter.net	(308) 865-7492	familyadvocacynetwork.com
Northeast NE CAC	Norfolk	O'Neill, Fremont	Kelli Wacker klowe@frhs.org	Dr. Chandra Ponniah cponniah@frhs.org	(402) 644-7402	frhs.org/cac.html
Project Harmony	Omaha	Fremont	Gene Klein gklein@projectharmony.org	Dr. Suzanne Haney shaney@childrensomaha.org	(402) 595-1326	projectharmony.com

For additional information on minor trafficking contact:

Nebraska Alliance of Child Advocacy Centers on the web at www.nebraskacacs.com, or by phone at 402-933-7422.

Help Cards



The 3.5x2 business card provides information about the Blue Campaign Human Trafficking Hotline.

Key Tag Card



This 3.5x2 plastic card breaks into three smaller cards. The smallest card contains reporting information and can be discreetly carried on a key chain.

Indicator Card

Trafficking Indicators

- Is the victim in possession of identification and travel documents; if not, who has control of the documents?
- Was the victim coached on what to say to law enforcement and immigration officials?
- Was the victim recruited for one purpose and forced to engage in some other job?
- Is the victim's salary being garnished to pay off a smuggling fee? (Paying off a smuggling fee alone is not considered trafficking.)
- Was the victim forced to perform sexual acts?
- Does the victim have freedom of movements?
- Has the victim or family been threatened with harm if the victim attempts to escape?
- Has the victim been threatened with deportation or law enforcement action?
- Has the victim been harmed or deprived of food, water, sleep, medical care, or other life necessities?
- Can the victim freely contact friends or family?
- Is the victim a juvenile engaged in commercial sex?
- Is the victim allowed to socialize or attend religious services?

Report Suspicious Activity: **1-866-DHS-2-ICE (1-866-347-2423)**
www.dhs.gov/bluecampaign DC-IC1-xx 07/14

Trafficking vs. Smuggling

Human Trafficking is defined as:

- sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Human Smuggling is defined as the importation of people into the United States involving deliberate evasion of immigration laws. This offense includes bringing illegal aliens into the United States as well as the unlawful transportation and harboring of aliens already in the United States.

These are *not* interchangeable terms

- **Smuggling** is transportation-based
- **Trafficking** is exploitation-based

Report Suspicious Activity:
1-866-DHS-2-ICE (1-866-347-2423)
www.dhs.gov/bluecampaign

This card explains the difference between trafficking and smuggling, lists a dozen common indicators of trafficking, and provides information on how to report suspected trafficking.

Visit Blue Campaign at dhs.gov/blue-campaign/library for more free resources available in many languages.

Women’s Center Poster

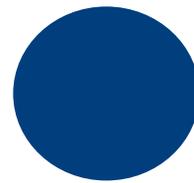


This poster includes a “tear-a-way” pad with a crisis line for women in abusive situations.

Discreet Call for Help Poster

Silent Notification Tool by Forbes Hospital Monroeville, PA

Signs are located in bathrooms and instructs potential victims to place a blue dot on the specimen cup when giving a urine specimen.



A blue dot on the specimen cup triggered the use of the screening tool by the emergency nurse and the patient was taken to a designated safe area within the department for care.

This tool was created to help patients signal that they need help when accompanied by their abuser.

Awareness Posters



This poster series was created to help human trafficking victims self-identify and seek help. Blue Campaign encourages companies and organizations to display these posters in facilities and distribute them to their networks to raise awareness and reach victims of human trafficking.



METHODIST HOSPITAL
METHODIST WOMEN'S HOSPITAL

NURSING SERVICE POLICY AND PROCEDURE

SUBJECT: IDENTIFICATION AND RESPONSE FOR HUMAN TRAFFICKING VICTIMS

Page 1 of 2

EFFECTIVE DATE: 6/16

REVIEWED/REVISED:

PURPOSE: To provide a guideline for identifying Human Trafficking and detail Forensic Nurse Examiner (FNE) response for these victims.

