

Nurse Leaders Play Key Role in Battling Human Trafficking

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Every day, an estimated 30 million women, children and men are victims of human trafficking all over the world, including every state in the United States. Traffickers use force, fraud and/or coercion to exploit individuals or groups into performing forced labor, sexual acts, domestic servitude or organ donation. The National Human Trafficking Hotline reported 7,500 tips of human trafficking in 2016, an increase from approximately 5,500 the previous year (National Hotline, 2017). The number is likely much higher as many instances of human trafficking go unreported. The U.S. Department of Defense calls human trafficking the world's fastest-growing crime.

Considered modern-day slavery, human trafficking is a public health issue affecting individuals, families and entire communities. Because a reported 88 percent of sex trafficking survivors sought medical care during their exploitation, mostly through an emergency department or an outpatient clinic, health care organizations play an integral role in the mitigation of this issue. According to a 2017 report published by the Coalition to Abolish Slavery and Trafficking, nearly 97 percent of surveyed survivors who accessed health care at least once while trafficked indicated they never received information or resources about human trafficking during a health care visit (Lumpkin & Taboada, 2017). This underscores the critical role nurses and other health care professions play in helping victims and combating trafficking. Hospitals and health systems must be part of the solution.

Understanding this complex issue begins with dispelling the many myths surrounding the topic and understanding the key indicators. Human trafficking can occur anywhere and happen to anyone, regardless of gender, economic status or legality. Situational assumptions and unconscious bias may prevent us from identifying victims. As nurses, we must acknowledge our own feelings in these areas. For example, a prostitute who presents in the clinic or emergency department may not be engaging in the profession by choice. A teenage girl who repeatedly presents with a sexually transmitted disease may not be amoral but forced into prostitution. A malnourished man with a tattoo and paranoid behavior may not be mentally ill, but in a labor trafficking situation. Often

times, trafficked individuals do not self-identify as victims or may be reluctant to disclose their situation out of fear.

Nurse leaders positioned to help

Nurse leaders are in a unique position to address the public health issue of human trafficking because of their influence on nursing practice across the continuum. Nurse leaders can direct the development and implementation of an identification and intervention response program within their hospitals or health systems, ensuring their nursing teams are prepared to identify victims or those at risk. In fact, direct-care nurses can be instrumental in both detecting likely victims of human trafficking and assuring it is noted and coded in the patient record. The value of nurse leaders championing and leading a response effort resonates with nursing staff because they feel supported in an area of care that may be foreign to them. In 2014, Page West, MHA, RN, Dignity Health senior vice president of patient care services and system chief nurse executive, served as the executive sponsor of Dignity Health's Human Trafficking Response (HTR) program. The victim-centered, trauma-informed program is critical to identifying and supporting victims through the nursing staff who, through the HTR program, are well educated on the topic.

Nurse leaders can advocate for victims of human trafficking by taking action at a local, state and national level. Locally, nurse leaders can support their staff working closely with law enforcement to identify victims and their abusers when there is suspicion of trafficking. It is also important to collaborate with local nursing schools to incorporate identification tactics into curriculum. At the state and national levels, nurse leaders can lobby legislators to introduce programs benefiting victims and raise public awareness. It is also important to work with government agencies, professional organizations and law enforcement to end human trafficking.

HTR program elements

A robust HTR program consists of several elements essential to caring for the victim of trafficking. In addition to finding an executive sponsor to shepherd the program through the care continuum, Dignity Health, based in San Francisco,

recommends seeking guidance from a trafficking survivor to help ensure the HTR program is victim-centered and trauma-informed (2017). Members of the National Survivor Network, a coalition of human trafficking survivors across the United States, serve as consultants and speakers providing their personal perspectives on the issue to assist organizations in creating an HTR program.

Other elements of an HTR program include utilization of trauma-informed care principles, identifying red-flag indicators, appreciating screening and physical exam considerations, and assessing for after-visit care. To respond effectively to victims, nurses must go beyond being educated to responding and acting. Identification is only the first step.

Upon encountering a suspected victim, nurses must utilize a trauma-informed framework of care where the assumption is the victim may have experienced trauma, in some form, during their life. The traumatic experience is akin to torture and presents symptoms including—but not limited to—anxiety, dissociative and depressive disorders and substance abuse. Nurses must seek input from the patient in all aspects of care from the identification to the exam and intervention. Further, nurses must recognize not all victims of human trafficking are willing to speak with police about their situations. Utilizing the trauma-informed framework considers all these issues and contributes to avoiding re-traumatization.

Experts in the area of human trafficking identified red flag indicators to assist clinicians in making a definitive diagnosis. Red flags may include discrepancy in the history provided, apparent scripted history, fearfulness, paranoia or anxious behavior. Others include physical complaints with vague references to a work situation and/or an accompanying individual who controls the conversation. The nurse caring for the potential victim must be careful to examine the patient in private, without an accompanying individual who may be the trafficker. The needs of a positively identified victim will vary, depending on the situation, so personalized care coordination across the continuum is essential.

Resources to establish an HTR program

Human trafficking is a key focus of the American Hospital Association's (AHA) Hospitals Against Violence (HAV) initiative. In March, I moderated a national Human Trafficking Convening hosted by the AHA, law firm Jones Day and HEAL Trafficking, bringing together more than 60 content experts from government agencies, hospitals, health systems and community organizations to collaborate and expand efforts to identify and assist victims and survivors of human trafficking. As a result, the AHA formed an advisory committee comprised of the meeting participants to steer HAV's work to combat human trafficking. Additionally, HAV created a video explaining human trafficking and highlighting takeaways from the convening. Visit <https://www.aha.org/combating-human-trafficking> to view the video, webinars

HAV Initiative Develops Resources to Fight Violence

Following the 2016 mass shooting in Orlando, the American Hospital Association (AHA), AONE's parent organization, created the Hospitals Against Violence (HAV) initiative to approach community and workplace violence from an association-wide perspective. Through HAV, AHA developed tools and resources to highlight programs, initiatives and other efforts hospitals are engaged in to combat violence in their communities and workplace. Human trafficking is one of HAV's areas of focus, along with youth violence prevention, workplace safety and workforce resilience.

HAV maintains a dynamic website (www.aha.org/hav) containing numerous webinars, podcasts, case studies from AHA-member hospitals and other resources covering a range of topics from human trafficking response programs to managing aggressive patients to hospitals working within their community to address social determinants of health.

In June 2018, the Center for Disease Control and Prevention's National Center for Health Statistics released the first ICD-10-CM codes for classifying human trafficking abuse, as urged by the AHA's HAV initiative, Catholic Health Initiative and Massachusetts General. The 29 human trafficking-related codes were included in the ICD-10-CM updates for fiscal year 2019. AHA will provide additional resources to help health care professionals and coders detect and report victims of human trafficking.

For more information on combating human trafficking, visit <https://www.aha.org/combating-human-trafficking>.

and resources, including Dignity Health's Human Trafficking Response Program Shared Learnings Manual and other health system guidebooks on human trafficking.

At the AONE 2018 Annual Meeting, HAV hosted a panel presentation exploring the complexities of human trafficking. The robust presentation and discussion focused on specific indicators, reporting requirements, ways to assist victims in the clinical setting and lessons learned in implementing a human trafficking program. The panel featured Holly Gibbs, human trafficking response program director at Dignity Health and a human trafficking survivor herself; Goldie Smith, director of emergency services, Dignity Health, Folsom, Calif.; and Anitra Williams, director of nursing operations, St. Joseph's Medical Center, Phoenix. The session is available as part of AONE's two-part webinar series on human trafficking. The second session features Ingrid Johnson, a nurse manager at Atlantic Health System, headquartered in Morristown, N.J., discussing

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New York Organization of Nurse Executives and Leaders



Ann Harrington,
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In December 2017, New York Governor Andrew Cuomo signed into law legislation that will require future New York Registered Nurse associates degree (AD) or diploma graduates to obtain a Bachelor's of Science in Nursing within 10 years of initial licensure. The law will affect new licensees in June 2019, unless they have been previously grandfathered. The bill was first introduced in 2005, but had been stymied due to opposition from various sectors. The New York Organization of Nurse Executives and Leaders (NYONEL) took a lead role in working to get the legislation passed. To describe its efforts, NYONEL Executive Director Ann Harrington, MPA, RN, NEA-BC, and NYONEL President Joanne Ritter-Teitel, PhD, RN, NEA-BC, responded to questions from AONE.

What prompted NYONEL join the advocacy movement for this legislation?

The goal of this legislation aligned with our mission to promote excellence in nursing through transformational leadership.