MAY BE IMPLEMENTED BY: RN

POLICY:

1. RN has suspicion of a human trafficking victim after reviewing these observables:

Signs of untreated STI's
Strangulation
PTSD
Multiple sexual assaults
Multiple abortions or miscarriages
No healthcare or lack of healthcare for illness/injuries
Expressed fear to leave employment
Disoriented (may not know what city he/she is in)
Excessive work hours and paid very little
Possesses a number of hotel/motel keys/ condoms or wrappers
Not in possession of identification documents
Someone else is in possession of identification documents
Works in the sex industry (strip clubs, porn, prostitution)
Signs of trauma
Difficulty focusing
Persistent fear
Submissive behavior
Depression, anxiety
Flat Affect or perceived indifference to trauma

If there are one or more of these observables present, contact the FNE on-call. In the best interest of the patient, please utilize the FNE to further consult the patient.



SUBJECT: **IDENTIFICATION AND RESPONSE FOR HUMAN TRAFFICKING VICTIMS**

Page 2 of 2

2. Notify Security
 - a. Notify security of potential human trafficking victim. Security may not need to interfere unless patient is a harm to self or others
 - b. Give description of guests with patient or description of "pimp" if patient discloses
 - c. Let security know if there are concerns for concealed weapons
3. Contact Forensic Nurse Examiner (FNE) on-call
 - a. If in an inpatient setting, contact the ED RN Coordinator with the patient's name, room number and situation. The ED RN Coordinator will contact the FNE on call.
4. The FNE will give the RN recommendations on how to get the patient alone
5. If the patient is not harming self or others, obtain recommendations from the FNE if law enforcement needs to be contacted
6. If patient is harming self or others, initiate suicide precautions and complete suicide checklist
- 7. For the FNE only:**

The FNE will ask the potential human trafficking victim the following questions:

How do you make money for yourself or your family?
Do you give money you make to someone else?
How do you know this person?
Do you owe money or payment of any kind to anyone you work for or do you have to meet an amount or a quota?
What would happen if you left your job (or employer/boyfriend, etc)?
Do you feel unsafe or threatened in your life or do you feel your family is threatened?
Have you ever been asked or told to have sex or perform sex acts for money, housing, or favors?
Are you in need of medical treatment?

If appropriate, the FNE will complete a sexual assault exam per the "Sexual Assault Emergency Care" Policy

References:

Human Trafficking Observables and Screening questions adapted from: Nebraska Human Trafficking Task force (2018)



RECOGNITION OF POTENTIAL ABUSE, NEGLECT

Purpose: The well being of the patient should be the primary concern of all personnel. This policy shall provide staff with criteria for recognition of suspected abuse and/or neglect, delineate responsibility for reporting and provide referral resources when indicated. To report abuse, you need not have proof of abuse or neglect, only reasonable cause to suspect abuse has occurred.

Definitions:

1. Abuse - The direct physical injury, trauma, or emotional harm intentionally inflicted on an individual.
2. Child Abuse and/or Neglect - The physical injury, sexual abuse/neglect, emotional abuse/neglect, deprivation of necessities or other abuse or neglect of a child under the age of 18 by a parent, guardian, employee of a residential facility, or any staff person providing out-of-home care, who is responsible for the child's welfare, under circumstances that indicate that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of a responsible person.

Children who are not yet walking with support – “cruising” – typically should not have bruises. Bruising in infants who are not yet cruising, usually infants less than 9 months of age, should alert you to possible abusive mechanisms to the injury or an underlying medical illness.

3. Abuse of Elderly - The willfully inflicted bodily harm on a person aged 60 or older by a spouse, child, other family member, legal guardian, or a primary caregiver. This abuse can be physical (slapping, hitting, sexual abuse, etc.) or material (i.e., a purposeful action or not, that financially benefits another individual without the consent of the elderly person).

Physical findings that are inconsistent with the history provided by the patient, family member, or caregiver are significant red flags of possible abuse.

4. Elderly Neglect - The passive or active withholding of medicine, food, clothing, treatment, basic hygiene, and emotional support to a person aged 60 or older by a spouse, child, other family member, legal guardian, or a primary caregiver.
5. Dependent Adult - Any person between the ages of 18 and 64 who has physical or mental limitations which restrict his or her rights including, but not limited to persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.
6. Maltreatment - Abuse and/or neglect.
7. Physical Abuse of a Child - The non-accidental injury of a child, ranging from minor marks and bruises, burns, bleeding, lacerations, subdural hematoma, soft tissue swelling, fracture of any bone to severe neurological trauma and death. Non-accidental trauma is the most easily identified type of maltreatment and that most commonly seen by clinicians. Characteristically, the injuries are more severe than those that could reasonably be attributed to the claimed case.