The idea to follow the same strategy used for New York state's permanent teacher certification (five years to complete a master's degree) gained momentum in 2003 when Linda Aiken, PhD, RN, published a seminal study linking incremental increases in the percent of baccalaureate-prepared nurses caring for patients with decreased mortality rates. More highly educated RNs also are needed to advance to faculty, APRNs, and administrative positions to promulgate the profession. Nursing currently lags behind other health care professions in initial educational and degree requirements.

In 2008 NYONEL hired a professional lobbyist to assist with its efforts. How did that make NYONEL more effective?

Our lobbyist, knowledgeable and respected by legislators, helped us develop a strategy to navigate the political landscape and the legislative process. We educated her about the benefits to New York citizens that would result from this law and she has helped us effectively convey the message and negotiate amendments and compromises that resulted in the final version of the law. She also facilitated scheduling of coalition lobbying events and meetings with members and other stakeholders at strategic junctures. We worked with her to create materials that assisted bill sponsors to negotiate with opposition stakeholders. These strategies helped convert many of those in "opposition" to

a position of "concern." We addressed their specific issues and moved many to support the bill.

Please describe how your organization's annual Lobby Days assisted with the efforts to pass this bill.

Our annual Coalition to Advance Nursing Education (CANE) lobby days brought together American Nurses Association-New York and other groups of supporters to show unity, speak with one powerful voice, gain additional legislative sponsors, educate members who were not fully aware of the bill's importance and address concerns of those who were opposed to the bill. With support from the lobby firm, strategically scheduled follow-up meetings occurred with legislators who needed information and input. Coalition members communicated often, calling, writing and visiting legislators when called upon.

What groups were initially opposed and what message(s) did you convey to change their position?

Community college presidents and community leaders were opposed early on, concerned that associate degree programs would close. Our messaging convinced them that since AD graduates filled so many RN positions in our communities, they remained an important and valued part of the workforce to mitigate potential shortages. Concurrently, baccalaureate program deans worked with AD program directors to create seamless articulation programs for AD grads to progress to baccalaureate completion programs.

Hospital leaders also opposed the bill, convinced it would increase cost and create recruitment issues. We spoke directly to their concerns by extrapolating data from Aiken's

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study, applying it to New York State outcomes and quantifying the outcomes in dollars. In the early 2000s, hospital reimbursement began to change to pay for performance. CEOs realized that a more highly educated nursing workforce would be needed to provide the best patient care and avoid payment penalties. The Healthcare Association of New York State issued a letter of support in December 2013. This was a significant turning point in this process.

Once the legislation was passed, NYONEL continued a letter writing and social media campaign. Were NYONEL leaders unsure if the governor would sign the bill?

We wanted to ensure that the governor was duly informed about the benefits to New Yorkers, and stress the significance of New York being the first in the nation to change nursing education requirements that will have such a profound impact on the health of its citizens. Through letter writing and social media campaigns, we were able to demonstrate the vast array of individuals and organizations supporting this landmark legislation.

This NYONEL effort spanned more than a decade. What advice do you have for other AONE affiliates working on similar advocacy campaigns?

Focus your messaging on benefits for patients.

Using our voices as nurses and informed citizens to bring about better care for patients is our responsibility. Legislators

are not experts in patient care, we are. We needed to educate both legislators and members of the community about the impact this initiative would have on patient safety and quality care in the communities we serve.

Engaging a professional lobbyist is a strong and visible statement of commitment to a cause that has countless benefits. In addition to providing invaluable education on politics, lobbyists can help create a strategic roadmap, avoid and negotiate obstacles, and streamline messaging, along with effectively guiding negotiations.

Understand the specific concerns of opposition forces. Speak directly to *their* concerns; avoid preaching your singular message. Use data to refute opposition wherever possible.

Singular messaging—speaking with one voice—is key. When engaging individuals and organizations in your cause, provide comprehensive education to assure they are totally on board and can effectively convey the message. Provide talking points, examples of correspondence, and specific instructions including timeframes and destinations for communications. Evaluate the degree of engagement (response to your requests for letters, calls, e-mails, etc.) if at all possible, and change your approach to increase participation wherever you can.

Request testimonials from AD or diploma grads who have gone on for their baccalaureate degree. They can relate compelling personal stories about how advanced education has improved their practice.

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her daughter's recovery from human trafficking. Visit <http://www.aone.org/education> to view this webinar series. ●

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