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8. **Physical Abuse of a Spouse** - An assault, a battery, a threat to injure or kill, an unlawful act of force or violence, or emotional maltreatment inflicted by one person in a marriage against their spouse.

Answers such as “we just fight a lot” may not be denial but rather the normal minimization that often accompanies trauma from violence.

9. **Physical Abuse of an Elderly or Dependent Adult** - The willful infliction of any cruel or inhuman corporeal punishment or injury on a person aged 60 or older or a dependent adult including but not limited to direct physical harm, improper physical restraints, improper medications, or isolation without authorization or for a purpose other than for which it was ordered including but not limited to for staff convenience, for punishment, or for a period beyond that for which it was ordered, lack of food or water, threats of physical harm, etc.

10. **Neglect of an Elderly or Dependent Adult** - Failure to exercise that degree of care which a reasonable person in a like position would exercise to a person aged 60 or older or a dependent adult including but not limited to denial of basic needs (food, clothing, shelter), failure to assist with personal hygiene, failure to prevent malnutrition, failure to protect from health or safety hazards, failure to provide medical care for physical and mental health.

11. **Sexual Abuse of a Child** - The exploitation of a child for the gratification or profit of an adult. Sexual abuse can range from exhibitionism and fondling to intercourse or use of a child in the production of pornographic materials. Sexual abuse also may result in physical injury or be accompanied by other signs of abuse or neglect. Sexual abuse generally is perpetrated by someone known to the child and frequently continues over a prolonged period of time.

12. **Physical Neglect of a Child** - The failure of a parent or other person legally responsible for a child's welfare to provide for the child's basic needs and an adequate child's minimal needs for nurturing, food, clothing, shelter, medical care, safety, and education.

13. **Medical Neglect** - Failure to provide adequate medical attention/care.

14. **Emotional Maltreatment of a Child** - May include excessive or unreasonable parental demands on children. Constant or persistent teasing, belittling, verbal attacks. Parents or caretakers who maltreat children emotionally are frequently unable or unwilling to provide the emotional attention and nurturing necessary for normal growth and development. Since emotional abuse is difficult to define and diagnose, a psychiatric consult can be useful in documenting and investigating suspected cases.

15. **Mental Suffering** - Fear, harassment, intimidation, isolation, severe depression without therapy, subject to agitation, threats, verbal assaults, withholding emotional support, etc.

16. **Care Providers** - Person(s) responsible for food, clothing, and shelter of the individual.



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17. **Fiduciary Abuse/Misappropriation** - Extortion, fraud, misuse of funds or property, theft, etc., A situation where any person who stands in a position of trust willfully steals, secretes, or appropriates the money or property of an elderly or dependent adult to any use or purpose not in the due or lawful execution of his or her trust.

18. **Abandonment** - Desertion or willful forsaking of an elderly or dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

19. **Human Trafficking** - A form of modern-day slavery in which victims are subjected to force fraud or coercion for the purpose of commercial sex, debt bondage or involuntary labor. They can be U.S. citizens, Lawful Permanent Residents (LPR), or foreign nationals.

A victim of trafficking may look like many of the people health-care practitioners help every day. A provider must look beneath the surface for the following clues:

- Evidence of being controlled
- Evidence of an inability to move or leave a job
- Bruises or other signs of battering
- Fear or depression
- Not speaking the language of the State
- Recently arrived in the State from another country
- Lack of passport, immigration or identification documents

Reportable Cases: Refer to Reportable Cases policy, ER Policy (1-2).

Essential Steps:

1. Identify potential neglect or abuse in persons seeking treatment. All patients presenting to any nursing department will be screened with their initial interview.
2. Initial screenings that identify potential psychosocial elements will be referred to Social Work for further evaluation.
3. Document thoroughly all statements and observations of behaviors and interactions with family/friends and staff.
4. Report all abuse per the Reportable Cases policy
5. *Enlist the support of the Social Work Department for reporting and for referral to appropriate agencies

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Referral Agencies and Law Enforcement contacts:

Nebraska Health and Human Services -	402-564-1113
Columbus Police Department (non-emergency)	402-564-3201
Platte County Sherriff Department (non-emergency)	402-564-3229
*Abuse Hot Line (toll free) – child/elder	1-800-652-1999
*Center for Survivors – sexual assault	402-564-2155
*Center for Survivors – domestic violence	1-800-658-4482
National Human Trafficking Resource Center	1-888-373-7888

Hospital Social Work Call List

Resources:

<http://www.centeronelderabuse.org/about.asp> Reviewed 8/2018

<https://www.childwelfare.gov/pubPDFs/define.pdf> Reviewed 8/2018

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ER/SAME DAY SERVICES/ACUTE CARE CRITERIA
FOR IDENTIFYING BATTERED PERSONS

Battered Person: A person who is physically, emotionally, or psychologically abused by a husband/wife or any significant other.

Common Indications in a Battered Person

- People who minimize the frequency or seriousness of their injuries.
- Injuries that are not likely to have been caused by the accident reported.
- People who come for treatment one or more days following the sustained injuries.
- Radiographic evidence of fractures in different stages of healing.
- Repeated Emergency Department visits with injuries becoming more severe as frequency of visits increases.
- Overprotective mates/significant others who do not allow the person to be alone with the health care professional.
- Child abuse in patient's or partner's background.

Injuries Commonly Seen in a Battered Person

- Physical Indicators.
- Alterations in Skin Integrity.
- Burns resulting from
 - *Splashes
 - *Friction (Being dragged on the ground)
 - *Chemicals
 - *Cigarettes or cigars
- Knife wounds.
- Scalp, facial lacerations.
- Oral mucosa lacerations.
- Alterations in Musculoskeletal System.
- Facial or nose contusions or fractures.
- Skull fractures.
- Patterned bruises.
- Torso injuries
 - *Breast contusions
 - *Fractured ribs
 - *Abdominal contusions (especially during pregnancy)
 - *Back or spine injuries
- Neurologic Impairment.
- Altered consciousness from strangulation attempts.
- Intracranial hemorrhage.
- Post-concussion symptoms.
- Visual impairment resultant from corneal abrasion or retinal detachment.
- Miscarriages in women.

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Interview Techniques (How to obtain background information & history)

In obtaining a history of current problem, the nurse must avoid indications of blame and have an attitude of concern for the person & support of the family. Remain non-judgmental and relaxed.

If you suspect abuse, you can gently state: "being in relationships is often very difficult and can cause us lots of pain and suffering. Many people who feel the way you do are suffering from violence in their homes. Could this be happening to you?" or "Can you tell me if anyone is hurting you or making you feel bad about yourself?"

If the answer is no, you haven't lost anything. It will not be received as insulting or demeaning to people who aren't suffering from abuse if you phrase it in terms of a routine screening question.

Create a supportive environment. Emphasize that no one has the right to hurt others, that no one deserves to be beaten or threatened with violence no matter what responsibility one feels one has for problems in the home.

Most battered people are exceedingly good at picking up non-verbal cues as to how people are reacting to them. (Indeed, this is how many people manage to escape some episodes of battering - they "read" the mood of their batterer and can sense impending danger.) In addition, most of these people have very little self-esteem and therefore constantly seek to please and be validated by persons around themselves. Remember, by allowing the person to reveal their story to you, the most important step to ending this violent problem has been achieved.

Battered Person: Important information to obtain if patient admits abuse.

- Has abuse occurred in past?
- Has he/she used a safe home before or stayed with friends?
- Is he/she in immediate danger?
- Are there children involved in the abuse?

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

RR

Respect and Respond

5. If patient denies victimization or declines assistance, then **respect patient's wishes**. If you have **concerns about patient's safety**, offer information about resources that can assist in event of emergency (e.g., local shelter, crisis hotline).** Otherwise, if patient accepts/requests assistance with accessing services, then **provide personal**

introduction to local victim advocate/service provider; or, **arrange private setting** for patient to call hotline:
National Domestic Violence Hotline, 1-800-799-SAFE (7233);
National Sexual Assault Hotline, 1-800-656-HOPE (4673);
National Human Trafficking Hotline, 1-888-373-7888 **

** Report **safety concerns** to appropriate staff/departments (e.g., nurse supervisor, security). Also, **REPORT** risk factors/indicators as required or permitted by law/regulation, and continue **trauma-informed** health services. Whenever possible, **schedule follow-up appointment** to continue building rapport and to monitor patient's safety/well-being.

PEARR Tool – Risk Factors, Indicators, and Resources



Child Abuse and Neglect

Risk factors include (not limited to): Concerns of domestic violence (DV) in home; parents/guardians exhibiting mental health or substance use disorders; parents/guardians who are overly stressed; parents/guardians involved in criminal activity; presence of non-biological, transient caregivers in home.

Potential indicators of victimization include (not limited to): Slower-than-normal development, failure to thrive, unusual interaction with parent, signs of mental health disorders (e.g., depression, post-traumatic stress disorder (PTSD), self-harm), sudden difficulty in school, medical or physical neglect, sudden changes in behavior, new or unusual fears/anxiety, unexplained injuries (e.g., bruises, fractures, burns – especially in protected areas of child's body), injuries in pre-mobile infants, sexually transmitted infections (STIs).

For additional information, see *Child Welfare Information Gateway*: www.childwelfare.gov

Abuse/Neglect of Vulnerable Adults (e.g., elder and dependent adults)

Risk factors include (not limited to): Concerns of mental health or substance use disorder with caregiver, caregiver exhibits hostile behavior, lack of preparation/training for caregiver, caregiver assumed responsibilities at early age, caregiver exposed to abuse as child.

Potential indicators of victimization include (not limited to): Disappearing from contact; signs of bruising or welts on the skin, burns, cuts, lacerations, puncture wounds, sprains, fractures, dislocations, internal injuries or vomiting; wearing torn, stained, bloody clothing; appearing disheveled, in soiled clothing; appearing hungry, malnourished.

For additional information, see *National Association of Adult Protective Services (NAPSA)*: napsa-now.org; *Centers for Disease Control and Prevention (CDC)*: cdc.gov/violenceprevention/elderabuse/index.html

Domestic Violence/Intimate Partner Violence (IPV)

Anyone in a relationship can be a victim of DV/IPV, regardless of age, race, gender, or sexual orientation. **Risk factors** include (not limited to): Low self-esteem, low income, low academic achievement, young age, aggressive/delinquent behavior as youth, heavy alcohol/drug use, depression, anger, and isolation.

Potential indicators of victimization include (not limited to): Injuries that result from abuse or assault, e.g., signs of strangulation, bruises, burns, broken bones; psychological conditions such as anxiety, depression, sleep disturbances; sexual and reproductive health issues, e.g., STIs, unintended pregnancy.

For additional information, see *National DV Hotline*: helpline.org; *CDC*: cdc.gov/violenceprevention/intimatepartnerviolence/index.html

Sexual Violence

Anyone can become a victim of sexual violence. Some stats from Rape Abuse & Incest National Network (RAINN): More than 300,000 persons are victimized annually; ages 12-34 are the highest risk years. Female college students (ages 18-24) are three times more likely than women in general to experience sexual violence. One in 33 American men have experienced an attempted or completed rape. And, 21% of transgender, genderqueer, nonconforming (TGQN) college students have been sexually assaulted.

Potential indicators of victimization include (not limited to): STIs, pregnancy, depression, PTSD.

For additional information, see *RAINN*: rainn.org; *CDC*: cdc.gov/violenceprevention/sexualviolence/index.html

Human Trafficking (e.g., labor and sex trafficking)

Although anyone can be a victim of human trafficking, traffickers often target persons in situations of vulnerability. **Risk factors** include (not limited to): Running away or homelessness (particularly for youth), history of interpersonal abuse or violence, involvement in commercial sex industry, minority/immigrant status.

Potential indicators of victimization include (not limited to): Accompanied by controlling companion; inconsistent history; medical or physical neglect; and submissive, fearful, hypervigilant, or uncooperative behavior.

For additional information, see *National HT Hotline*: humantraffickinghotline.org

As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), a **trauma-informed approach** "includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations." This includes understanding how trauma can impact patients, families, communities, and the professionals attempting to assist them.

The PEARR Tool reflects principles of a trauma-informed and **victim-centered approach**. As described by the US Office for Victims of Crime (OVC), a victim-centered approach is one in which a person's wishes, safety, and well-being are prioritized in all matters and procedures. This includes seeking and maximizing patient input in all decisions.

To learn more, please see SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach*: store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf; See also *OVC's Victim-Centered Approach*: ovcfac.gov/taskforceguide/1-understanding-human-trafficking/13-victim-centered-approach/

For more information, visit dignityhealth.org/human-trafficking-response

Introduction

Human trafficking is a public health concern many hospitals and health systems are combating every day. It is a crime occurring when a trafficker exploits an individual with force, fraud or coercion to make them perform commercial work or sex.

Data Collection Challenges

While more and more providers are trained to identify and document victims of forced (labor) or sexual exploitation, the existing ICD-10-CM abuse codes fell short of differentiating victims of human trafficking from other victims of abuse. Without proper codes, there was no way for clinicians to classify adequately a diagnosis and to plan for the resources necessary to provide appropriate treatment. This also prevented critical tracking of the incidence and/or reoccurrence of labor or sexual exploitation of individuals.

What's New

As urged by the AHA's Hospitals Against Violence initiative, the first ICD-10-CM codes for classifying human trafficking abuse were released in June 2018. AHA's Central Office on ICD-10, in partnership with Catholic Health Initiatives and Massachusetts General Hospital's Human Trafficking Initiative and Freedom Clinic, proposed the change. Effective FY 2019, unique ICD-10-CM codes are available for data collection on adult or child forced labor or sexual exploitation, either confirmed or suspected. These new codes, which drew support from other hospitals and health systems, may be assigned in addition to other existing ICD-10-CM codes for abuse, neglect and other maltreatment. In addition, new codes are also available for past history of labor or sexual exploitation, encounter for examination and observation of exploitation ruled out, and an external cause code to identify multiple, repeated, perpetrators of maltreatment and neglect.

Required Action

- As coding professionals review a patient's medical record to identify the appropriate ICD-10-CM codes to include, they should be aware of and begin utilizing the ICD-10-CM codes for forced labor and sexual exploitation, listed in Table 1.

- Hospitals and health systems should educate necessary individuals, including physicians, nurses, other health care providers, and coding professionals of the important need to collect data on forced labor or sexual exploitation of individuals.
- Tracking confirmed and suspected cases in the health care system will allow hospitals and health systems to better track victim needs and identify solutions to improve the health of their communities. It also provides another source for data collection to inform public policy and prevention efforts, as well as support the systemic development of an infrastructure for services and resources.

For additional information: Contact **Nelly Leon-Chisen**, RHIA, director of coding and classification, American Hospital Association, nleon@aha.org.

Key Terms

Key Terms Related to Human Trafficking Found in Medical Documentation

- Human trafficking
- Labor trafficking
- Sex trafficking
- Commercial sexual exploitation
- Forced commercial sexual exploitation
- Forced prostitution
- Forced sexual exploitation
- Forced labor exploitation
- Exploitation of manual labor
- Exploitation of sexual labor
- Exploitation for manual labor
- Exploitation for commercial sex
- Domestic servitude
- Labor exploitation for domestic work
- Force labor exploitation for domestic work

NHA'S HUMAN TRAFFICKING TASK FORCE RECOMMENDS THAT HOSPITALS FOLLOW THESE STEPS:

Develop Comprehensive Policies And Procedures



- Recognize an at-risk patient
- Utilize screening tools effectively
- Incorporate trauma-informed care practices while engaging patient
- Follow safety and reporting protocols to keep staff and patients safe

All-Staff Training



- Show the NHA Human Trafficking Webinar
- Register with HTI Labs and complete screening tool training
- Select appropriate staff to complete forensic nurse training
- Review training materials and protocols periodically at department meetings and team huddles

Coordinate With Local And State Organizations



- Law enforcement agencies
- Legal aid and immigration assistance
- Child Advocacy Centers (CACs)
- Domestic violence and sexual assault programs
- Wrap-around services (food pantries, shelters)
- Mental health treatment providers
- Other health care facilities and treatment providers

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Sex Trafficking

88%

of victims saw a healthcare provider
while they were being trafficked

If you suspect human trafficking,

call 911

OR the National Human Trafficking Hotline

1-888-373-7888 OR text **"Help"** to **233733**.

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